

## 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	30/07/2019 17:08
Date Of Accident	30/07/2019 14:50
Exact Location Of Accident	YISHUN ST 21
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM7437E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH AH MAI
NRIC No	S1176917I
Email Address	AHMAIGOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96363207
Alternative Phone No	Office-96363207

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	1900119245
Cover Note Number	

### Driver

Name of Driver	GOH AH MAI
NRIC No	S1176917I
Date Of Birth	26/12/1955
Occupation	INDOOR
Date Of Driving Pass	07/08/1978
Driving Experience	40 YEARS AND 11 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96363207
Fax Number	
Contact Number	OFFICE-96363207
E-Mail Address	AHMAIGO@GMAIL.COM
Address	BLK 541 WOODLANDS DRIVE 16 #05-61
Postcode	730541
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 - HEAD TO REAR
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?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### 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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

#### Attachment(s)

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

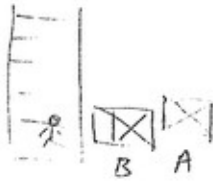
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV6164A
Vehicle Make/Model/Colour	BMW BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH ONG BENG
NRIC/Passport Number	S1493183Z
Contact Number	97828233

Address	28 CANBERRA DR #04-118
Postcode	768429
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan

## SKETCH PLAN



A - SMM 7437-E  
B - SKV 6164-A

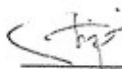
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving at slow speed, the front car stopped for pedestrian student crossing and unable to stop in time and bump on to the front car.  
(Did not <sup>notice</sup> see student at ~~front~~ the zebra crossing)

I only damage my front number plate

## DECLARATION

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

 30/1/19  
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.:

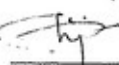
## SKETCH PLAN

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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.

 30/7/19  
Policyholder's Signature  
Date & Time: 4.20pm

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

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



TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby **HELD COVERED** on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder : GOH AH MAI  
Period of Insurance : 09 Jul 2019 to 08 Jul 2020  
Engine No. : 1ZR0D93044  
Chasis No. : MR053REH604598159

Vehicle No. : 2mm 7  
Cover Note No. : 1900119245  
Endorsement No. :  
Issued Date : 09 Jul 2019

## ABOUT THE COVER

Make/Model	: TOYOTA COROLLA ALTIS 1.6			
Engine Capacity/Tonnage	: 1,598.00 CC	Sum Insured	: Market Value	First Year of Registration
Driver Restriction	: NA	Off Peak Car	: No	Insuring with COE/PAF
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 authorized driver only if he/she meets the specified age condition.				
You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") 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

**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, diving tuition, diving 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

\* Impositions rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 185) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**EXCESS**

Section 1  
File - \$0, Core Damper - \$600, Theft - \$0 Flood Cover - \$0

Section 2  
Priority Cases - 50

Windscreens : \$100

**Named Driver and Excess** (where applicable)  
GCH AK MAS - 5600 (Own Damage)

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

1. Toyota Bodycare Centre (For accident repair & accident reporting) Add 17 Ubi Road 4 Singapore 400511 Tel: 6531 1608  
2. Toyota Bodycare Centre (For accident repair & accident reporting) Add 2 Pandan Crescent Singapore 120452 Tel: 6531 1180

For other Approved Reporting Centres/IAIG 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).  
Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date on this cover note, please contact AIG immediately.  
We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 199), Part IV of the Road Transport Act, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0504667218

INCHCAPE AUTO TOYOTA - BSTL035

MELING KEE ROAD.

33 LENG KEE ROAD  
SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
 AUTHORISED REPRESENTATIVE **Eu-Lan Ngai Choo**

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10/21/2016 12:40:00 PM

### Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S11769171



Name

GOH AH MAI

吴亚参

Race

CHINESE

Date of birth

26-12-1955

Country/Place of birth

SINGAPORE

Sex

F



6057171



NRIC No. S11769171



Date of issue

31-10-2018

Address

APT BLK 541 WOODLANDS DRIVE 16  
#05-61  
SINGAPORE 730541

REPUBLIC OF SINGAPORE DRIVING LICENCE



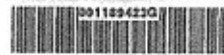
Licence Number S11769171

Name

GOH AH MAI

Birth Date 26 Dec 1955

Issue Date 08 Apr 2004



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

PASS DATE

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

07 Aug 1978

NP 428A



Licence No: S11769171

STATEMENT



**MOTOR ACCIDENT INTERVIEW FORM**

NAME (DRIVER) : Goh Ah Mai  
VEHICLE NUMBER : SMW 7437 E  
DATE/TIME OF ACCIDENT : 30/7/19  
PLACE OF ACCIDENT : Yishun St 21  
THIRD PARTY VEHICLE (IF ANY) : SKV 6164 A

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

Nee Soon CC to office at Blk 234

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 IS THE RESULT?

NO

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

FRONT TO REAR (WRKLED SKV 6164 A)

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

No

[Signature]  
Name: Nanny Goh

I Affirmed The Above Information Is Given To My Best Knowledge.



Accident Photo





Accident Photo



Accident Photo

