# **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 Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

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   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 First Submission 14/10/2024 12:27 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 12/10/2024 10:35 (SGT) Exact Location of Accident Singapore Additional Location Information WOODLANDS CAUSEWAY Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number **SGR3828G** 

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **BEK YONG HUAT** NRIC No SXXXX963E Email Address benbek@gmail.com Mobile Phone No (Phone) +65-91818376 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Wish Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1800 Vehicle Fuel

First Regisration Date Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1800100668-006

DRIVER

Name of Driver **BEK YONG HUAT** NRIC No SXXXX963E Date Of Birth 13/07/1975 Occupation Indoor Driving Pass Date 20/11/1997 Driving License Pass Class Driving License Validity Valid Driving experience 26 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-91818376 Alt. Phone Number Email Address benbek@gmail.com Address 60 BAYSHORE ROAD #25-01 Address complement Postcode 469982 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **HOU YUPING** Gender **Female** PASSENGER 2 Name TAN HWEE KOON Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT

#### **REF ATTACH**

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMF3550Z Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver SHALIKIN BIN MOHAMED AMIN NRIC No SXXXX110I Contact Number (Phone) +65-91155652 Address 231B SUMANG LANE #12-255 Address complement Postcode 822231 Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

4.7

#### SKETCH PLAN

#### 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 Actual Driver.
- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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.
- 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.

#### 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")

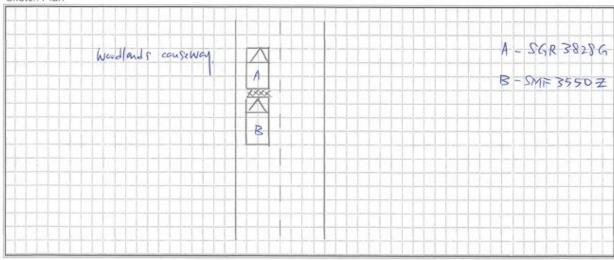
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the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

Potyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

#### Sketch Plan



1

A vehicle (SMF3550Z) hit my car from the back of my car along woodlands canseway towards Johox Bahru.
A still course of the the
A venice (SMF33302) MI my car from the back
at me car alone Headlands Consensor towards
of 19 can along wordfards cansestry to the 12
bhoo Bahru.
My car bumper and back door suffered damage.
O O

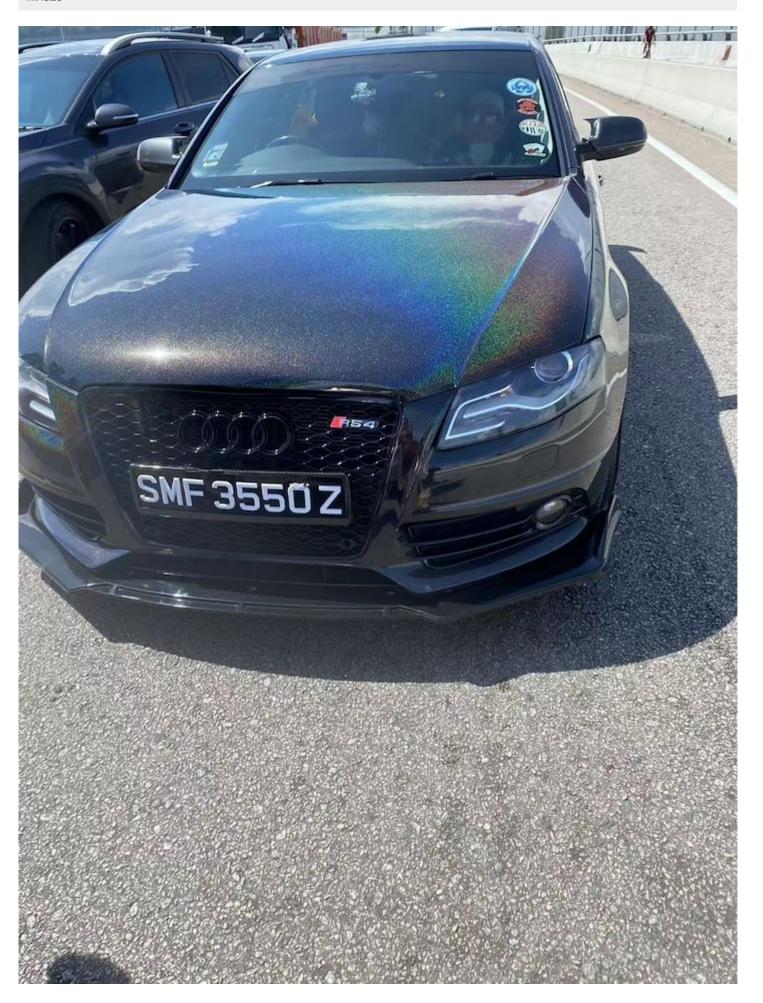
Declaration

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

cyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2



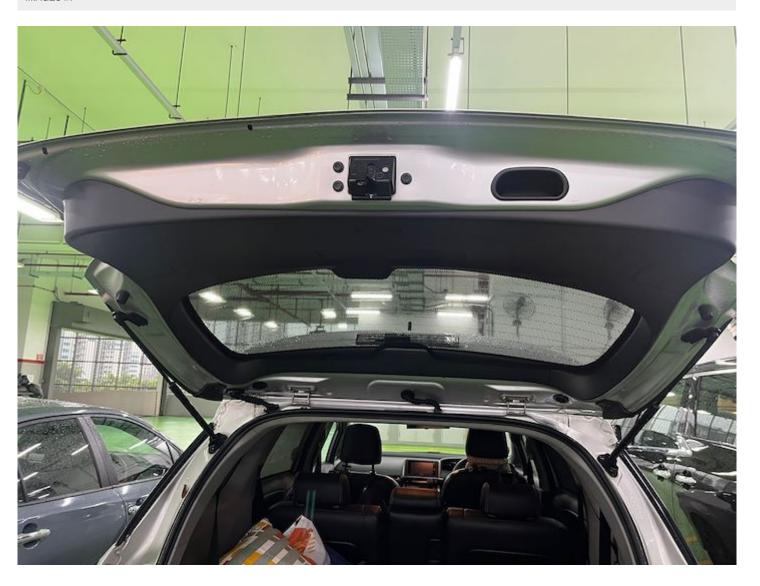


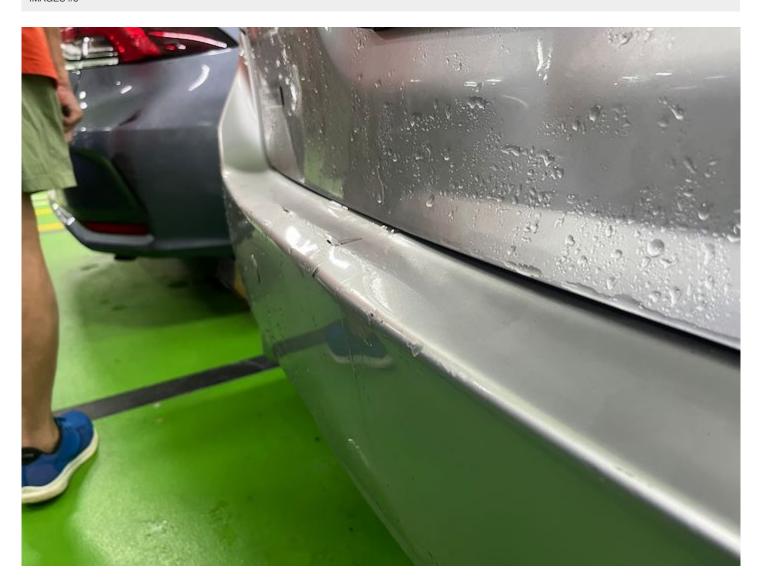


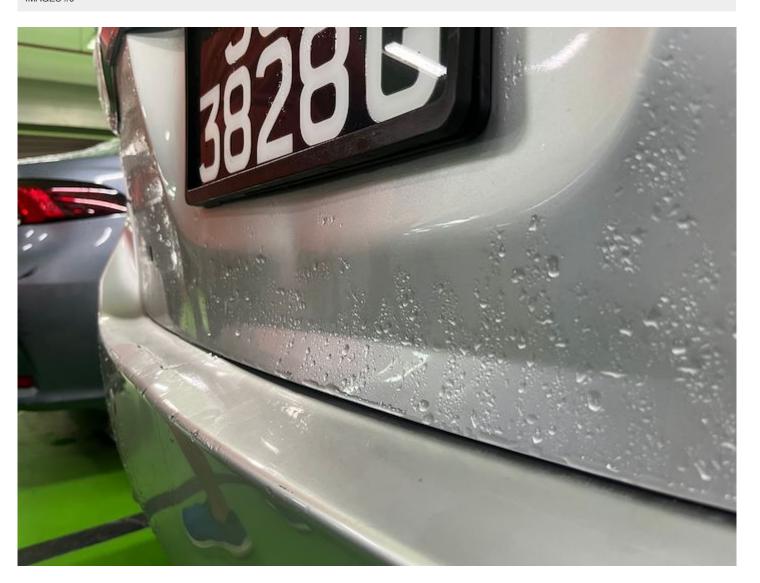










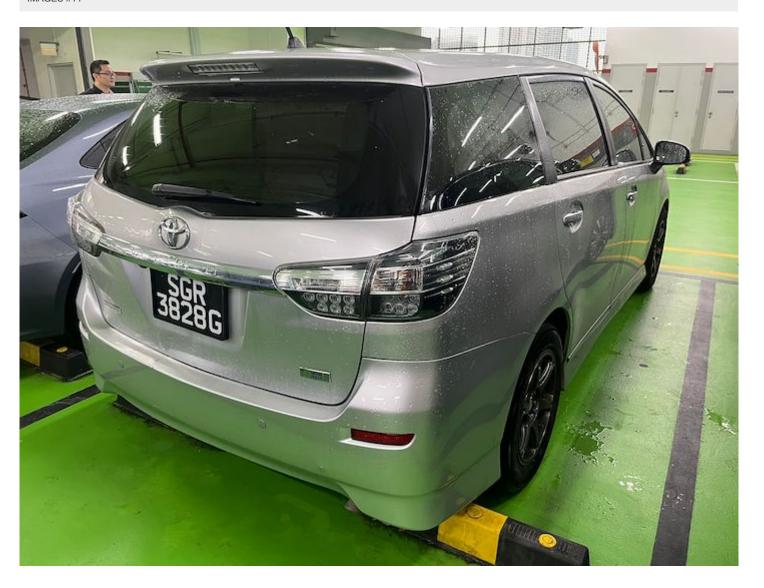














# CERTIFICATE OF INSURANCE

#### **AUTOPLUS PRIVATE VEHICLE**

Name of Policyholder : BEK YONG HUAT Period of Insurance : 09 Sep 2024 To 08 Sep 2025

Engine/Motor No. : 2ZR1832142

Chassis No. : JTDGG20W70J005149 Vehicle No. : SGR3828G Policy No. : 1800100668-06

Endorsement No.

Issued Date : 30 Aug 2024 15:18

: Unlimited Mileage

ABOUT THE COVER

Make/Model : TOYOTA WISH 1.8

Engine Capacity/Tonnage : 1,798.00 CC Sum Insured : Market Value First Year of Registration : 2016 Driver Restriction : NA Off Peak Car : No 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 "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.

Mileage Condition

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 tution, 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 1500cc - 1600cc Optional

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, 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 - \$600 Theft - \$0 Flood Cover - \$600

Property Damage - \$0 Windscreen: \$100

Named Driver and Excess (where applicable)

BEK YONG HUAT - \$600 (Own Damage), \$600 (Flood Cover)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +85 6338 6200. Alternatively, You may refer to AIG website www.aig.sg.

#### IMPORTANT NOTES

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

If We hereby certify that the policy to which this Certificate of insurance relates is issued in accordance with the previsions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia),

0504641000

ASSURE INSURANCE AGENCY

321 ALEXANDRA ROAD #03-35 ALEXANDRA CENTRAL

SINGAPORE 159971

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Assure Insurance Agency Pte Lt.



AIG Asia Pacific Insurance Pté. Ltd AIG Building 78 Shenton Way \*07-16

- D	MOTOR ACCIDENT INTERVIEW FORM
NAME	Bek Yong Huat
VEHICLE NUMBER	S6R32286
DATE/ TIME OF ACCIDENT	
PLACE OF ACCIDENT	Woodlands Causeway
THIRD PARTY VEHICLE (IF ANY)	SMF 3550 Z
*********************	31,4 31,30 ≠
WHERE DID YOU START YOUR JOURNE	EY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?
Start yourney from	my home to Johor Bahru
ان ال	) .
Vehichle hit me	from the back of the car.  unper and back door damage.
WERE YOU OR YOUR PASSENGER/S IN FOR INVESTIGATION?	WURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLI
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Bek Yong Hue	et Bek
I ASSESSMENT THE ADDITIONAL MEANING CO.	ON IS GIVEN TO MY BEST KNOWLEDGE