





## 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	04/03/2020 17:23
Date Of Accident	04/03/2020 12:00
Exact Location Of Accident	ALONG SAM LEONG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1794G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASSET LIMO
Co Reg No	5XXXX913K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96734995
Alternative Phone No	OFFICE-96734995

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994238
Cover Note Number	

### Driver

Name of Driver	NIO CHOR LANG
NRIC No	SXXXX591B
Date Of Birth	29/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1978
Driving Experience	41 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96734995
Fax Number	
Contact Number	OTHERS-96734995
Email Address	NOEMAIL

Address BLK 268D COMPASSVALE LINK  
#05-11

Postcode 544268

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 COLLISION - MAJOR/MINOR RD

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? YES

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) 2

Passenger 1  
NAME: : PASSENGER  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200304/7025

#### 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 SJX1697M

Vehicle Make/Model/Colour

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)

#### DETAILS OF INJURED PERSON 1

Name NIO CHOR LANG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJU1794G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## SKETCH PLAN

### 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. 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.



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



V. A) SJU17946  
V. B) SJX 1697M

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' SJU17946 was travelling on the stated venue. I was travelling straight in my lane suddenly vehicle 'B' from the minor rd did not stop before the stop line and came directly colliding against my vehicle front left portion. The impact was so strong and it caused my vehicle to move towards the right. I got out of my vehicle and took photos of the scene and called tow truck to assist.

Police Report 7/20200304/7025

## 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:

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

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

### **Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 04/03/2020 (dd/mm/yy) Time of Accident: 12.00 (24-HR-FORMAT)  
Vehicle No.: SJU 1794 G Vehicle Make & Model: Hyundai Avante  
Exact location of Accident: SAM LEONG ROAD  
Policyholder's Name / IC No.: ASSET LIMO 53309913K  
Driver's Name / IC No.: NIO CHOR LANG S1382591B (As Above) ☐  
Driver's Contact No.: 9673 4995 Company Contact No.: \_\_\_\_\_  
Driver's Address: 18 SIN MING LANE #06-31 S573960  
Insurance Company: AIG Email address (if any): \_\_\_\_\_

**Relationship between Owner & Driver:** HIRER or Others specify: \_\_\_\_\_

### **What do you wish to claim? (Please TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

### **Exact purpose for which the vehicle was being used at time of accident?**

☐ Private use / ☒ Work purpose

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

**No. of Passengers (Including Driver):** 02

**Passenger Name :** GOJEK PASSENGER

**Gender :** Female

**Passenger Name :** \_\_\_\_\_

**Gender :** \_\_\_\_\_

### **Weather condition & Road conditions? (On the day of accident)**

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No

**Any Injuries:** ☒ Yes / ☐ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☒ Yes / ☐ No (If YES) Which Police Station: 10 UBI AVE 3

### **The Other Party(s) Details:**

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: SJX 1697 M

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



**SINGAPORE  
POLICE FORCE**



T/20200304/7025

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200304/7025

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/03/2020 16:26		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NIO CHOR LANG			Address: APT BLK 268D COMPASSVALE LINK #05-11 SINGAPORE 544268		
ID Type / ID No.: NRIC NO / S1382591B			Contact No.: Home/Office: Mobile: 96734995		
Nationality: SINGAPORE CITIZEN			Email: ANNENIO@GMAIL.COM		
Sex: Female	Age: 60	Date of Birth: 29/10/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/03/2020 12:00	Type of Location: Straight Road
Location:  SAM LEONG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU1794G	Car					0
SJX1697M	Car	HONDA		Blue		0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20200304/7025

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200304/7025

**CONTINUATION OF REPORT**

Driver			
Name	NIO CHOR LANG	ID No.	S1382591B
Related Vehicle	SJU1794G (Car)	Contact No.	96734995
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/03/2020	Date Discharge	04/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I WAS TRAVELLING ALONG SAM LEONG ROAD ON THE 04/03/2020 AT ABOUT 12NOON. AS I WAS TRAVELLING STRAIGHT IN MY LANE, VEHICLE 'B' FROM THE MINOR ROAD CAME DIRECTLY COLLIDING AGAINST MY VEHICLE FRONT LEFT PORTION. THE IMPACT CAUSED MY VEHICLE TO MOVE SLIGHTLY TOWARDS THE RIGHT. I WISH TO STATE THAT VEHICLE 'B' SHOULD HAVE STOP BEHIND THE STOP LINE BEFORE MAKING THE TURN OUT. SHORTLY I GOT OUT OF MY VEHICLE, I FELT GIDDY AND WEAK, I FELL DOWN AND HAD ABRASION ON BOTH OF MY KNEES. I TOOK SOME PHOTOS OF THE ACCIDENT SCENE AND THEN CALLED FOR TOW TRUCK TO ASSIST. LATER I WENT TO MOUNT ALVERNIA AND I WAS GIVEN 5 DAYS MC .



**SINGAPORE  
POLICE FORCE**



T/20200304/7025

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200304/7025

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
04/03/2020 16:26

Classification Of Case:



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 2.400

		(The below excess is subject to GST)	
THIRD PARTY	COMMERCIAL MOTOR	POLICY EXCESS	S\$2500.00 (Sect II)
CERTIFICATE NO.	SJU1794G	WINDSCREEN EXCESS	NA
POLICY NO.	999994238	SUM INSURED	NA
		INSURING WITH COE/PARF	NO
		SJU1794G	
		ASSET LIMO	
1) VEHICLE REGISTRATION NO.		10 March 2019	
2) NAME OF INSURED		09 March 2020	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT			
4) DATE OF EXPIRY OF INSURANCE			
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			
Any person who is driving on the Insured's order or with their permission.			
S\$2,500.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore.			
An additional excess of \$1,000.00 section II per accident is applicable in the event of an accident occurring outside Singapore.			
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.			
6) LIMITATION AS TO USE*			
1) Use for social, domestic, pleasure purposes and business purposes of Insured			
2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.			
3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.			
The Policy does not cover: 1) Use for lullion, driving test, 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 any purpose in connection with the Motor Trade.			
LOSS OF USE		Not Included	
HIRE PURCHASE COMPANY		NA	
*Limitations rendered inoperative by Section 5 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.			

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 in Singapore 26 Feb 2019

AIG Asia Pacific Insurance Pte. Ltd.

SD0656-000  
Cowell Insurance (Agency) Pte. Ltd.  
8 Burn Road  
#09-09 Trivex  
Singapore 369977

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL