# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 16/12/2019 19:26

## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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 <u>truthful and accurate</u> 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.
- 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.

aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	16/12/2019 19:12
Date Of Accident	01/12/2019 14:20
Exact Location Of Accident	BOTANIC GARDEN VISITOR CENTER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGF8145Z
Insured/Policyholder	
Name Of Registered Owner	SG CAR LEASING PTE LTD
Co Reg No	201215889G
Email Address	ADMIN@SG-CARLEASING.COM
Mobile Phone No	
Alternative Phone No	Office-91808916
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8 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 HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994503
Cover Note Number	
Driver	
Name of Driver	TAN HAN SENG
NRIC No	S1758762E
Date Of Birth	04/04/1966

**OUTDOOR** 

03/02/1999

20 YEARS AND 9 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-97415637

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

Address BLK 424D YISHUN AVE 11 #06-322

OTHER - HIRER

Postcode 764424

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident COLLISION - OPENING DOOR OF VEHICLE

NO

2

NO

NO

YES

NO

2

YES

NO

**Weather Conditions DRIZZLING** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 Name: : WILLIAM

> Gender: : Male

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

ROAD: 21 BUKIT BATOK EAST AVE 4, POSTCODE: 659840, COUNTRY: Police Station Address

**SINGAPORE** 

**Police Station Contact** TEL NO: 1800-6659999 - FAX NO: 66655793

Was notice of intended Prosecution given?

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? NO Was there any audio recorded? NO

**Details of Witness 1** 

Name CERTIS CISCO OFFICER Phone Number 67440039 Email Address

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLP6618T Vehicle Make/Model/Colour MAZDA 3

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report somethy the details of the accident to spend up the claims process.
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- 3. Information provided must be as trainful end assurate as possible. Any wilful misrepresentation or withholding of material facts may allow incurance companies to remailate policy ilability.
- d. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Amefolica recording marches refuse 6 to the Police for Investigation.
- 5. The report will be fortranded by the insurers of the Gif, Records Management Centre established by the General Insurence Association of Shappoins (GIA) for entitletigand that copies of this report will for a fee be made explicitle upon application by
- By the lodgment of this report to the insurers, you hereby consent to the such larger this report at the contre and to copies of
  the report heing made available aftercools.
- S. Consent under the Personal Data Protection Aut (PDPA)

t understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapure ("Kith") may are permitted to collect, use, choices and/or process my personal data/personal information subjects this floral and any other personal information personal information in a processed by me or possessed by my journer (collectively the "Personal Information") and disclose and transfer such vehicle(s) involved in this accident shall be collectively referred to as the "insurer"), the insurer(s) who have insured this accident shall be collectively referred to as the "insurer"), the insurer of involved in this accident shall be collectively referred to as the "insurer"), the insurer of involved in the purpose of any relevant government agency/authority (such as the police), for the purpose of a
  - (i) processing, frendling and/or dealing with my dolors including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) invastigating the audident undfor my chims;
  - Old corrying out and/or dealing with my instructions or responding to any angular by mes
  - this administering my claims linelading the multing of correspondence, statements, two locs, reports or notices to me, which could involve statements of active space of a partie of the same as well as on the expense cover of envelopme/mail packages); and/or
  - (v) complying with applicable into in administering, proposing, bandling and/or dealing with my sisima (collectively the
- (b) all insurer(s) who have insured vehicle(s) involved in this action and the insurers' inverse/low time, rangers permitted to collect, use, discuss and/or process my fersonal information for one or more of the above Purposes; and
- my Parsonal information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or ngents(including their lawyers/law firms), which may be cited outside of Singapore, for one or more of the above Perposes.
- (d) my Paraensi information will size in collected and used to compile chine history for the purpose of front detection, investigation and management to present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any either third parties that assist in evaluating, investigating, controlling or managing front, regulators, law anforcement and government agencies as reasonably required for the purposes states, or

(III) for complying with requirements under any regulations, laws or court orders. (2012/5888G)

Policyholder's Signature Cate & Thoses

v

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

Tay

stru Germanicel's Signature

WHIC/RIMIN-

SKETCH PLAN		
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DESCRIBE CIRCUMSTANCES OF T	HF ACCIDENT	
(ar A Was a	Imagine a cal	
off and va	a customer	while Cav B dropped the passenger
(ar A passenae	turning in the noundabout	t in a fast manner.
tar i panternie	opened the door and	Car B hit car A Side door.
CON A - M. I-	01	7, 2,00 000
car A - Mrta	9 34581452	
Car B = 66817	Mazda 3 Black.	
Important:		
You have been advised by the workshickeling against your own policy (OD CLA	op that in the event that you wish to	- Reporting Only
claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame DECLARATION		- Claim OD
		- Claim TP
		<ul> <li>Claim OD/ TP at other workshop</li> </ul>
/WE declare the foregoing particu	lars are true in every respect.	
Policyholder's signature Date & Time	Driver's Signature (if driver not the policyholder) Date & Time	Reporting Centre Personnel's Signature Name: Nric/Fin No.



51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Our Ref: CC4/AIG19021314/Qhb3

09 December, 2019

SG Car Leasing Pte Ltd 1 Bukit Batok Crescent #03-32 WCEGA Plaza Singapore 658064

Dear Sirs,

## ACCIDENT INVOLVING SGF 8145Z AND SLP 6681T ON 01/12/2019 ALONG/ AT BOTANIC GARDEN DROP OFF POINT NEAR TRAFFIC LIGHT

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centres. You may refer to your Certificate of Insurance for the list of the reporting centres.

If you have any information to add or any amendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc would be affected.

Yours faithfully,

Vic Alpeh Sanghilan

Claims

Tel: 6841 2096 Fax: 6741 4108

Email: vicalpeh@lkkauto.com

c.c. Claims Manager

AIG Asia Pacific Insurance Pte Ltd

(Motor Claims Dept)



# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1990 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1889 (MALAYSIA) M.Z.400 Third Party Commercial Motor CUSTOMER'S COP CERTIFICATE NO. 999994593 SUM INSURED INSURING WITH COE/PARE No 1) VEHICLE REGISTRATION NO. SGF8145Z 2.) NAME OF POLICYHOLDER SG/Car Leasing Pre-Ltd 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT. 07 July 2019 4') DATE OF EXPIRY OF INSURANCE 6 July 2029 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE! Any person who is criving on the inquied diorder or was in a repensission. 🕾 🔻 Section | Broads outside Singaphyse solicid. For driver, againstow 27. Section II Bucket \$5000, and see and Section 1. Excess outside Singapore 1. \$50000. 6 ) LIMITATION AS TO USE: Medio social domesti, peagraficación and but as parcelectriqued.

Use to social domesti, consideración del Sur as parcelectriques or expessor whom the reconsisting a time to social domestic consideración del social to PNC) desired over 111, so for usion driving for paced but committee (Ord-wid) if any ore dispositive places (proposed in LOSS OF USE Not included HIRE PURCHASE COMPANY

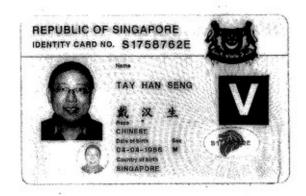
I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third- Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1997 (Malaysia).

Issued in Singapore 09 Jul 2019

691991-010 MOH KOK HENG 78 Shenton Way #07-16 SINGAPORE 079120 AIG Asia Pacific Insurance Pte. Ltd.

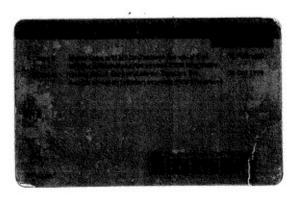
AUTHORISED REPRESENTATIVE

SSPTKY









## NOTICE OF REPORTING

This is to confirm that Tay Han Seng, NRIC/FIN: S1758762E, has reported to the Police a traffic accident. The traffic accident does not consist of the below following criteria:

- i) Involvement with foreign vehicle
- ii) Involvement with Pedestrian/Cyclist
- iii) Involving parties obtained more then 3 days of Medical Leave
- iv)Government property damage
- v) Hit and Run Accident

Incident happened on 01/12/2019 at 0220hrs, at 1 Clunny Road, Botanic Garden Visitor Centre. I was dropping off my passenger at the drop off point. My passenger exited my vehicle using the right hand side passenger door without looking for on-coming traffic from the rear. Hence, my car right passenger door was dented as it hit onto the on-coming vehicle. The oncoming vehicle had a dent on his left side mirror. I wish to state that no one was injured during this incident. I was not able to get the particulars of the driver. The purpose of me making this report is for record and claimant purposes.

Involving the following vehicles:

V1) SGF8145Z Toyota wish, driven by Tay Han Seng, NRIC/FIN: Tay S1758762E, HP: 97415637

V2) SLP6681T Mazda 3 black

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT(2) Tengku Muhammad Alfian

Date: 1/12/2019 Time: 1610hrs

S/D Ref: 69

BUKIT BATOK NPC No. 21 BUKIT BATOK EAST AVE 4 SINGAPORE 659840

TEL: 1800-665 9999

Police Post/Unit: Bukit Batok NPC





191213/2114 1 of 2

Report No. J/20191213/2114

# POLICE REPORT (NP299)

Police Station Of Origin Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 Tel No: 1800-6659999

Date/Time Report Made 13/12/2019 23:59	Vide Re	port No.		Station Diary No.	
Name Of Informant	Address APT BLK 424D YISHUN AVENUE 11 #0 SINGAPORE 764424 Contact No. Home/Office Mobile 97415637 Email Address				
TAY HAN SENG				AVENUE 11 #06-322	
ID Type / ID No. NRIC NO / \$1758762E			Mobile		
Nationality SINGAPORE CITIZEN					
Occupation	Sex	Age	Date of Birth	Race	
GRAB DRIVER	Male	53	04/04/1966	Chinese	
Institution/School Name	Language English				
Date/Time Of Incident	Location Of Incident				
01/12/2019 02:20 - 13/12/2019 15:20	1 CLUNY ROAD SINGAPORE BOTANIC GARDENS SINGAPORE 259569				

## Brief details.

On 01/12/2019 at about 0220hrs, I was driving a Black Toyota Wish bearing plate number SGF8145Z and dropped off a passenger at the drop-off point at the Botanic Garden Visitor Centre. The passenger alighted my car by using the right rear passenger door. However he did not see for any oncoming vehicle and after he opened the door, a Black Mazda 3 bearing plate number SLP6681T swiped against my car's door which caused it to dent. The Black Mazda's left side mirror was also dented. Nobody was injured. The driver, my passenger and I agreed for a private settlement. My passenger paid SGD\$200 cash to the

Signature Of Officer Recording The Report:	Signature Of Informant:
J / Sgt 3 MOHAMMAD FIRDAUS BIN JAFFAR	Tay
Signature Of Interpreter: Not applicable	Date/Time: 13/12/2019 23:59
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Insp NUR SYAIRAH BINTE YAKOP	Classification Of Case:
Contact No.: 63167370	
Authoriticalian Ot	

Authentication Stamp



SIGNATURE





POLICE REPORT (NP299)

Authentication Stamp

SINGAPORE

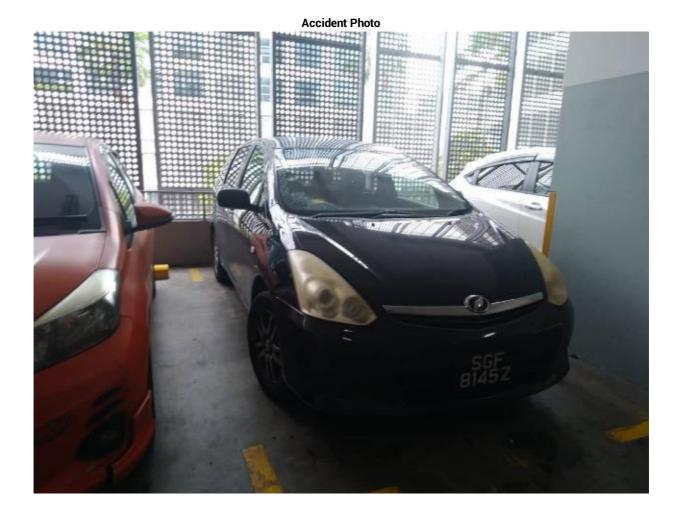
SIGNATURE

CONTINUATION OF REPORT

Report No. J/20191213/2114

Mazda's driver immediately and paid me SGD\$100 on 03/12/2019 via Bank transfer. On 13/12/2019 at about 1520hrs, I received messages from Grab company stating that the driver wanted to claim the damages from me. My rental car company also informed me that the company has received a lawyer letter. This report is for my own record purpose only and I understand that Police will not look into this matter.

J / Sgt 3 MOHAMMAD FIRDAUS BIN JAFFAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/12/2019 23:59
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Insp NUR SYAIRAH BINTE YAKOP Contact No.: 63167370	Classification Of Case:







# **Accident Photo**







# **Accident Photo**



# Accident Photo







