

## 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	20/02/2020 14:33
Date Of Accident	20/02/2020 11:00
Exact Location Of Accident	ON ORCHARD RD BEFORE ORCHARD TURN ERP GANTRY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM2007X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PUN SIU KAY
NRIC No	SXXXX656G
Email Address	SKPUNPOO@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98196082
Alternative Phone No	Office-98196082

### 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	1900107102
Cover Note Number	

### Driver

Name of Driver	PUN SIU KAY
NRIC No	SXXXX656G
Date Of Birth	29/03/1978
Occupation	INDOOR
Date Of Driving Pass	29/03/1978
Driving Experience	41 YEARS AND 10 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98196082
Fax Number	
Contact Number	OFFICE-98196082
EEmail Address	SKPUNPOO@YAHOO.COM.SG
Address	507 PASIR PANJANG RD #05-16
Postcode	117503
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	SIDE SWIPE
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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS6912L
Vehicle Make/Model/Colour	TOYOTA C-HR WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA MING SENG
NRIC/Passport Number	SXXXX726E
Contact Number	82823807

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

## Sketch Plan

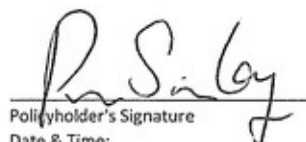
### SKETCH PLAN

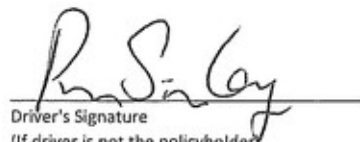
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

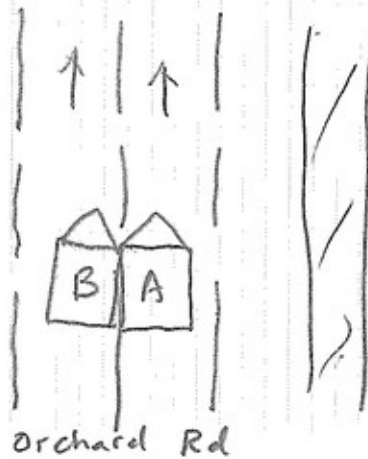
  
Policyholder's Signature  
Date & Time:  
20 Feb 2020  
12 20 pm

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:  
20 Feb 2020  
12 20 pm

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

SKETCH PLAN

A-SMM2007X  
B-SLS6912L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20 Feb, 2020 around 10.55 am I was driving along Orchard Road. Just before Orchard Turn Exp gantry, suddenly a car hit my car on the left.

DECLARATION

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

*R. S. Loo*

Policyholder's Signature

Date & Time: 20/2/20  
12:20pm

*R. S. Loo*

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/02/20  
12:20am

*[Signature]*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

INTERVIEW FORM



**MOTOR ACCIDENT INTERVIEW FORM**

NAME (DRIVER) : PUN SIA KAY  
VEHICLE NUMBER : SMM 2007 X  
DATE/TIME OF ACCIDENT : 20 Feb, 2020 10.55am  
PLACE OF ACCIDENT : Orchard Rd before Orchard Turn  
THIRD PARTY VEHICLE (IF ANY) : SLS 6912 L ERP gantry

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

From home to Takashimaya, Orchard Rd.

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?

left side collision

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

No passenger

P. S. by  
Name:

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



# CERTIFICATE OF INSURANCE

## TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : PUN SIU KAY  
**Period of Insurance** : 21 Jun 2019 To 20 Jun 2021  
**Engine No.** : 12R0D84432  
**Chassis No.** : MR053REH604597604

**Vehicle No.** : SMM2007X  
**Policy No.** : 1900107102  
**Endorsement No.** :  
**Issued Date** : 25 Jun 2019

### ABOUT THE COVER

**Make/Model** : TOYOTA COROLLA ALTIS 1.6  
**Engine Capacity/Tonnage** : 1,598.00 CC  
**Driver Restriction** : NA  
**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 "Young and/or Inexperienced Driver Excess" ("YIDEP") 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.  
**Sum Insured\*** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2019  
**Insuring with COE/PAF** : Yes

**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. 169), 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 - \$1100 Theft - \$0 Flood Cover - \$0

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

Windscreen : \$100

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

PUN SIU KAY - \$1100 (Own Damage)

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

1. Toyota Bodyzone Centre (for accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408511 Tel: 6631 1688

2. Toyota Bodyzone Centre (for accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 120462 Tel: 6631 1133

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6330 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:** United Overseas Bank Limited

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third-Party Risks) Rules, 1979 (Malaysia).

0504667240

INCHCAPE AUTO TOYOTA - BSTL094  
 33 LENG KEE ROAD  
 SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

AUTHORISED REPRESENTATIVE

Lee Ean Hoon CNA

36 Shenton Way #07-18 AIG Building 0579120111 +65 6410 3000 | [www.aig.sg](http://www.aig.sg)

AIG Asia Pacific Insurance Pte. Ltd.

Driving License



### Identification Card



**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S2183656G**



Name



**PUN SIU KAY**

Race

**CHINESE**

Date of Birth

Sex

**27-09-1948**

**F**

Country of Birth

**HONG KONG**



1354518



NRIC No. **S2183656G**



Blood Group Date of issue

**O+**

**19-10-1993**

**507 PASIR PANJANG ROAD #05-16  
SINGAPORE 117503**

\* NRIC No: **S2183656G**

Date: **15-04-2006**

No: **5355665**

Accident Photo



**Accident Photo**



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

