

## 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 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 First Submission .....	21/10/2024 16:38 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	21/10/2024 13:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SLIP ROAD FROM LOR 2 TOA PAYOH TO PIE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SCY8777Y
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	JANET KWAN PUI SAN MRS FONG KAM WAH
NRIC No .....	SXXXX900A
Email Address .....	JANET.FONG@MCCANN.COM
Mobile Phone No .....	(Phone) +65-91681683
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Suzuki
Model .....	Swift
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 .....	1200
Vehicle Fuel .....	-
First Registration 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 .....	7240187346

#### DRIVER

Name of Driver .....	FONG KAM WAH JAMES
NRIC No .....	SXXXX513J
Date Of Birth .....	20/03/1942
Occupation .....	Indoor
Driving Pass Date .....	31/12/1962
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	61 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98178479
Alt. Phone Number .....	-
Email Address .....	JANET.FONG@MCCANN.COM
Address .....	BLK 144 POTONG PASIR AVENUE 2 #03-42
Address complement .....	-
Postcode .....	350144
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	2
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) .....	1
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 .....	-

#### 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? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC1670Z
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	HU ZI JIAN, JAMES
NRIC No .....	SXXXX807G
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

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.
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 Traffic Police Department for investigation.**
6. 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.
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.

**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

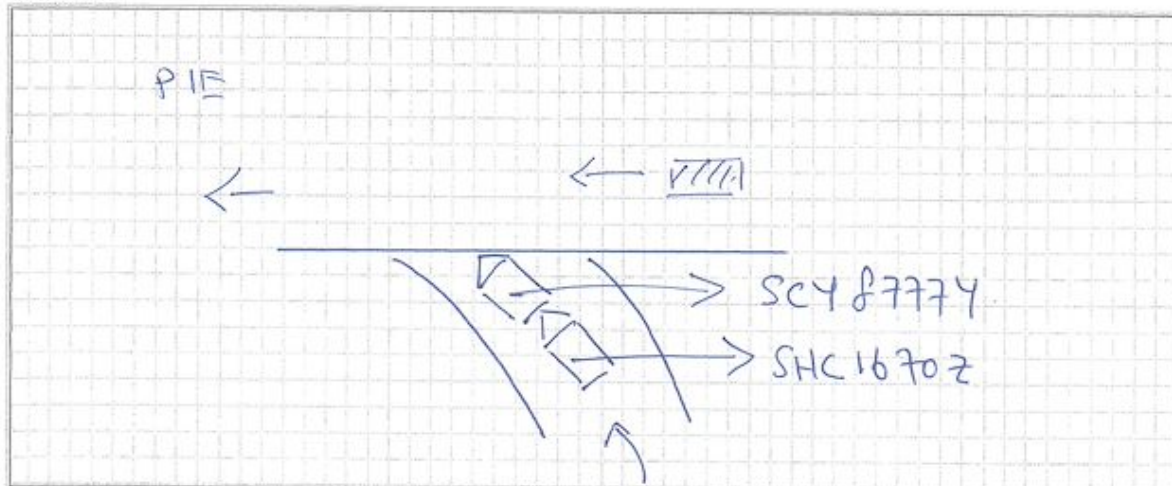
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

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

Sketch Plan



From Lor 2 Toa Payoh.

1

Describe Circumstance of the Accident

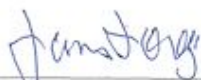
My car was stopped along Slip Road of Lor 2  
 Toa Payoh towards PIE to wait for oncoming vehicle to clear.  
 Suddenly a taxi SHC16702 hit my car from the back.

## Declaration

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



Policyholder's Signature / Date &amp; Time



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


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



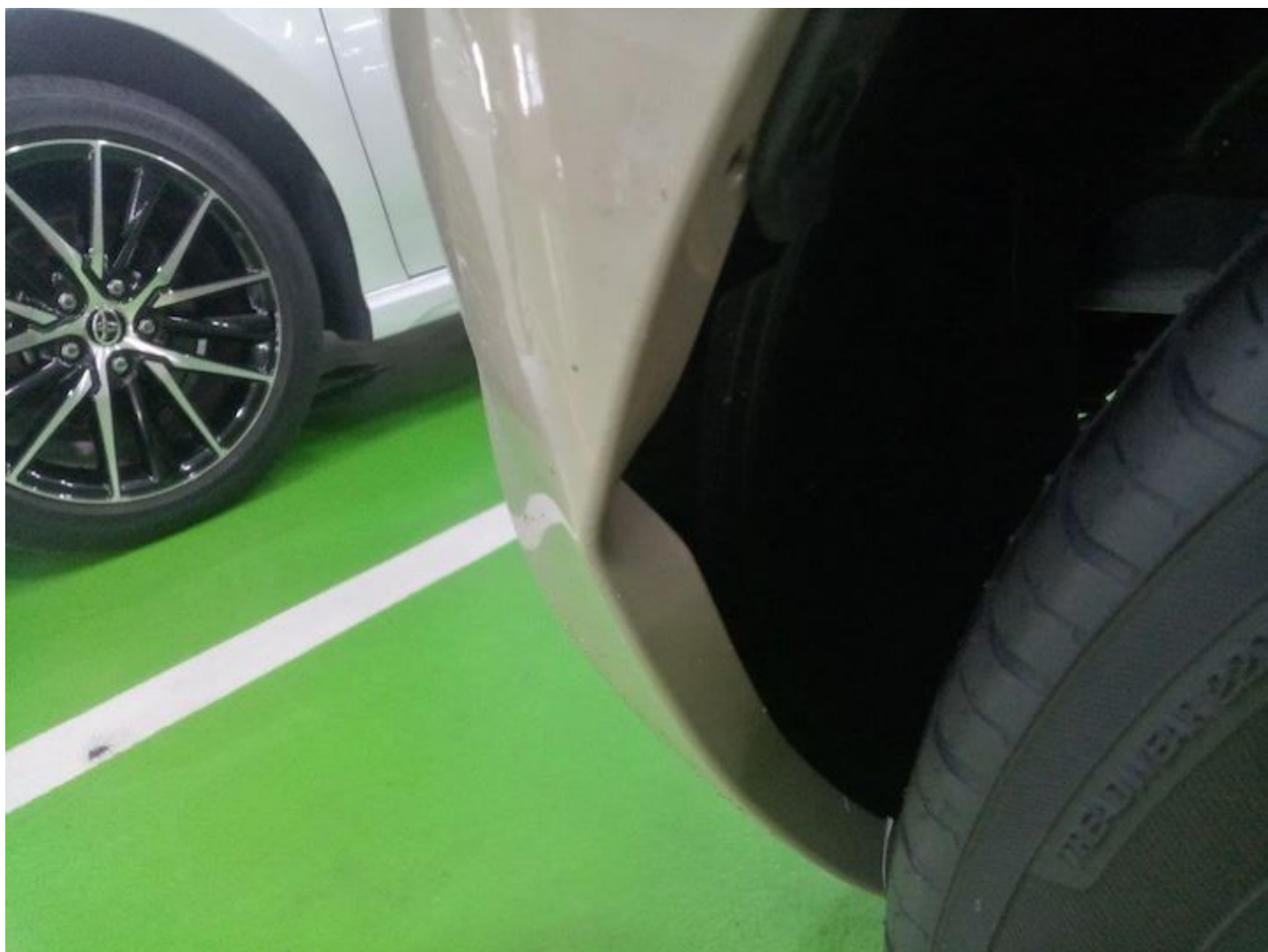










































AIG Asia Pacific Insurance Pte. Ltd  
AIG Building  
78 Shenton Way  
#07-16

### MOTOR ACCIDENT INTERVIEW FORM

NAME

Fong Kam Wah James

VEHICLE NUMBER

SCY 8774

DATE/ TIME OF ACCIDENT

21/10/2024 @ 1315pm

PLACE OF ACCIDENT

Slip Road from Lor 2 Toa Payoh to PIE

THIRD PARTY VEHICLE (IF ANY)

STE 16702

\*\*\*\*\*  
WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Toa Payoh CC → Home

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Rear Ended Collision

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No.

NAME:

James Fong

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE



## CERTIFICATE OF INSURANCE

### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : JANET KWAN PUI SAN MRS FONG KAM WAH  
 Period of Insurance : 24 Sep 2024 To 23 Sep 2025  
 Engine/Motor No. : Z12E1076000  
 Chassis No. : JSAZCEDS100144416

Vehicle No. : SCY8777Y  
 Policy No. : 7240187346  
 Endorsement No. : 000000000590045  
 Issued Date : 18 Oct 2024 15:54

#### ABOUT THE COVER

Make/Model : SUZUKI SWIFT 1.2  
 Engine Capacity/Tonnage : 1,242.00 CC  
 Driver Restriction : NA  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2024  
 Insuring with COE/PAF : 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 \$53,000 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

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 1500cc - 1800cc 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 - \$4000 Theft - \$0 Theft Outside Singapore Cover - \$0 Flood Cover - \$4000

##### Section 2

Property Damage - \$2000

Windscreen : \$100

#### Named Driver and Excess (where applicable)

JANET KWAN PUI SAN - \$4000 (Own Damage) \$2000 (Property Damage), \$4000 (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 +65 6338 6200. Alternatively, You may refer to AIG website [www.aig.sg](http://www.aig.sg)

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Toyota Financial Services Singapore Pte Ltd

On Reg No 20160404M [ Copyright © 2019 AIG Asia Pacific Insurance Pte Ltd ]

050-1867000

INCHCAPE AUTO TOYOTA

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

000000000590045

78 Shenton Way #09-18 AIG Building S079120 | T: +65 6419 6000 | [www.aig.sg](http://www.aig.sg)

AIG Asia Pacific Insurance Pte. Ltd.





## ENDORSEMENT SCHEDULE

### AUTOPLUS PRIVATE VEHICLE

Policy No. : 7240187346      Endorsement No. : 000000000590045  
 Period of Insurance : 24 Sep 2024 to 23 Sep 2025      Issued Date : 18 Oct 2024 15:54

#### ABOUT THE POLICYHOLDER

Name of Policyholder : JANET KWAN PUI SAN MRS FONG KAM WAH  
 Address : 144 POTONG PASIR AVENUE 2  
 #03-42  
 SINGAPORE 350144  
 Occupation/Nature of Business : Executive/Admin

#### ABOUT THE VEHICLE

Registration No. : SCY8777Y      Engine Capacity/Tonnage : 1,242.00 CC  
 Chassis No. : JSAZCEDS100144416      Engine/Motor No. : Z12E1076000  
 Seating Capacity : 5      First Year of Registration : 2024      Body Type : Sedan  
 Make/Model : SUZUKI SWIFT 1.2  
 Hire Purchase Company/Employer's Loan : Toyota Financial Services Singapore Pte Ltd

#### ABOUT THE COVER

Sum Insured : Market Value      Off Peak Car : No  
 Driver Restriction : NA      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 S\$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  
 Mileage Condition : Unlimited Mileage      Mileage Declaration : km  
 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.

#### Other Key Policy Benefits :

Act of God, Dealer (First 3 years from original registration) + AIG Authorised Workshops, Breakdown Towing & Roadside Assistance, Waiver of Excess, PA to Authorized Driver / Unnamed Passengers- \$10000, Windscreen / Windows, PA Insured- \$50000, Key Replacement Cover- \$800, Medical Reimbursement- \$500, Strike, Riots and Civil Commotions, New For Old (36 months), Loss of Use 1500cc + 1600cc Optional, Solar Film Optional- \$1150, In-Car Camera Excess Waiver.

#### ENDORSEMENT REMARK

It is hereby declared and agreed that with effect from 24/09/2024

1) Driver Details : Update To Remove Accidents Reports Claims Details  
 With AIG Policy 2100398987 Dated 04/09/24

2) NCD Details : Update NCD on Policy with AIG as 0%, as previous policy is still in force and NCD cannot be shared among 2 policies.

Declared Previous Insurer: AIG ASIA PACIFIC INSURANCE PTE. LTD.

Declared NCD: 50%

Verified NCD: 50%

With the update in Claims/NCD details, premium and/or excess are revised. Refer to details stated above.

Based on the updated NCD, Safe Driver Discount and/or No Claim Discount Protector is/are revised accordingly.

Subject otherwise to the Terms, Exclusion and Conditions of this Policy.

Endorsement effective from: 24-Sep-2024. All other terms and conditions remain unchanged.