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## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 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.

	ACCIDENT STATEMENT
Date Of Report	22/06/2020 12:03
Date Of Accident	20/06/2020 12:00
Exact Location Of Accident	CTE TOWARDS AYE BEFORE BRADDELL EXIT
Country/State of Loss	SINGAPORE
Parama Managara Salah D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ917M
Insured/Policyholder	
Name Of Registered Owner	TOH TONG LENG
NRIC No	SXXXX098B
Email Address	TECKLEE_TOH@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98625698
Alternative Phone No	OTHERS-91828343
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
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	2100446980-04
Cover Nate Number	
Driver	
Name of Driver	TOH TECK LEE (DU DELI)
NRIC No	SXXXX253F
Date Of Birth	18/09/1982
Occupation	INDOOR
Date Of Driving Pass	12/07/2010
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98625698

OTHERS-91828343

TECKLEE\_TOH@YAHOO.COM

BLK 188 PASIR RIS STREET 12 Address

#12-44

Postcode 510188

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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 RAINING Road Surface WET

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

1

Number of Passengers (Including Driver)

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 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 OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

GBF881T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

TOH TECK LEE (DU DELI)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK AND BACK PAIN

SKZ917M

YES

NO

#### 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.
- 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.
- 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.
- 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.
- 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 :
  - 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:
  - 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

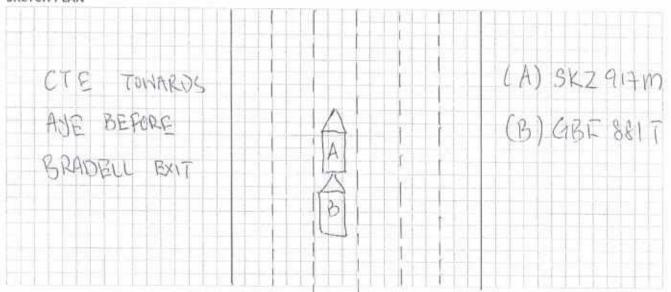
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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### DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

TYPE OF CLAIMS	
	: OWN DAMAGE ( ) 3rd PARTY ( V ) REPORTING ONLY (
DATE OF ACCIDENT	: 20.06,2020 TIME : 12:00hrs
	: CTE TOWARDS AYE BEFORE BRADDELL EXIT
	A STATE OF THE DESIGNATION OF THE STATE OF T
VEHICLE NUMBER	: SKZ 917M MAKE / MODEL MITSUBISHI ATTARGE 1.2
OWNER INSURED	A STATE OF THE PARTY OF THE PAR
	098B CONTACT NUMBER: 9862 5698
	AIG ASIA PACIFIC INSURANCE PTE LTD POLICY NUMBER: 2100446980-04
TYPE OF INSURANCE	CE: COMPREHENSIVE ( / ) TPFT ( ) 3RD PARTY ONLY ( )
DRIVER PARTI	CULAR DRIVER SAME AS OWNER: ( )
DRIVER NAME	: TOH TECK LEE (DU DELI) NRIC NO.: S8231253F
ADRESS: 188 P.	ASIR RIS STREET 12 #12-44 POSTAL: 510188
CONTACT: 9182 8	343 EMAIL: tecklee_toh@yahoo.com GENDER: MALE
DOB: 18.09.	1982 DATE OF PASS: 12.07.2010
CHEE IS A CIRC DOMONE.	A WIED WHEN Y (EVEN HAVE WITH AND CHECKEN)
	AND FILL THE RELEVANT CHOICES)
	MPLOYEE OF THE INSURED'S COMPANY ( ) YES ( ✓ ) NO
	DRIVER WITH INSURED:
( ) OWNER ( )	SPOUSE ( ) FRIEND ( ) RELATIVE ( ) CHILDREN ( ) SIBLING ( ) OTHERS
	ON: ( ) CLEAR ( ) RAINING ( ) DRIŽZLING
ROAD SURFACE: (	) DRY ( V ) WET ( ) SLIPPERY
WAS ANDORY IN	
WAS AMARODA IMI	TREPORT AMERICA AND INTRODUCE CHECKINGS NEEDS AND DECOMES AND
MAKE APPIDENT DEC	URED: ( YES ( ) NO INJURIES SUSTAINED : NECK & BACK PAIN
	ORTED TO POLICE: IF YES, WHICH STATION:
( )YES( / )N	PORTED TO POLICE: IF YES, WHICH STATION:  POLICE REPORT NUMBER:
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# CERTIFICATE OF INSURANCE

# CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Toh Tong Leng

Period of Insurance

: 08 Jan 2020 To 07 Jan 2021

Engine No. Chassis No.

: 3A92UCT4864 : MMBSTA13AFHD18759 Vehicle No.

: SKZ917M : 2100446960-04

Policy No. Endorsement No.

Issued Date

: 20 Nov 2019

## ABOUT THE COVER

Make/Model

: MITSUBISHI ATTRAGE 1.2 CVT

Engine Capacity/Tonnage : 1,193 00 CC

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF Yes

Person or Classes of Persons Entitled to Drive\*

 a) The Policyholdss
 b) Any other person who is crowing on the Policyholder conder or with his ber permission.
 This Policy will indemnify the Policyholder or any authorised tirries only if banks meets the specified again condition. You have to pay an additional sum of \$3,000 as "Young and/or transportanced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named as university as under the age of \$3 provinces have

Age Condition

: All Age Condition

Limitation as to use\*

Live quity for access, dominatio and pleasure purposes and for the Policyholder's business. This Policy does not cover use for him or reward, covering testion, driving test, racing, personating had or specified testing, the carriage of goods other than samples in connection with any trade or business or our for any purpose in connection with Motor Trade

Loss of Use 1500cc - 1600cc

\* Commissions rendered experience by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cup. 169). Section 95 of the Road Transport Act, 1967 (Malaysia) and Road Transport (Amountment) Act 2019, are not to be included under these headings.

### EXCESS

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

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Toh Tong Long - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Cycle & Carnage Body & Paint Centre: Add. 209 Pancer. Gardens Singapore 609338 65684501

2 Cycle & Carnage Authorised Service Centre (For accident isperting & windscreen claim only). Acd: 330 Ubi Rd 3 Simplicore 488650 57461000.

3 Cycle & Carnage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 20 Leng Kee Rd Singspore 150094 64708688.

4 Cycle & Carnage Authorised Service Centre. (For accident reporting & windscreen stam only). Add: 600 Ser May Ave Singspore 578733 69326000.

For other Appending Centres AIG Authorised Repairers, please toxical our 24-hour accident emergency holine at 456 6338 6200. Alternatively, you may refer to AIG website were any agric AIG 30 Modes Age. Simply search and download "AIG 30" from it uses or Google Play

### IMPORTANT NOTES

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

AVVe framely could that the policy to which true Centificate of Industrice relates to accordance with the provisions of the Music Vehicles (Trief Party Rose and Compensators) Act Cop. 10(t). Furt fr of green Roses (Trief Party Roses, 1907 (Metayana), Rose Transport (Aptendencin) Act 2018 and Motor Vehicles (Trief Party Roses, 1909 (Metayana).

0500720785 CYCLE & CARRIAGE - BEVERW(MIT)

239 ALEXANDRA ROAD SINGAPORE 159900 ANSP-MOTOR

Underwritten by AJG Asia Pacific Insurance Pts. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SHYLE

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	All Version
Owner ID Type:	Singapore NRIC
Owner ID:	098B
Vehicle Details	
Vehicle No.:	SKZ917M
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Jun 2020
Vehicle Make:	MITSUBISHI
Vehicle Model:	ATTRAGE 1.2 CVT
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	3A92UCT4864
Chassis No.:	MMBSTA13AFH018759
Maximum Power Output:	57.0 kW (76 bhp)
Open Market Value:	\$12,758.00
Original Registration Date:	08 Jan 2016
First Registration Date:	08 Jan 2016
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Jan 2026
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	100 Septiment 1 (100 May 1)
COE Expiry Date:	07 Jan 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$56,989.00
COE Rebate Amount:	\$31,451,00
Total Rebate Amount:	\$35,201.00

The information contained herein is correct as at 22 Jun 2020

OK