

MLHM19079741 / Lai Huat (Meng Kee) Motor Pte Ltd - Sin Ming  
 ENTRY DATE & TIME: 19/06/2019 10:38  
 SUBMITTED BY: Jenny Lim Lai Foong

## 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 19/06/2019 10:38  
 Date Of Accident 19/06/2019 07:00  
 Exact Location Of Accident AYE TOWARD TUAS  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK8344E  
**Insured/Policyholder**  
 Name Of Registered Owner UNIQUE TOURIST SERVICE (PTE) LTD  
 Co Reg No 197401067R  
 Email Address UNIQTOUR@SINGNET.COM.SG  
 Mobile Phone No  
 Alternative Phone No Office-62927656

### Vehicle Particulars

Manufacturer MAZDA  
 Model 5-2.0 SP.6EAT SUNROOF (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? YES

If No, Please state action to be taken

Vehicle Category PRIVATE HIRE

### Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number 100787838-00000  
 Cover Note Number

### Driver

Name of Driver KATSUYUKI SATO  
 Passport No/FIN G3457372M  
 Date Of Birth 23/12/1969  
 Occupation INDOOR  
 Date Of Driving Pass 29/09/1988

Driving Experience	30 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96308163
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	30 SAKRA VIEW
Postcode	627745
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

**General Information of the Accident**

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	4
Passenger 1	Name: : OHORI SHINJI Gender: : Male
Passenger 2	Name: : KITAGO YUICHI Gender: : Male
Passenger 3	Name: : TSURUMI KENTARO Gender: : Male

**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**

REFER TO 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

CB6989L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

GOVINDASAMY PACHAIMUTHU

NRIC/Passport Number

G6513736X

Contact Number

93927688

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SLZ2234A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHEW WAH KIAN

NRIC/Passport Number

Contact Number

96677364

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Sketch Plan**

**SKETCH PLAN**

**IMPORTANT NOTICE**

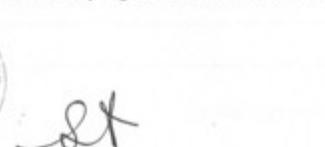
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

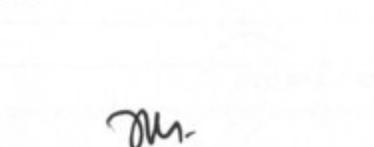
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

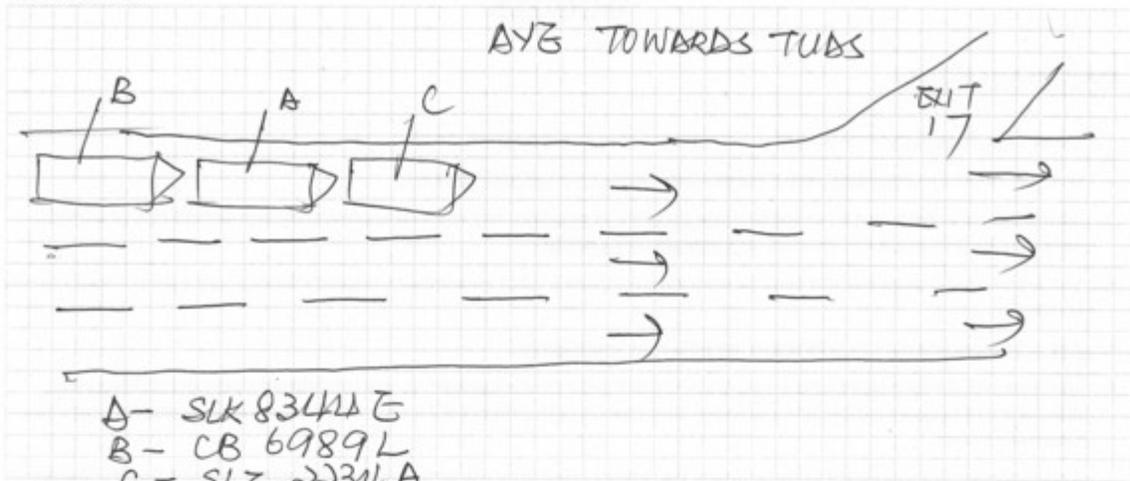


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

19 JUN 2019

19 JUN 2019

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ON AYE TOWARDS TUBS BEFORE EXIT 17. I SWITCHED TO LANE 3 INTENDING TO MAKE EXIT FROM AYE. THE FRONT VEHICLE STOPPED AND I FOLLOW SUIT. (STATIONARY FOR FEW SECONDS) SUDDENLY VEHICLE B CAME FROM BEHIND WITH HIGH SPEED AND HIT ONTO MY VEHICLE REAR PORTION. DUE TO THE STRONG IMPACT CAUSED MY VEHICLE TO MOVE FORWARD TO HIT ONTO VEHICLE C.

DECLARATION

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

Policyholder's Signature

Date & Time:

19 JUN 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

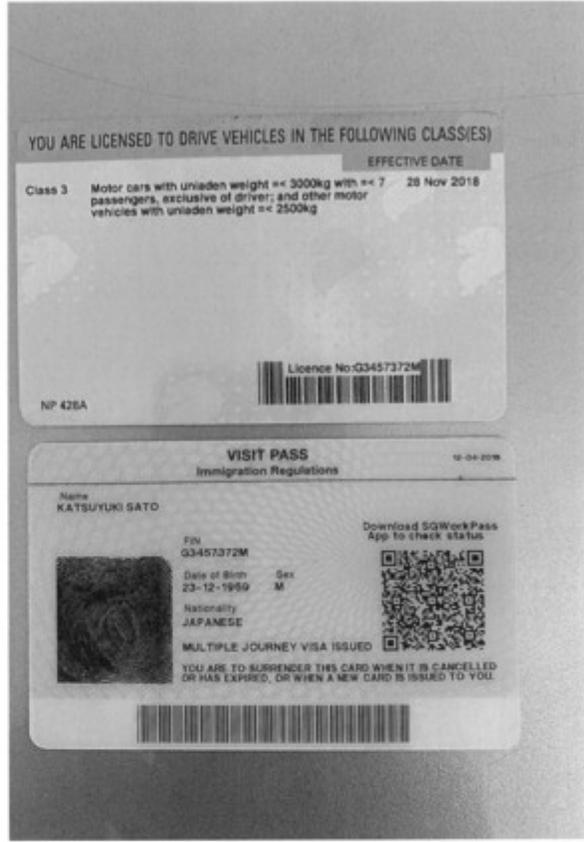
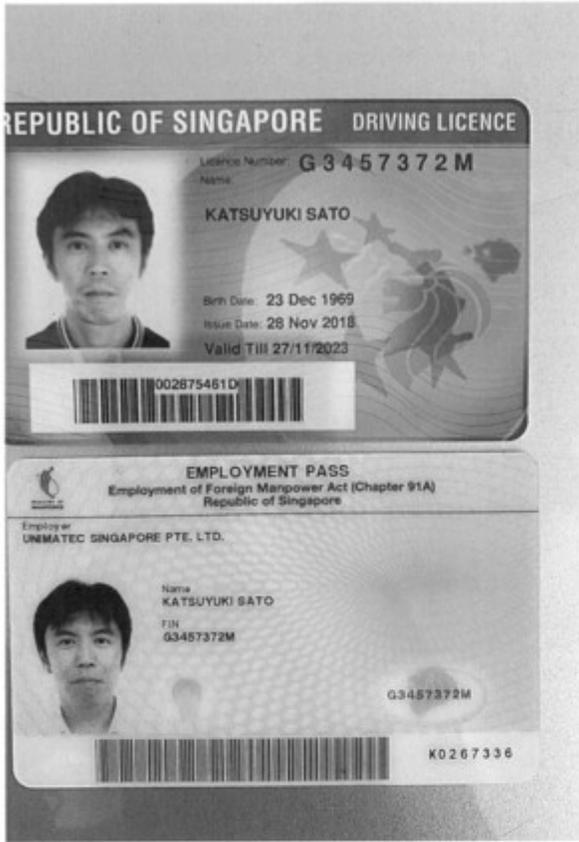
19 JUN 2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





氏名 佐藤 勝之 昭和44年12月23日生

住所 高萩市高浜町2丁目27-1  
交付 平成27年12月10日 19018  
運転免許証  
平成33年01月23日まで有効  
中型車は中型車(8t)に限る

優良  
番号 第 438807874631 号

二種	普通	特種	第一種	第二種	第三種	第四種	第五種	第六種	第七種	第八種	第九種	第十種
○	○	○	○	○	○	○	○	○	○	○	○	○

平成00年00月00日  
昭和63年09月29日  
平成00年00月00日

茨城県  
公安委員会

備考

平 30.4.23 国外免許発給

以下の部分を使用して臓器提供に関する意思を表示することができます(記入は自由です)。  
記入する場合は、1から53までのいずれかの番号を○で囲んでください。

- 私は、脳死後及び心臓が停止した死後のいずれでも、移植のために臓器を提供します。
- 私は、心臓が停止した死後に限り、移植のために臓器を提供します。
- 私は、臓器を提供しません。

(1) 又は2を選んだ方で、提供したくない臓器があれば、Xをつけてください。  
【心臓・肺・肝臓・腎(じん)臓・脾(ずい)臓・小腸・胆球】  
(自筆署名)

[ 特記欄 : ] (署名年月日) 年 月 日

Certificate of Insurance



HOTLINE TEL: (65) 6419-3000

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR  <b>CERTIFICATE NO.</b> 999994098/100787838-00000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>OWN DAMAGE EXCESS</b></td> <td style="width: 40%;">S\$1,200.00 (1)</td> </tr> <tr> <td><b>WINDSCREEN EXCESS</b></td> <td>S\$100.00</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">(for policies with effect from 1st November 2002)</td> </tr> <tr> <td><b>SUM INSURED</b></td> <td>S\$1.00</td> </tr> <tr> <td><b>INSURING WITH COE/PARF</b></td> <td>NO</td> </tr> </table>	<b>OWN DAMAGE EXCESS</b>	S\$1,200.00 (1)	<b>WINDSCREEN EXCESS</b>	S\$100.00	(for policies with effect from 1st November 2002)		<b>SUM INSURED</b>	S\$1.00	<b>INSURING WITH COE/PARF</b>	NO
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(for policies with effect from 1st November 2002)											
<b>SUM INSURED</b>	S\$1.00										
<b>INSURING WITH COE/PARF</b>	NO										
<b>1) VEHICLE REGISTRATION NO.</b> <b>2) NAME OF INSURED</b> <b>3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT</b> <b>4) DATE OF EXPIRY OF INSURANCE</b> <b>5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *</b>	SLK8344E  UNIQUE TOURIST SERVICE PTE LTD  1 Jun 2019 31 May 2020										
<p>Any person who is driving on the Insured's order or with their permission.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p>											
<b>6) LIMITATION AS TO USE *</b>  Use for the carriage of passengers or goods in connection with the Insured's business. Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired. The Policy does not cover 1) Use for racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>LOSS OF USE</b></td> <td>NOT INCLUDED</td> </tr> <tr> <td><b>* NAMED DRIVER</b></td> <td>N/A</td> </tr> <tr> <td><b>HIRE PURCHASE COMPANY</b></td> <td>NA</td> </tr> </table> <p style="font-size: small;">* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>		<b>LOSS OF USE</b>	NOT INCLUDED	<b>* NAMED DRIVER</b>	N/A	<b>HIRE PURCHASE COMPANY</b>	NA				
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<b>HIRE PURCHASE COMPANY</b>	NA										

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 12 Jun 2019

**AIG ASIA PACIFIC INSURANCE PTE. LTD.**

500533-010  
 NEW FRONTIERS ALLIANCE PTE LTD  
 371 ALEXANDRA ROAD  
 #05-05 AIA ALEXANDRA  
 SINGAPORE 159963  
 SP-LCADVISORY

  
 \_\_\_\_\_  
 Authorised Representative

ORIGINAL

SSCDSK

**Accident Photo**



**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo

