

## 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	28/01/2020 09:31
Date Of Accident	24/01/2020 12:45
Exact Location Of Accident	CLEMENTI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ7574X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO SIN PTE LTD
Co Reg No	201110702H
Email Address	IVYLEE@HOSIN.SG
Mobile Phone No	
Alternative Phone No	Office-97436820

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 (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?	YES
If No, Please state action to be taken	
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	1900253010
Cover Note Number	

### Driver

Name of Driver	LEE CHIN TECK
NRIC No	S9248862D
Date Of Birth	28/12/1992
Occupation	INDOOR
Date Of Driving Pass	17/08/2017
Driving Experience	2 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91260535
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 515 CHUA CHU KANG ST 51 #13-82
Postcode	680515
Was driver an employee of the Insured's Company	YES
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 - 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: : SEAH HWEE CHENG 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

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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML9181J
Vehicle Make/Model/Colour	SKODA SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YIK JINXIONG

NRIC/Passport Number	S8126301I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN


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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

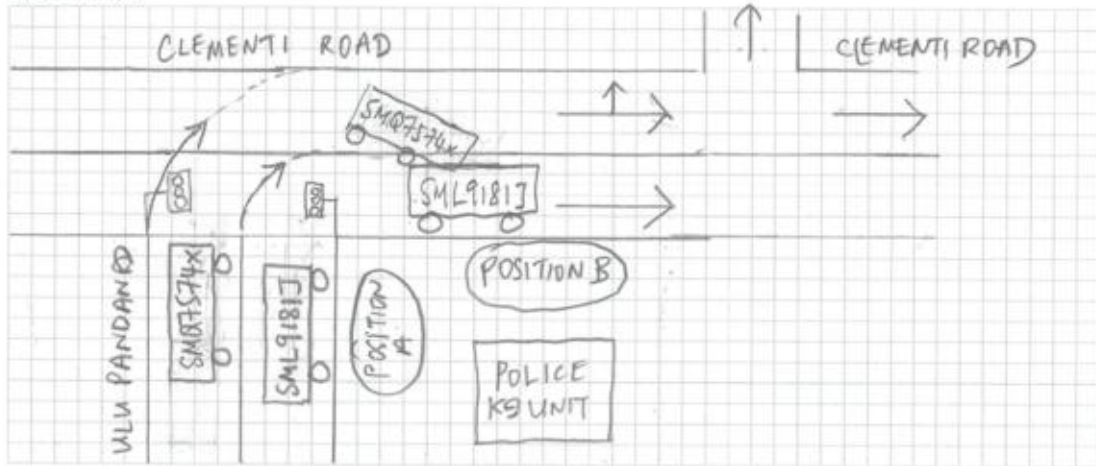
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 24/01/2020, 8pm

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 24<sup>th</sup> Jan 2020, at 12.40pm, I was driving car, plate number SMQ 7574X and waited in the second right-turning lane at the junction, between Ulu Pandan Road and Clementi Road. I was getting ready to turn right onto Clementi Road.

Just as I made the turn and entered my lane, the car's key sensor device which I have placed on the dashboard Slided to the left.

I got distracted by the device and focused my attention on it instead of looking at the front. At that moment, I forgot to turn my steering wheel back to the straight position. The car swerved into the extreme right lane and hit the left back of a silver SKODA car. The vehicle plate number was SML9181J.

The front right of my car was damaged while the left back side of the other vehicle was dented. The car boot could not be opened.

## 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: 24/01/2020, 8pm.

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

FORM 10 (Rev. 1/2019)

## INTERVIEW FORM



**MOTOR ACCIDENT INTERVIEW FORM**

NAME (DRIVER) : Lee Chin Teck  
VEHICLE NUMBER : SMQ7574X  
DATE/TIME OF ACCIDENT : 24/1/2020 @ 12:40 pm.  
PLACE OF ACCIDENT : Clementi  
THIRD PARTY VEHICLE (IF ANY) : SML9181J

\*\*\*\*\*

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

Car started to move out from BLK 3 Glin Moh road, intended to move to home, BLK 515, Choa Chu Kang #13-02

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?

Side Impact

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

NIL

Lee Chin Teck

Name:

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





# CERTIFICATE OF INSURANCE

## TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : HO SIN PTE LTD  
**Period of Insurance** : 29 Nov 2019 To 28 Nov 2020  
**Engine No.** : 2NR5403607  
**Chassis No.** : MR2B23F3701193076

**Vehicle No.** : SMQ7574X  
**Policy No.** : 1900253010  
**Endorsement No.** :  
**Issued Date** : 02 Dec 2019

### ABOUT THE COVER

**Make/Model** : TOYOTA VIOS 1.5  
**Engine Capacity/Tonnage** : 1,496.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2019  
**Insuring with COE/PAF** : Yes

#### Person or Classes of Persons Entitled to Drive\*

Any person who is driving on the Policyholder's order or with their 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 "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised 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, 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), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

#### Section 2

Property Damage - \$0

Windscreen : \$100

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

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

1. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tel: 6531 1188
2. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408511 Tel: 6531 1688

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.sg](http://www.aig.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:** HONG LEONG FINANCE 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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504667209  
 INCHCAPE AUTO TOYOTA - BSTL018

33 LENG KEE ROAD  
 SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.

Sn Lam Helen Choo

4152071



ASIC No. S9248862D



Date of issue  
27-12-2007

Address  
APT BLK S15 CHOA CHU KANG STREET 51  
#13-02  
SINGAPORE 680515

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

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq 2500\text{kg}$

EFFECTIVE DATE  
17 Aug 2017

NP 423A

Licence No: S9248862D



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9248862D



Name  
LEE CHIN TECK

李俊德

Race  
CHINESE

Date of birth  
28-12-1992

Sex  
M

Country of birth  
SINGAPORE



S9248862D

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number  
S9248862D

Name  
LEE CHIN TECK

Birth Date  
28 Dec 1992

Issue Date  
17 Aug 2017




002714885C





Accident Photo



Accident Photo





Accident Photo



Accident Photo



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