

## 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             | 19/01/2019 11:59 |
| Date Of Accident           | 18/01/2019 18:50 |
| Exact Location Of Accident | HILL STREET      |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SLM6166E |
|-----------------------------|----------|

### Insured/Policyholder

|                          |                       |
|--------------------------|-----------------------|
| Name Of Registered Owner | TOH BOON CHAI BRENDON |
| NRIC No                  | S7124248Z             |
| Email Address            | BREADE.BT@GMAIL.COM   |
| Mobile Phone No          | (LOCAL) +65-96681161  |
| Alternative Phone No     | Office-96681161       |

### Vehicle Particulars

|                                                                              |                 |
|------------------------------------------------------------------------------|-----------------|
| Manufacturer                                                                 | MINI            |
| Model                                                                        | CLUBMAN-1.6 (A) |
| 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              |
| If No, Please state action to be taken                                       | REPORTING ONLY  |
| 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             |                                      |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | TOH BOON CHAI BRENDON |
| NRIC No              | S7124248Z             |
| Date Of Birth        | 12/07/1971            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 23/11/1993            |
| Driving Experience   | 25 YEARS AND 1 MONTH  |

|                                                     |                              |
|-----------------------------------------------------|------------------------------|
| Gender                                              | MALE                         |
| Mobile Number                                       | (LOCAL) +65-96681161         |
| Fax Number                                          |                              |
| Contact Number                                      | OFFICE-96681161              |
| E-Mail Address                                      | BREADE.BT@GMAIL.COM          |
| Address                                             | 69 PUNGGOL CENTRAL<br>#11-29 |
| Postcode                                            | 828754                       |
| 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   | COLLISION - CHANGE/CROSS LANE |
| 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                         | 2                                               |
| Was any body injured in the Accident?                                                       | NO                                              |
| Was any injured conveyed to hospital by ambulance?                                          |                                                 |
| 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)                                                     | 2                                               |
| Passenger 1                                                                                 | Name: : ADELENE LOO AI LIAN<br>Gender: : Female |

#### Details of Police Action

|                                           |    |
|-------------------------------------------|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

KINDLY REFER TO THE ATTACHED SKETCH PLAN.

#### Attachment(s)

|                                               |     |
|-----------------------------------------------|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | YES |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SHC5216B |
| Vehicle Make/Model/Colour   |          |
| Details Of Properties       |          |
| Vehicle Category            | TAXI     |

Name of Driver  
NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### 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 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. 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: 19-01-2019  
11 AM

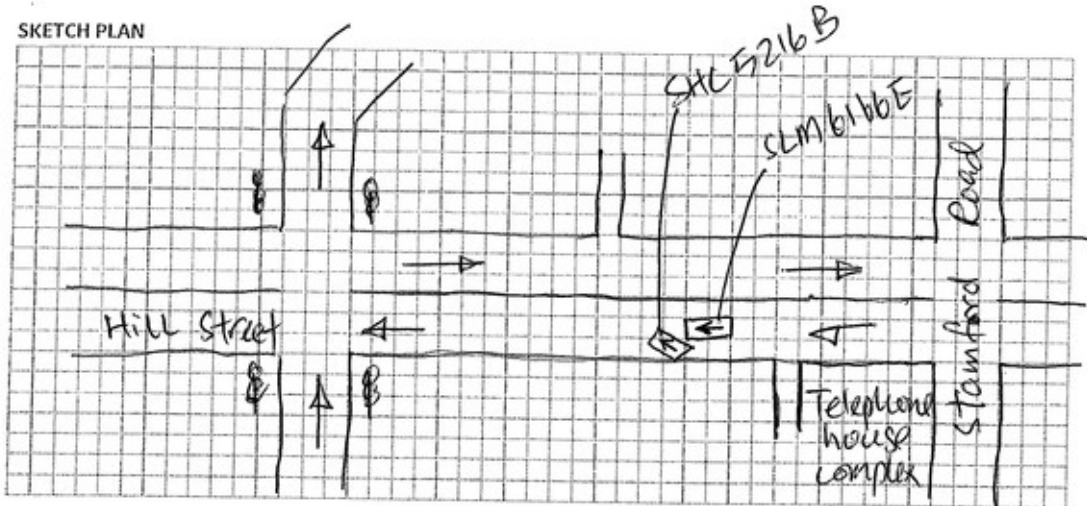
Driver's Signature

(If driver is not the policyholder)  
Date & Time: 19-01-2019  
11 AM

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| ACCIDENT DATE: 17/01/2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CONTACT NUMBER: 96681161 |
| ACCIDENT TIME: 18:52pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | EMAIL:                   |
| LOCATION: HILL STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |
| <p>I was driving along Hill Street towards New Bridge Road on 17/01/2019 at 18:52pm. At that moment, my vehicle was on the rightmost lane. Moment later, I decided to filter out to the middle lane. Before that, I ensured that the middle lane was cleared of vehicles. Therefore slowly move my vehicle to the middle lane. When the vehicle is almost coming to a straight position, without any warning, a red transcab suddenly appeared on my front left body of the car, cutting into my lane recklessly. Thereafter, the taxi stopped, driver alighted and took both car damage photo. We exchanged both parties driving licence information. After that, I played back my car video recording, realising that the taxi was actually signaling left. Therefore I am puzzled why the car was turning towards right side while car signal was displaying left.</p> |                          |
| NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |
| PLEASE CHECK YOUR POLICY FOR MORE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |
| PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input checked="" type="checkbox"/> REPORTING ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |

## 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:

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



# CERTIFICATE OF INSURANCE

## MINI AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : Toh Boon Chai Brendon  
**Period of Insurance** : 29 Jun 2018 To 28 Jun 2019  
**Engine No.** : F565H506B38A15A  
**Chassis No.** : WMWLN320602F16395

**Vehicle No.** : SLM6166E  
**Policy No.** : 2100510550-01  
**Endorsement No.** :  
**Issued Date** : 24 May 2018

### ABOUT THE COVER

**Make/Model** : MINI Cooper Clubman AT LED  
**Engine Capacity/Tonnage** : 1,499.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2017  
**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

#### 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 - 1600cc

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

### EXCESS

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

**Section 2**  
**Property Damage** - \$0

**Windscreen** : \$100

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

Toh Boon Chai Brendon - \$600 (Own Damage)

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

1. Eurokars Habitat Pte Ltd Add: Eurokars Centre, 12 Sungei Kadut Ave, Singapore 729648 63633003

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.com.sg](http://www.aig.com.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: DBS BANK LTD

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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503599140


ARF (AP) PTE LTD - MINI  
7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX  
SINGAPORE 069111  
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manile*

**AIG Asia Pacific Insurance Pte. Ltd.**  
AUTHORISED REPRESENTATIVE

SSCA58

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7124248Z



Name  
TOH BOON CHAI BRENDON

卓文財

Race  
CHINESE

Date of birth  
12-07-1971

Country of birth  
SINGAPORE

Sex  
M

S7124248Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7124248Z

Name  
TOH BOON CHAI  
(ZHUO WENCAI)

Birth Date: 12 Jul 1971

Issue Date: 27 Oct 2003




4687174



NRIC No. S7124248Z



Date of issue  
01-03-2011

69 PUNGGOL CENTRAL #11-29  
SINGAPORE 828754

NRIC No: S7124248Z Date: 05/03/2018

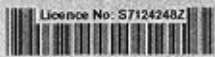
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES):

PASS DATE  
23 Nov 1993

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

Licence No: S7124248Z





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

