

## 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	01/09/2020 13:25
Date Of Accident	30/08/2020 14:45
Exact Location Of Accident	UPPER THOMSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR5854X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LU CHUNHUA
NRIC No	SXXXX701Z
Email Address	CHUNHUALULU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97485201
Alternative Phone No	OFFICE-97485201

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA-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	2070005066
Cover Note Number	

### Driver

Name of Driver	HAN YONG
NRIC No	SXXXX282B
Date Of Birth	27/09/1981
Occupation	INDOOR
Date Of Driving Pass	16/10/2018
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85884718
Fax Number	
Contact Number	
Email Address	HANYUZH@GMAIL.COM

Address	BLK 191 BUKIT BATOK WEST AVE 6 #12-49
Postcode	650191
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LU CHUNHUA 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	SME1404G
Vehicle Make/Model/Colour	C180
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH YONG ZHI
NRIC/Passport Number	SXXXX325G
Contact Number	BLK 27 FERNVALE RD #05-32
Address	797415
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Accident 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:

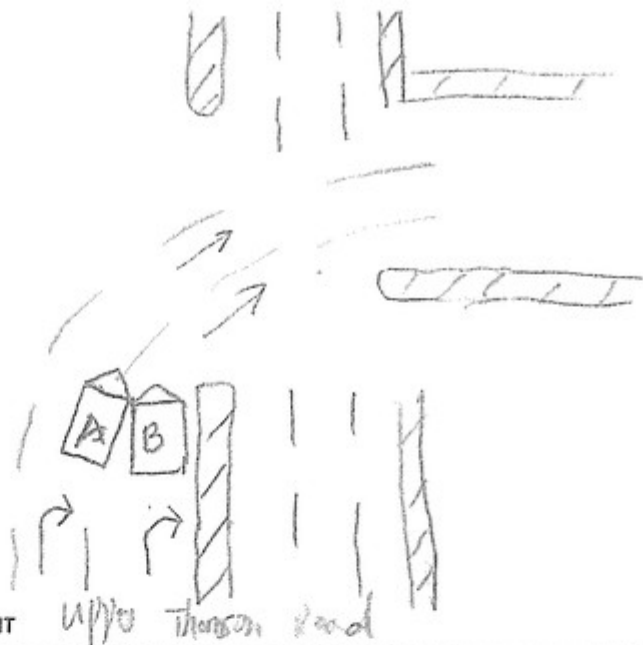
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 31/08/20  
14:50 pm.

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

# SKETCH PLAN

A - SMRT854X

B - SME1404G



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I reach the junction, and trying to make a right turn. Suddenly, another car come from the other lane, then we collide each other in the front side.

## 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: 31/08/20  
14:00 PM

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

## INTERVIEW FORM



**MOTOR ACCIDENT INTERVIEW FORM**

NAME (DRIVER) : Han Yong  
VEHICLE NUMBER : SMK J854X  
DATE/TIME OF ACCIDENT : 30.08.2020 14:47  
PLACE OF ACCIDENT : Upper Thomson Road  
THIRD PARTY VEHICLE (IF ANY) : SHE1404 G

\*\*\*\*\*

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

from Sentosa to Upper Pierce Reservoir

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 front collision

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

No

Y Han Yong  
Name

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

AIG Asia Pacific Insurance Pte. Ltd.  
AIG Building 78 Shenton Way #07-16 Singapore 079120  
Tel: 6419 3000

**AUT LETTER**

## AUTHORIZATION LETTER

Date : 31.08.2020

To : Joe Tan

Cc : Borneo Motors (S) Pte Ltd

Attn: To Whom It May Concern

Dear Sir / Madam,

RE : Authorization to Act on Behalf for Insurance Claims Documentation

I, (full name) Lu Chunhua NRIC No. S83667012 hereby  
authorized my (relationship) husband (full name) Han Yong  
NRIC No. S8156282B to exercise and execute to sign all / any necessary transaction  
documentation pertaining to my registration vehicle number SMP1854X as I am  
currently having tight official business schedules / away from Singapore on duty overseas travel.

Please do not hesitate to contact me should you require any further clarification on the above.

Thank You

Yours truly,

Signature : Chunhua Lu  
Name : Lu Chunhua  
Contact No: 97485201



## COVER NOTE

## TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby **HELD COVERED** on the terms and conditions of the policy issued to the Policyholder.

<b>Name of Policyholder</b>	: LU CHUNHUA	<b>Vehicle No.</b>	:
<b>Period of Insurance</b>	: 13 Jan 2020 to 12 Jan 2021	<b>Cover Note No.</b>	: 2070005066
<b>Engine No.</b>	: 2NRX534909	<b>Endorsement No.</b>	:
<b>Chassis No.</b>	: MHFZ28H3600067771	<b>Issued Date</b>	: 13 Jan 2020

## ABOUT THE COVER

<b>Make/Model</b>	: TOYOTA SIENTA 1.5	<b>Sum Insured</b>	: Market Value	<b>First Year of Registration</b>	: 2020
<b>Engine Capacity/Tonnage</b>	: 1,496.00 CC	<b>Off Peak Car</b>	: Yes	<b>Insuring with COE/PAF</b>	: Yes
<b>Driver Restriction</b>	: 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 authorized 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 Authorized 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 - 1800cc**

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) and Section 95 of the Road Transport Act, 1987 (Malaysia), 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)  
LU CHUNHUA - \$600 (Own Damage) \$600 (Flood Cover)

## 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: 6631 1198  
2. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 409511 Tel: 6631 1658

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:** Maybank Singapore Limited

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.  
We hereby certify that this Cover Note 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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0504667255  
INCHCAPE AUTO TOYOTA - BSTU030  
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.

Petaling Jaya



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number  
S8156282B

Name  
HAN YONG

Birth Date  
27 Sep 1981

Issue Date  
16 Oct 2018

002857601E

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8156282B



Name  
HAN YONG

韩 勇

Race  
CHINESE

Date of birth  
27-09-1981

Country/Place of birth  
CHINA

Sex  
M

S8156282B

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8366701Z



Name  
LU CHUNHUA

路 春 华

Race  
CHINESE

Date of birth  
21-03-1983

Country/Place of birth  
CHINA

Sex  
F

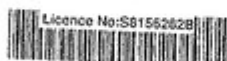
S8366701Z

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

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

EFFECTIVE DATE  
16 Oct 2018

NP 428A



Licence No: S8156282B



ID No: S8156282B



Nationality  
CHINESE

Date of issue  
12-04-2018

APT BLK 191 BUKIT BATOK WEST AVENUE 6 #12-49  
SINGAPORE 650191

ID No: S8156282B Date: 11/12/2019

9399169



ID No: S8366701Z



Nationality  
CHINESE

Date of issue  
12-04-2018

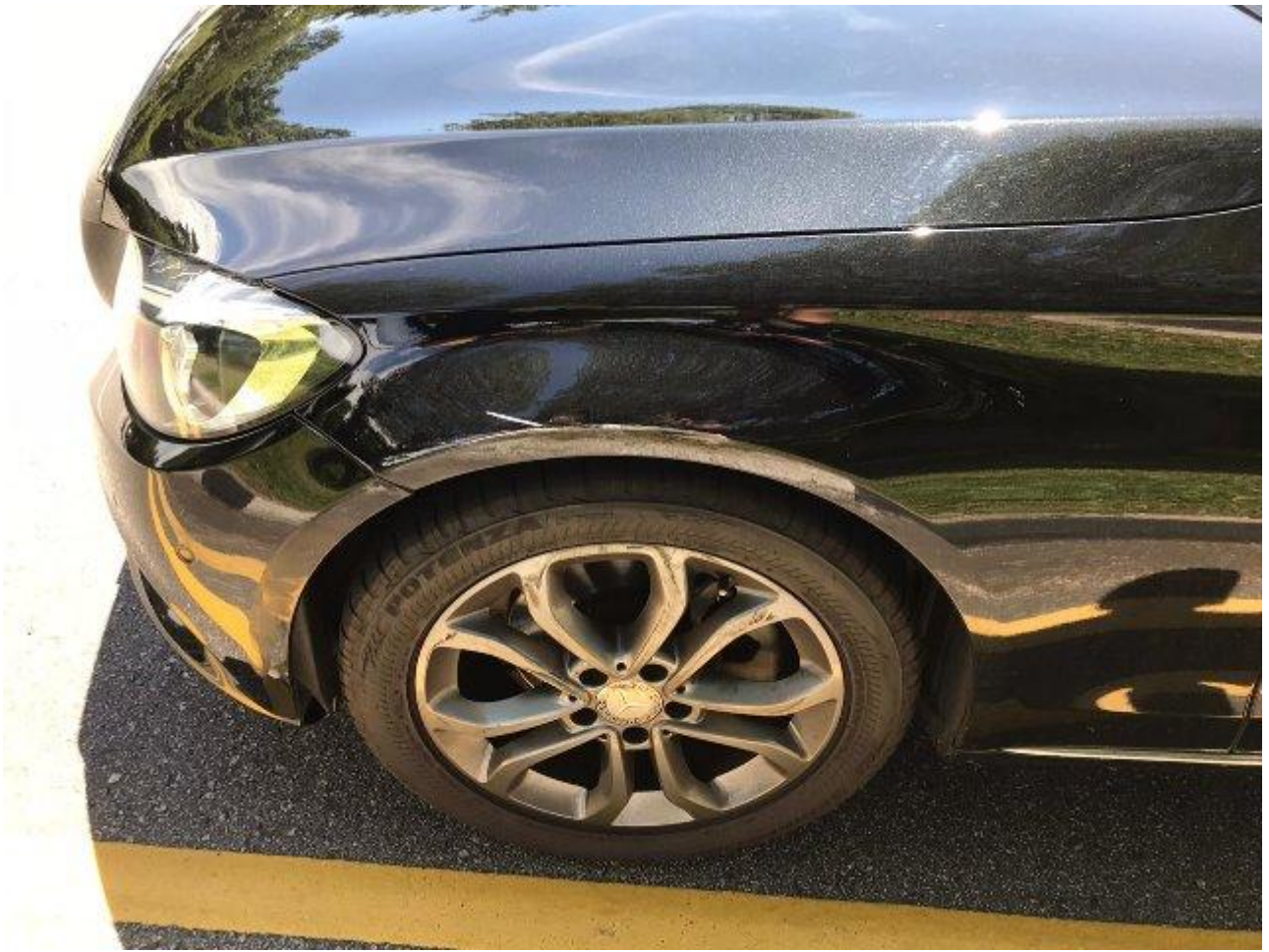
APT BLK 191 BUKIT BATOK WEST AVENUE 6 #12-49  
SINGAPORE 650191

ID No: S8366701Z Date: 11/12/2019

Accident Photo

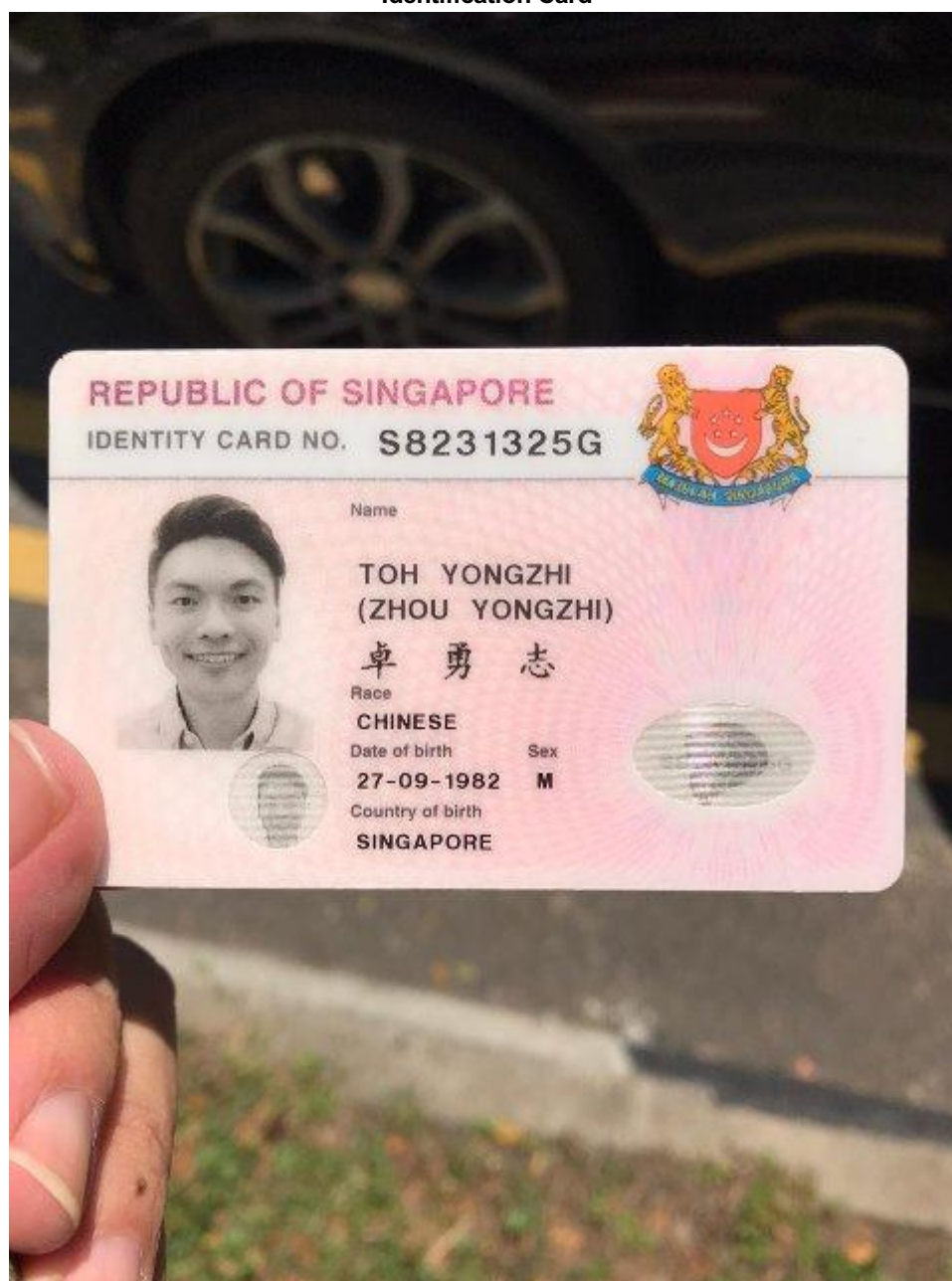


Accident Photo





Identification Card



# Identification Card



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo

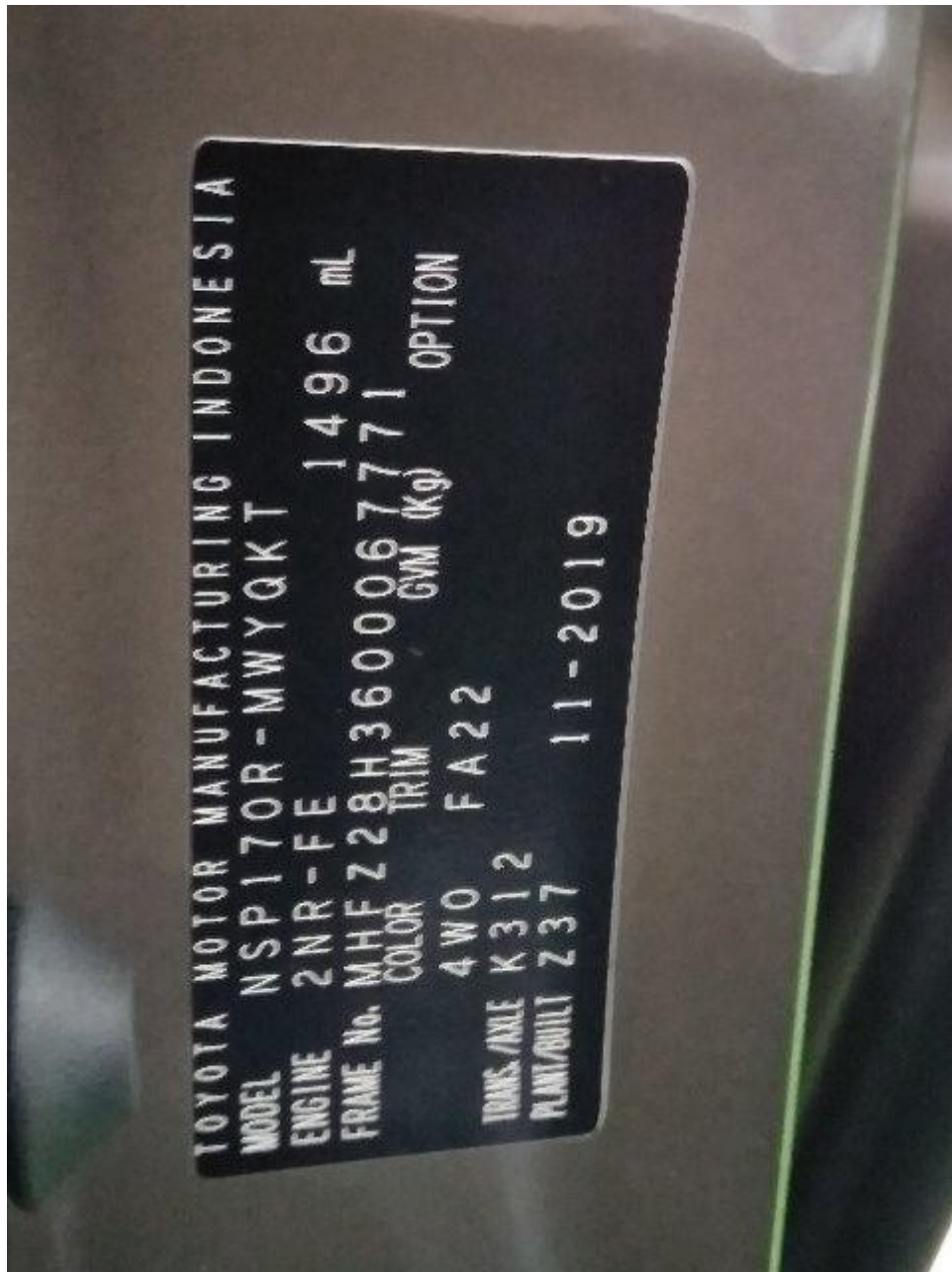


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