

## 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 .....	23/11/2024 11:03 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	08/11/2024 22:25 (SGT)
Exact Location of Accident .....	Selegie Rd, Singapore
Additional Location Information .....	SUNGEI ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKA90D
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TATSUYA (S) PTE LTD
Company Reg No .....	199806083E
Email Address .....	DARYLCHIA0126@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97821302
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Vios
Variant .....	-
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 - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1496
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 .....	7230031917-01

#### DRIVER

Name of Driver .....	CHIA GUO SHIONG DARYL
NRIC No .....	S9641862J
Date Of Birth .....	06/11/1996
Occupation .....	Indoor
Driving Pass Date .....	20/02/2019
Driving License Pass Class .....	3A
Driving License Validity .....	Valid
Driving experience .....	5 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91505757
Alt. Phone Number .....	-
Email Address .....	DARYLCHIA0126@GMAIL.COM
Address .....	12 KITCHENER LINK #01-26
Address complement .....	-
Postcode .....	207224
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 - Change/cross lane
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) .....	4
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 .....	SHIRLEY NG
Gender .....	Female

#### PASSENGER 2

Name .....	CHIA XIN ER JOY
Gender .....	Female

#### PASSENGER 3

Name .....	SUPARTI BINTI AMAD KADI
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

I WAS TRAVELLING ALONG SELEGIE ROAD ON THE SECOND LEFT LANE OF 5 LANES. AS I WAS TRAVELLING ACROSS THE JUNCTION OF SUNGEI ROAD. I FOLLOWED THE ROAD MARKERS. SUDDENLY, ONE M/CAR SLW9602R ON THE LEFT MOST LANE SUDDENLY SWERVED INTO MY LANE, ENCROACHED INTO MY PATH AND THUS COLLIDED ONTO THE LEFT FRONT PORTION OF MY VEHICLE. I SUBMITTED THIS REPORT LATE AS I DONT HAVE COMPANY STAMP AND INSURANCE CERTIFICATE WITH ME AS MY COMPANY IN CHARGE WAS OVERSEAS.

ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SLW9602R  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Contact Number ..... (Phone) +65-97426418  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... VEHICLE B  
No. Of Passenger (Including Driver) ..... -

**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' 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.

Signature (s) of the  
Policyholder  
and/or Authorised Driver  
(to be signed by the  
Policyholder and/or  
Authorised Driver)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

## Declaration

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

Witnessed by Reporting Centre  
Personnel





























**CERTIFICATE OF INSURANCE**

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : TATSUYA(S) PTE. LTD.  
**Period of Insurance** : 29 Mar 2024 To 28 Mar 2025  
**Engine/Motor No.** : 2NR5599772  
**Chassis No.** : MR2B23F3801253222

Vehicle No. : SKA0090D  
Policy No. : 7230031917-01  
Endorsement No. :  
Issued Date : 20 Feb 2024 0:48

## ABOUT THE COVER

Make/Model	: TOYOTA VIOS 1.5	Sum Insured	: Market Value	First Year of Registration	: 2023
Engine Capacity/Tonnage	: 1,496.00 CC	Off Peak Car	: No	Insuring with COE/PAF	: Yes
Driver Restriction	: NA				
Person or Classes of Persons Entitled to Drive*					

Any person who is driving in the Policyholder's order or with their permission.

You have to pay an additional sum of \$553,000 as "Young and/or Inexperienced Driver Excess" ("YIDE") if You are or Your Authorized 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 Foreignholder's business.

Time of Uris 1500hr - 1600hr

\* Limitations referred to together by section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act 1956, section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be excluded under these headings.

## EXCESS

## Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$800

## Section 2

Property Damage = 50

Windscreen: £100

Named Driver and Excess (where applicable)

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

1 Toyota Bodywork Centre (For accident repair & accident insurance). Add: 2 Pandan Crescent Singapore 128462 Tel: 6435 1181

2 Toyota Bodycare Centre (For accident repair & accident reporting) Add 17 Ute Road 4 Singapore 408611 Tel 6531 1558

For other Approved Reporting Centres/ACG Authorised Repairs, please contact our 24-hour accident emergency helpline at +65 6338 0200. Alternatively, you may refer to ACG website [www.acg.sg](http://www.acg.sg)

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Toyota Financial Services Singapore Pte 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 1960, Part IV of the Road Transport Act, 1987 (Malaysia); Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1979 (Malaysia).

0594667249  
INGHCAPE AUTO TOYOTA - BSTU026  
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

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AIG Asia Pacific Insurance Pte. Ltd.