

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	05/10/2020 15:39
Date Of Accident	02/10/2020 15:25
Exact Location Of Accident	ALONG PIE TOWARDS TUAS BEFORE KALLANG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6616S
Insured/Policyholder	
Name Of Registered Owner	PEH CHYE HENG
NRIC No	SXXXX000Z
Email Address	DESMONDPEHCH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97329181
Alternative Phone No	OTHERS-97329181

Vehicle Particulars

Manufacturer	AUDI
Model	A6
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	1800110079-01
Cover Note Number	

Driver

Name of Driver	PEH CHYE HENG
NRIC No	SXXXX000Z
Date Of Birth	24/03/1963
Occupation	INDOOR
Date Of Driving Pass	18/07/1986
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	+65-97329181
Fax Number	
Contact Number	OTHERS-97329181
Email Address	DESMONDPEHCH@GMAIL.COM

Address	BLK 59 CENTRAL RESIDENCES #15-04
Postcode	567752
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201002/7020

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	SMS4830R
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFL9939Z
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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)

DETAILS OF INJURED PERSON 1

Name

PEH CHYE HENG

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLS6616S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode


SKETCH PLAN


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6. The 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 lodgment 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.
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' lawyers/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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

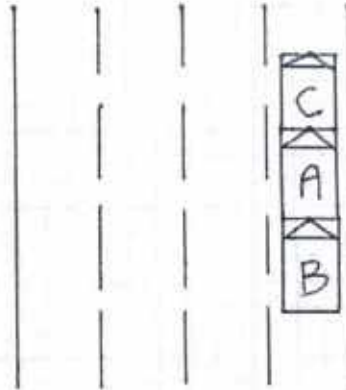
SKETCH PLAN

VEHICLE A ⇒ SLS 6616S

VEHICLE B ⇒ SMS 4830R

VEHICLE C ⇒ SFL 9939Z

PIE TOWARDS TUNIS BEFORE KALLANG
EXIT.

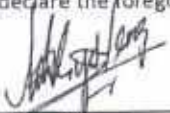


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

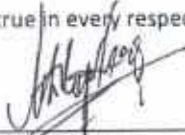
REFER TO POLICE REPORT T/20201002/7020

DECLARATION

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



Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

 05/10/2020
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20201002/7020

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201002/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2020 17:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: PEH CHYE HENG			Address: 59 ANG MO KIO AVENUE 8 #15-04 SINGAPORE 567752		
ID Type / ID No.: NRIC NO / S1572000Z			Contact No.: Home/Office: Mobile: 97329181		
Nationality: SINGAPORE CITIZEN			Email: desmondpehch@gmail.com		
Sex: Male	Age: 57	Date of Birth: 24/03/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Mechanical engineer (general)			Driving Licence Information: Class:		Date of Expiry: 02/10/2020

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/10/2020 15:30	Type of Location: Flyover
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFL9939Z	Car					0
SLS6616S	Car	AUDI	A6 1.8 TFSI ULTRA (PI) (NAV)	White		0
SMS4830R	Car					0



**SINGAPORE
POLICE FORCE**



T/20201002/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201002/7020

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS6616S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800110079-01	30/08/2020	29/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PEH CHYE HENG		ID No. S1572000Z
Related Vehicle	SLS6616S (Car)		Contact No. 97329181
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry: 02/10/2020
Date	NIL		Date 02/10/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date & time , i vehicle bearing carplate number(SLS6616S) was travelling on the stated location on lane 1. The vehicle in front of me slow down and stop , so i followed suit and manage to stop in time. Suddenly , i felt an huge impact from the rear which cause my vehicle to surge forward and hit onto the vehicle that is infront of me. 1st Car (SFL9939Z), 2nd Car (SLS6616S) , Last Car (SMS4830R) .



**SINGAPORE
POLICE FORCE**



T/20201002/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201002/7020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
02/10/2020 17:16

Classification Of Case:

Date of Accident:

02/10/2020 Accident Time: 1525 (24-HR FORMAT)

Accident Place:

PIE TOWARDS TUAS BEFORE KALLANG EXIT.

Vehicle Reg. No (Car plate No.):

SLS 66165 Vehicle Make/Model: Audi A6

Insurance Company:

AIG ASIA PACIFIC Insurance Policy No. 1800110079-01

Name of Registered Owner:

Company/Individual He Ltd Peh Chye Hung

ID of Registered Owner:

Co Reg No: - Owner's NRIC No: S15720002

Co Contact No: - Owner's Contact No: 97329181

DRIVER'S Name:

Peh Chye Hung DRIVER'S NRIC No: S15720002

DRIVER'S Date of Birth:

24-03-1963 DRIVER'S License Pass Date: 18/7/1986

Relationship bet. Owner & Driver:

Spouse / Parents / Children / Sibling / Employee / Others: Owner

DRIVER'S Address:

BIK 59 CENTRAL RESIDENCES #15-04 ANG MO KIO AVE 8
S 567752

DRIVER'S Contact No / Alt No:

(1) 97329181 (2) -

DRIVER'S Occupation:

INDOOR / OUTDOOR (eg: working inside or outside of an etc)

Email Address:

desmondpehch@gmail.com

Weather & Road Surface:

CLEAR & DRY / RAINING & WET AFTER RAIN & WET

Reporting Type:

Reporting Only / Claim / Other Party / Claim Own Insurance

Number of Passengers (including Driver): 01

Passenger Name: - Gender: M/F

Was the accident reported to the police? YES / NO

Passenger Name: - Gender: M/F

Was there any video Captured by car camera: YES / NO

Any Injuries YES / NO Injured Name: Peh Chye Hung

Injured Name: -

Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SMS 48302

Vehicle Reg No: SFL 99392

Vehicle Make/Model: -

Vehicle Make/Model: -

Name DRIVER: -

Name DRIVER: -

ID No. DRIVER: -

ID No. DRIVER: -

DRIVER'S Contact & add: -

DRIVER'S Contact & add: -

Other Party Driver's Particulars (if any)

Vehicle Reg No: -

Vehicle Reg No: -

Vehicle Make/Model: -

Vehicle Make/Model: -

Name DRIVER: -

Name DRIVER: -

ID No. DRIVER: -

ID No. DRIVER: -

DRIVER'S Contact & add: -

DRIVER'S Contact & add: -



CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : PEH CHYE HENG
Period of Insurance : 30 Aug 2020 To 29 Aug 2021
Engine No. : CYG 024756
Chassis No. : WAUZZZ4G2JN060338

Vehicle No. : SLS6616S
Policy No. : 1800110079-01
Endorsement No. : 000000000359245
Issued Date : 05 Oct 2020

ABOUT THE COVER

Make/Model : AUDI A6 1.8 TFSI ULTRA

Engine Capacity/Tonnage : 1,798.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2018

Insuring with COE/PARF : Yes

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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

Mileage Condition : Unlimited Mileage

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 1800cc - 2000cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Peh Chye Heng - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408099 63662323

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.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

I/We hereby certify that the policy to which this Certificate of Insurance relates 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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504125200

PREMIUM LEASING - AP

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE

SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPEAM

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAY 20086796 Vehicle Registration No : S486665
Name (as shown in NRIC) : PAH CHYE HUI NRIC/FIN/Passport No : SXXXX0002
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97329681
Email Address : _____
Date of Accident : 08/10/2020 Time of Accident : 15:25
Place of Accident : Along PKE TOWARDS TUB B/F KOUONH PR17.
Insurance Company : DLW

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Insure Injury

Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name: Rishi Mathias
NRIC/FIN No.:
Date: