

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	28/07/2020 17:23
Date Of Accident	27/07/2020 15:30
Exact Location Of Accident	BIDEFORD ROAD TO PARAGON SHOPPING MALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF4056C
Insured/Policyholder	
Name Of Registered Owner	TAN CHUNG YAW
NRIC No	S1634962C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87610208
Alternative Phone No	Others-87610208

Vehicle Particulars

Manufacturer	VOLVO
Model	S90-2.0 T5 MOMENTUM (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800133983
Cover Note Number	

Driver

Name of Driver	TAN CHUNG YAW
NRIC No	S1634962C
Date Of Birth	03/05/1964
Occupation	INDOOR
Date Of Driving Pass	03/02/1982
Driving Experience	38 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-87610208
Fax Number	
Contact Number	OTHERS-87610208
EMail Address	NOEMAIL
Address	103 CHUAN DRIVE
Postcode	554741
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA4079M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SINGAPORE ACCIDENT STATEMENT	
IMPORTANT NOTICE	
1. Complete and submit this Form to Allied World's Authorized Reporting Centre ("ARC") for e-filing. 2. Please report <u>correctly</u> the details of the accident to speed up the claims process. 3. This Form must be completed by the Policyholder and/or the Authorised Driver. 4. Information provided must be as <u>truthful and accurate as possible</u> . Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability. 5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 6. <u>Any false reporting may be referred to the Traffic Police Department for investigation.</u>	
ACCIDENT STATEMENT	
Date and Time of Accident	Date: 27/07/2020 Time: 1530hrs.
Exact Location of Accident	Bideford Road to Paragon Shopping Mall
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMF 4056C
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	Tan Chung Yaw
Personal Identification - NRIC (Singaporean/PR)	81634962C
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer Volvo Model V90
Type of Vehicle*	<input checked="" type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	social
Are you claiming under your own insurance policy for repair to your vehicle?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If No, Pls select: <input type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	ALB
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	1800133983
Motor CI	
DRIVER	
	<input type="radio"/> Same as Insured above
Name of Driver	Tan Chung Yaw
Personal Identification - NRIC (Singaporean/PR)	81634962C
- FIN/Passport Number	
Date of Birth	03 dd/ 05 mm/ 1964 yy
Driving Date Pass	03 dd/ 02 mm/ 1987 yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	8761 0208

Address of Driver	103 Chuan Drive	Postcode (554741)
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	Owner	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Side Swipe	
Weather Conditions	<input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input type="radio"/> Dry <input checked="" type="radio"/> Wet <input type="radio"/> Others, _____	
OTHER INFORMATION		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Number of Passengers (Including Driver)	01	
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	SMA 4079M	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number		
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles)		

Describe Circumstance of the Accident

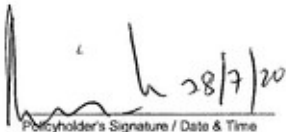
Refer to Attachment .

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

I/We declare the foregoing particulars are true in every respect.

 28/7/20
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

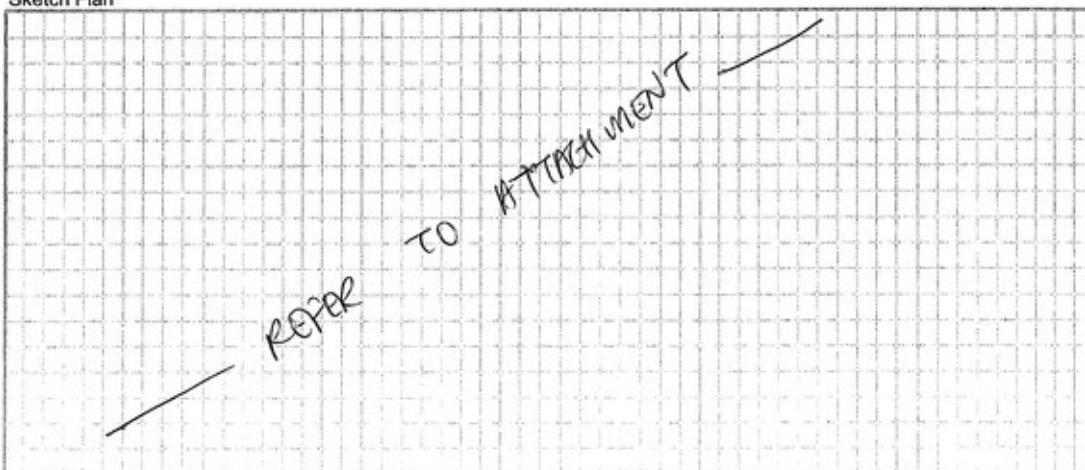
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Report (Ref. No. WSV20001170)

At 3.30pm 27-7-2020, I was driving slowly and crawling behind a gold colour SUV turning from the left most lane of Bideford Road into the Paragon Shopping Mall driveway.

With reference to the diagram below, I was the queue for cars going into the mall carpark. While I was slowly turning into the driveway, a white Alphard MPV SLV5566T suddenly cut in from the middle lane of Bideford road to squeeze into my queue. He was driving aggressively and I had no choice but to reactively swerve to the left. Unfortunately, a black MPV SMA4079M who was behind me decided to overtake me from the left at the same time. This resulted in me being sandwiched between the 2 MPVs and the left side of my car SMF4056C side-swiping SMA4079M.

The following is the SMS statement from the driver of SMA4079M:

"Hello Mr tan,

As we discuss just now.

You were being push by the alphard, therefore you hit into me.

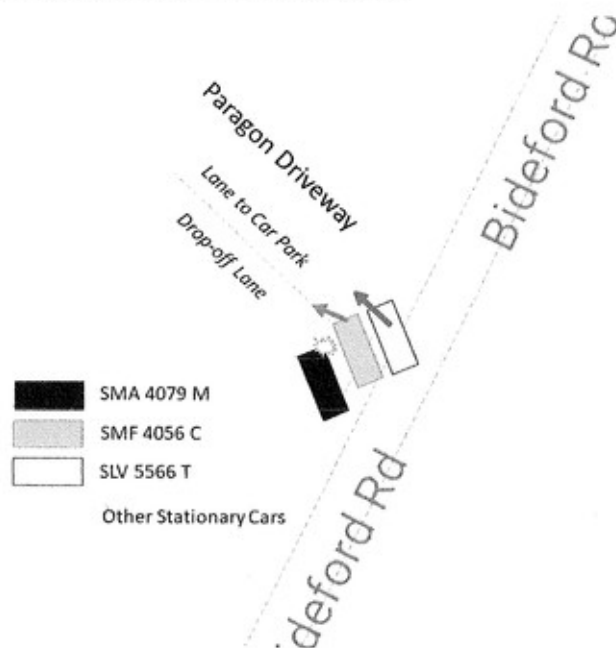
I am at the workshop now, do you want to private settle or do you want to let the insurance company settle?

Please let me know ASAP. Thank you."

I did not "settle" with driver of SMA4079M as I was a victim of actions of the driver of SLV5566T.

In addition, Paragon Shopping Mall security team has offered to make the video camera evidence available for the respective insurance companies' investigations.

I confirm that this is the true account of the accident.



hish 28/7/21

Accident Sketch Plan

Damage to SMF4056C:




Damage to SMA4079M:



hit 2/8/20

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1634962C



Name
TAN CHUNG YAW
陈俊耀

Race
CHINESE

Date of birth
03-05-1964

Country/Place of birth
SINGAPORE

Sex
M

S1634962C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1634962C

Name
TAN CHUNG YAW

Birth Date 03 May 1964

Issue Date 06 Jan 2004

001074265E

6379943



NRIC No. S1634962C



Date of issue
04-02-2020

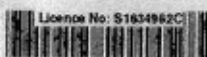
Address
103 CHUAN DRIVE
SINGAPORE 554741

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	03 Feb 1982

NP 428A

Licence No: S1634962C





COVER NOTE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder	: TAN CHUNG YAW	Vehicle No.	:
Period of Insurance	: 08 Nov 2018 to 07 Nov 2020	Cover Note No.	: 1800133983
Engine No.	: B4204T272781812	Endorsement No.	:
Chassis No.	: YV1PWA2ACK1092901	Issued Date	: 08 Nov 2018

ABOUT THE COVER

Make/Model	: VOLVO V90 T6 R-Design	Sum Insured	: Market Value	First Year of Registration	: 2018
Engine Capacity/Tonnage	: 1,969.00 CC	Off Peak Car	: No	Insuring with COE/PAF	: Yes
Driver Restriction	: NA				

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition
Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)
TAN CHUNG YAW - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Wearn's Automotive Pte Ltd Add: 219 Alexandra Road Singapore 159935 64304890 63789350
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 50 Mobile App. Simply search and download "AIG 50" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.
We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of Insurance.

0503465704
WEARNES AUTOMOTIVE - GG (V)
45 LENG KEE ROAD
SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

File
AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

78, Serangoon Way #07-16 AIG Building SUT8120 | T: +65 64 19 3000 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.

Accident Photo



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