# **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 16/12/2024 11:57 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 15/12/2024 14:56 (SGT) Exact Location of Accident Singapore Additional Location Information MERCHANT ROAD Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMX6925L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM SIEW HONG NRIC No S1517816G Email Address WENDY@SBH.COM.SG Mobile Phone No (Phone) +65-96510637 Alternative Phone No +65-65521527

#### VEHICLE PARTICULARS

Manufacturer

Toyota Model Vios Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1500 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 7210009233-02

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	LIM SIEW HONG S1517816G 23/12/1962 Indoor 23/10/1999 3 Valid 25 YEARS AND 2 MONTHS Female (Phone) +65-96510637 +65-65521527 WENDY@SBH.COM.SG BLK 228 BISHAN STREET 23 #03-67 - 570228 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  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? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
REF ATTACH	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SMA9011A

Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
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.
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- 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.

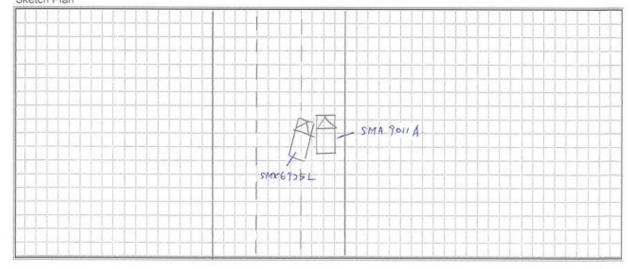
Sly

Policyholder's Signature / Date & Time

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

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

# Sketch Plan



Accident report SB0K24CG0003

escribe Cir	cumstance of the Accident
L a r	hen I was driving my car turning right from traffic light. to be toward on the Merchant and. After the turning of traffic light, I changed (and from left to right. I saw a car on my right side when my car was already on the right land half of the right lane. Suddenly my car slightly hit on the other car (SMA 9011 A). There are a sligh surface clamage on our both car.
	our both car

Declaration

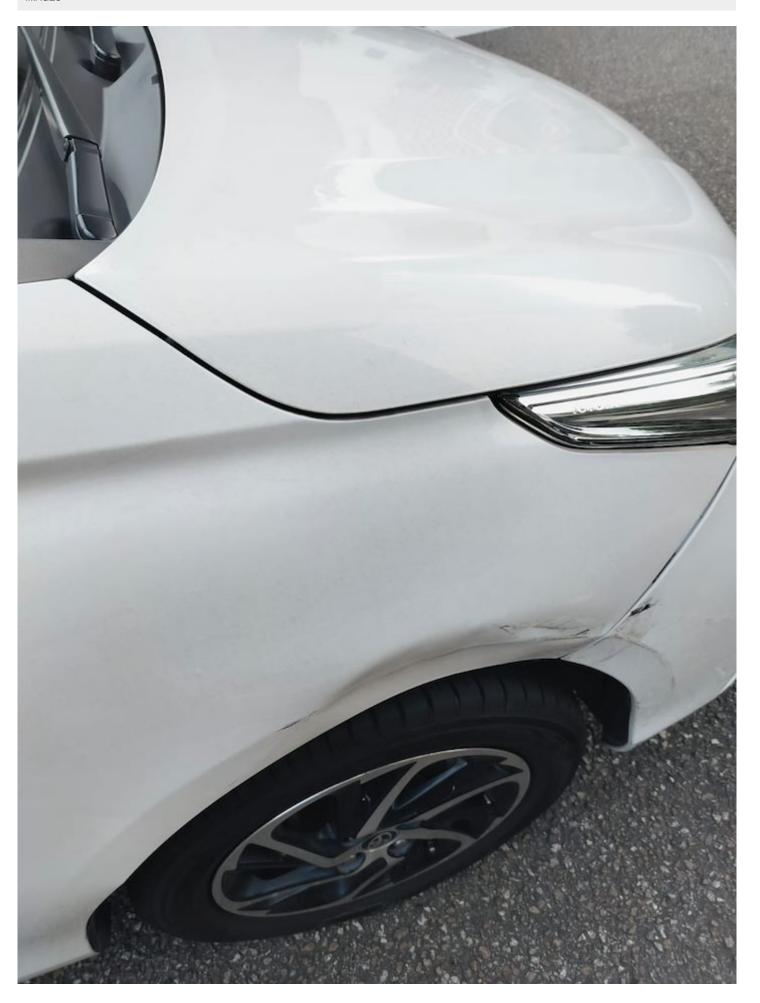
I/We declare the foregoing particulars are true in every respect.

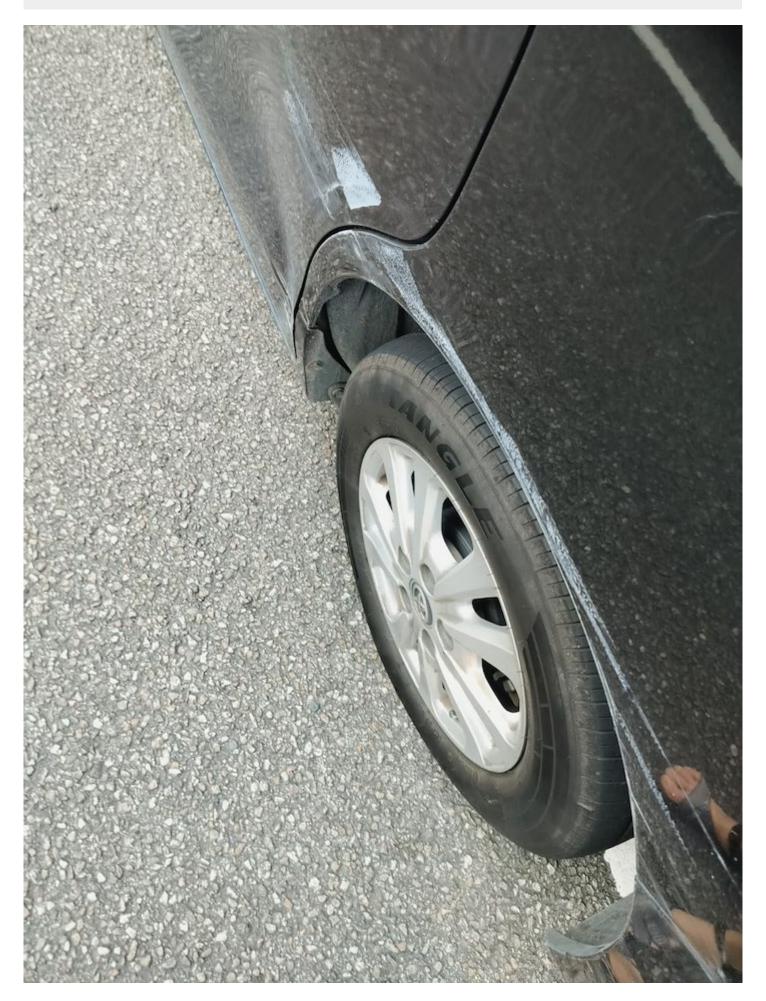
Policyholder's Signature / Date & Time

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

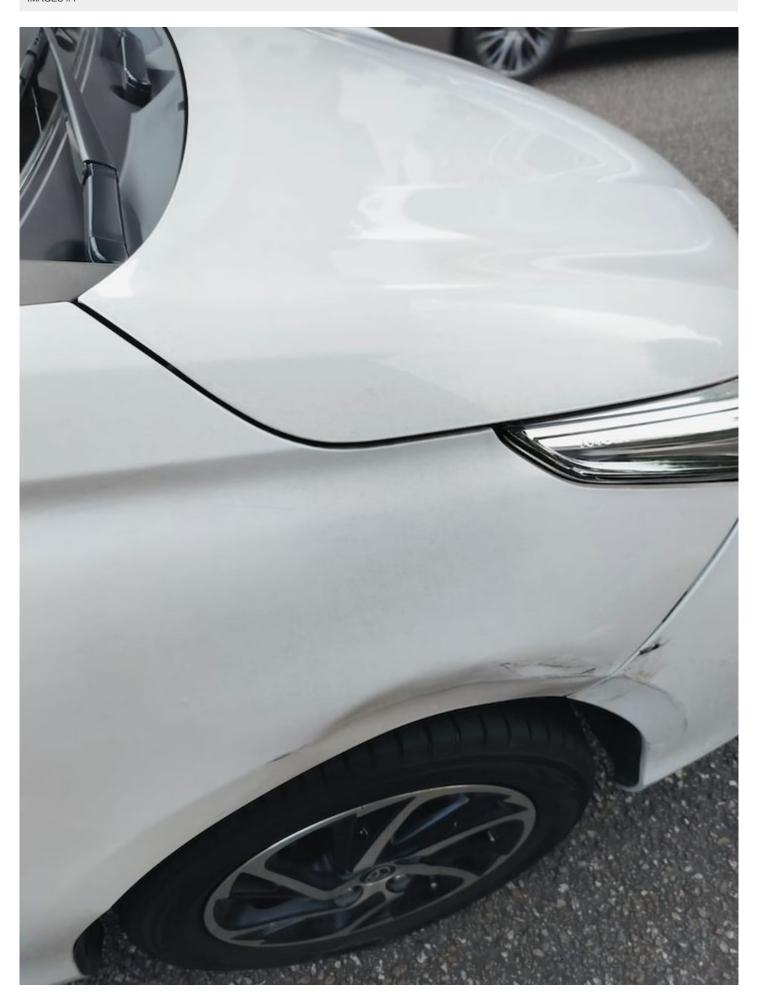
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

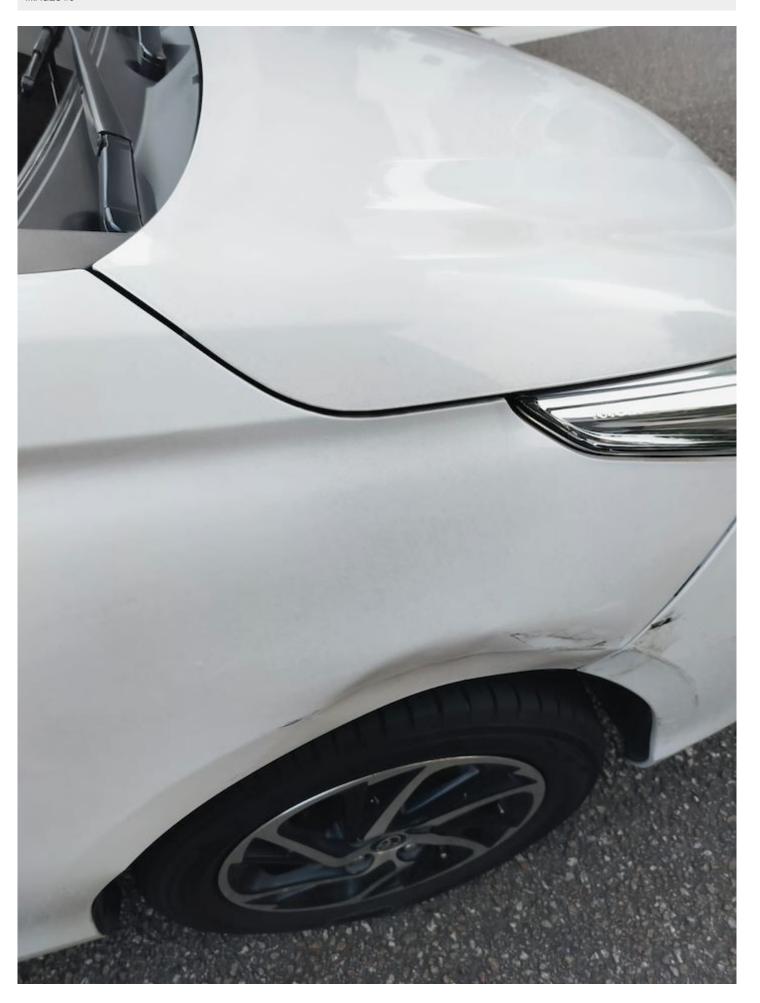
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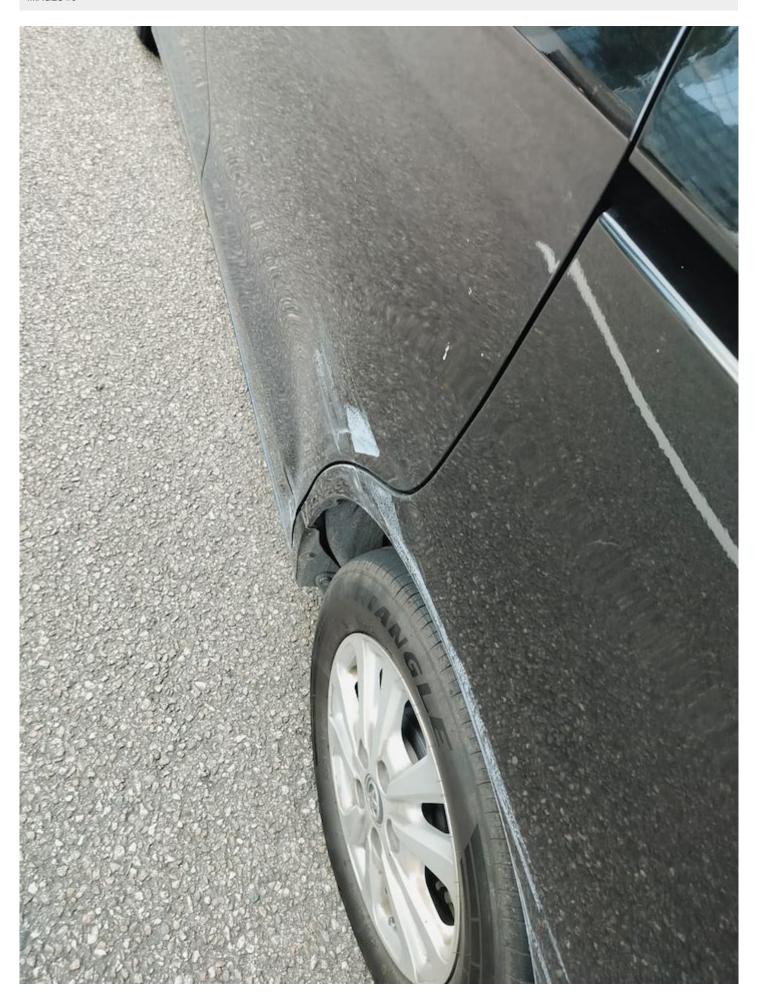




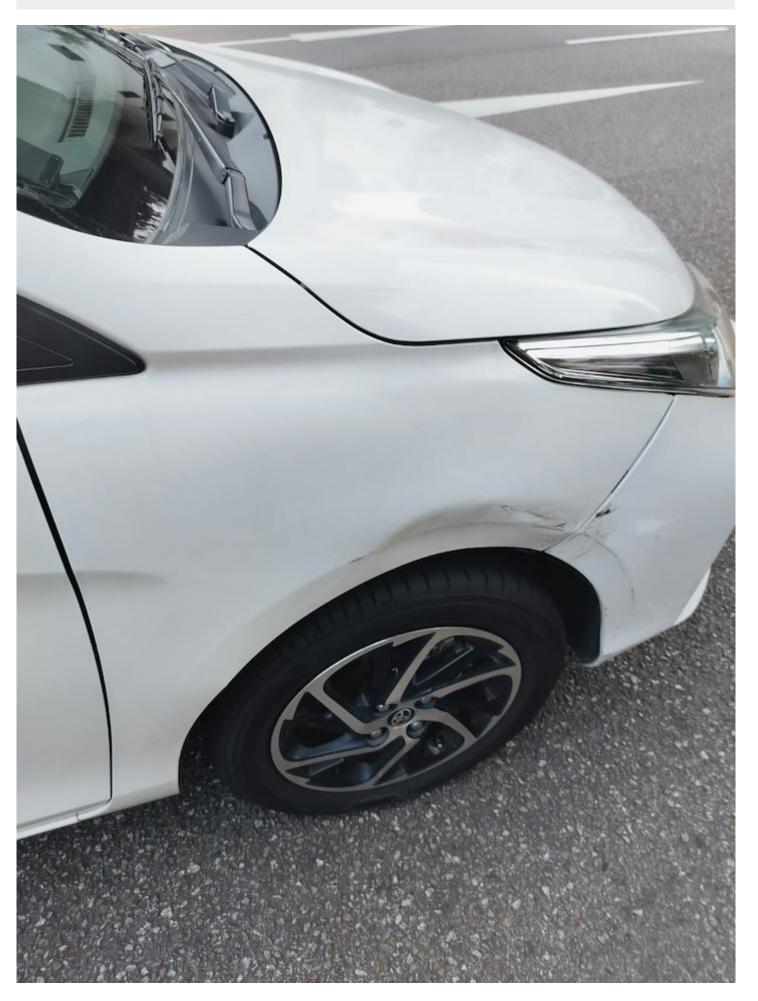






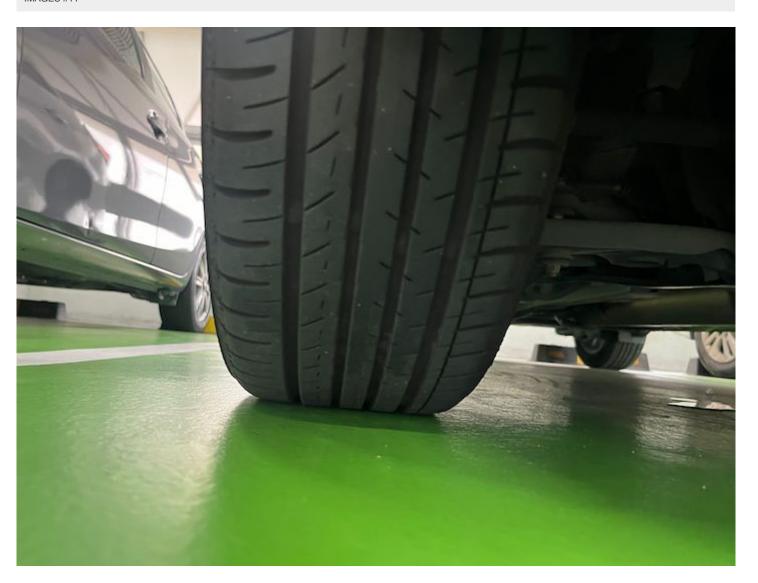


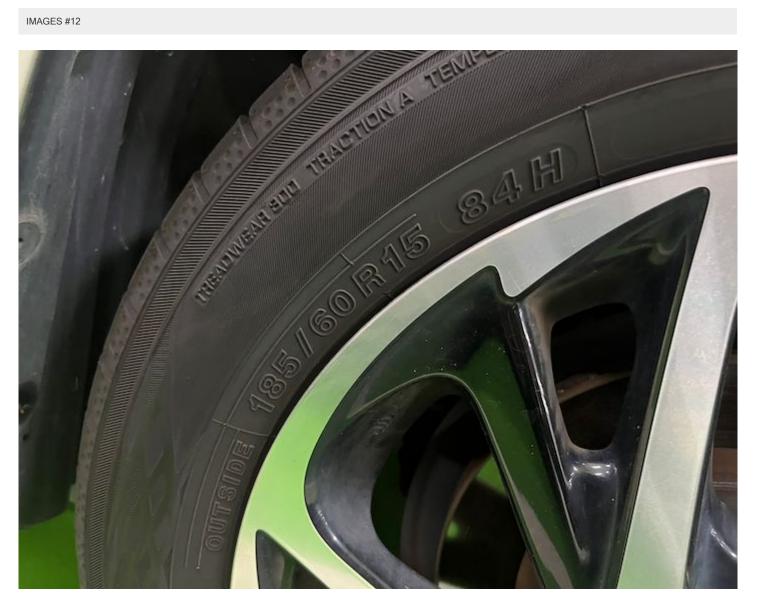


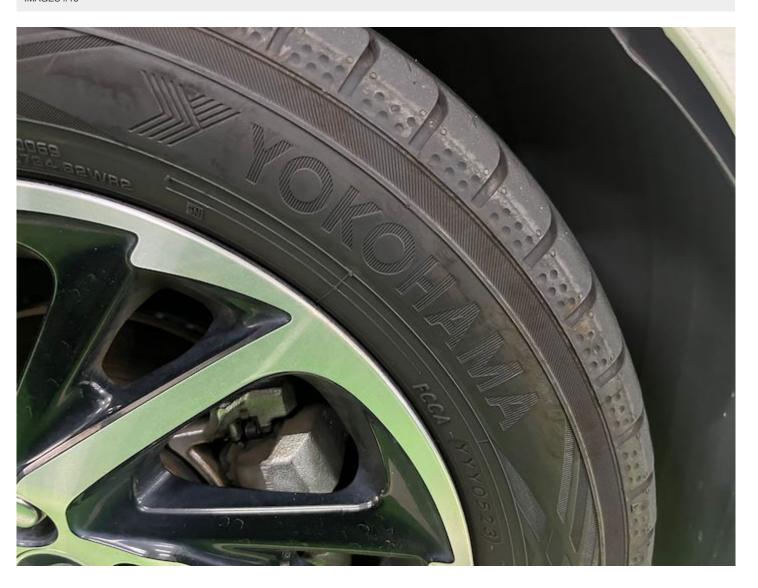










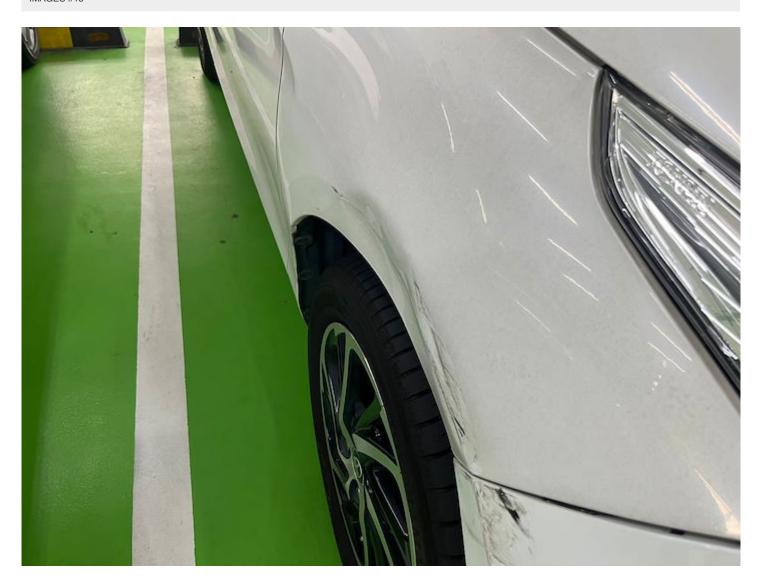






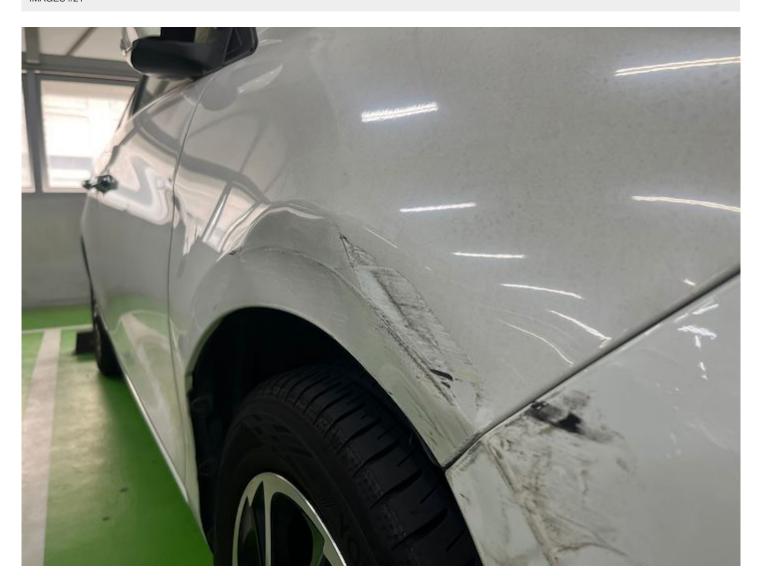




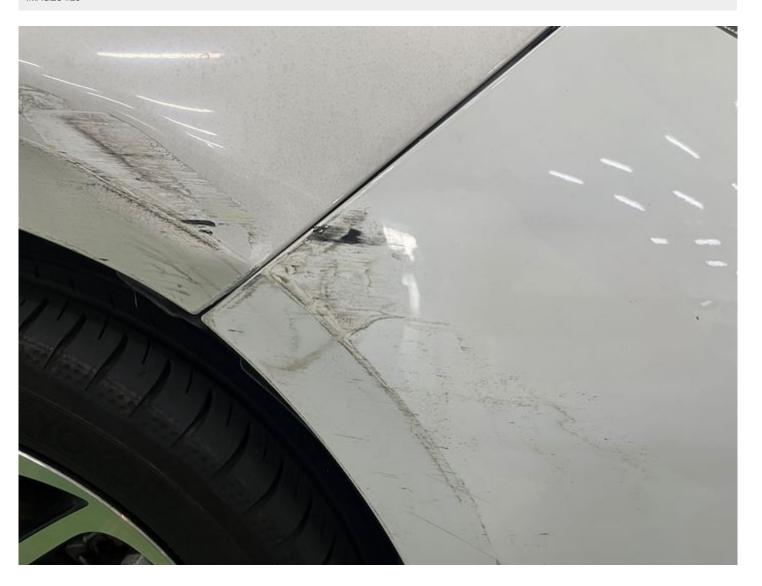






















# CERTIFICATE OF INSURANCE

# TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Lim Siew Hong

Period of Insurance

: 26 Jan 2024 To 25 Jan 2025

Engine/Motor No.

: 2NR5484018

Chassis No.

: MR2B23F3201216084

Vehicle No.

: SMX6925L

Policy No.

Endorsement No.

: 7210009233-02

Issued Date

: 19 Dec 2023 19:19

Make/Model

: TOYOTA VIOS 1.5

Engine Capacity/Tonnage : 1,496.00 CC

: NA

Off Peak Car : No

Sum Insured : Market Value

First Year of Registration : 2021 Insuring with COE/PARF

Driver Restriction Person or Classes of Persons Entitled to Drive\*:

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

You have to pay an additional sum of \$553,000 as "Young anality Inexpensed Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unconted) is under the age of 23 and/or has less than 2 years' diving experience.

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

Limitation as to use\*

Use only for social, domestic and plausive purposes and for the Policyholder's business.
This Policy does not cover use for his or revised, driving tustion, driving test, racing, pade-making, reliability trial or speed-testing, the cautings of goods other than symples in connection with Motor Trade.

The Policy does not cover use for the or revised, driving test, racing, pade-making, reliability trial or speed-testing, the cautings of goods other than symples in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

\* Limitations rendered inoperative by Section 8 of the Mosor Vehicles (Tend-Party Risks and Compensation) Act 1980, Section 85 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings

Section 1 Fire - S0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2 Property Damage - S0

Windscreen: \$100

Named Driver and Excess (where applicable)

Lim Siew Hong - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Toyota Sodycaro Centre (For accident repair 8. secidant reporting). Add: 2 Pandan Cresconi Singapore 128462 Tel: 6831 1188 2. Toyota Bodycare Centre (For secidant repair 8. secidant reporting). Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688.

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited



## MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	:	Lim S	ren	Houg	
VEHICLE NUMBER	:	SMX 6	925	7	
DATE/TIME OF ACCIDENT	:	15/12/	24	14:56	
PLACE OF ACCIDENT	:	Mercha	at re	9 d	
THIRD PARTY VEHICLE (IF ANY	:	SMA	Po114		
*******************	*****	******	******	******	****
WHERE DID YOU START YOU DESTINATION BEFORE THE ACC STAFT = Queen street Interold destination	IDENT	?			INTENDED
DID YOU DRINK ANY ALCOHOL THE ACCIDENT? IF YES, DID T ANALYSER TEST ON YOU? IF YE	HE TR	AFFIC POLICE	CONDU		
WHAT IS THE TYPE OF COLLISITO ALL VEHICLES INVOLVED?	and sc	ratcher			DAMAGES
WERE YOU OR YOUR PASSENG WERE YOU TAKEN TO THE TRAI					HOSPITAL?
Name: Cin Stea Hing  I Affirmed The Above Information Is	Given To	) My Best Knowl	edge.		

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000