#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

**Date Of Driving Pass** 

**Driving Experience** 

- 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 <u>truthful and accurate</u> 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	14/09/2020 11:21
Date Of Accident	12/09/2020 13:05
Exact Location Of Accident	CTE TOWARDS ANG MO KIO AVE 1
Country/State of Loss	SINGAPORE
•	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMN670M
-	SIVINO7 DIVI
Insured/Policyholder	LEE DENO OFNIO
Name Of Registered Owner	LEE BENG SENG
NRIC No	S1353902B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97336245
Alternative Phone No	Office-97336245
Vehicle Particulars	
Manufacturer	LEXUS
Model	ES250-2.5 4DR SEDAN EXECUTIVE (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	1900159245
Cover Note Number	
Driver	
Name of Driver	LEE BENG SENG
NRIC No	S1353902B
Date Of Birth	08/11/1959
Occupation	INDOOR

17/12/1979

40 YEARS AND 8 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-97336245

Fax Number

**Contact Number** OFFICE-97336245

**EMail Address NOEMAIL** 

BLK 119D KIM TIAN RD #17-210 Address

Postcode 164119 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 **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?

Was any injured conveyed to hospital by

ambulance?

NO

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Was any other material or property damaged?

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 ATTACHED SEKTCH PLAN AND STATEMENT.

#### Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? NO Was there any audio recorded?

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

**SHA1516Y** Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

**TAXI** Vehicle Category

Name of Driver SHO KAENG KOK

S1364108J NRIC/Passport Number Contact Number 96173408

Address Postcode

Insurance Company Name

Nature Of Damage

**REAR PORTION** 

No. Of Passenger (Including Driver)

3

#### **Accident Sketch Plan**

#### 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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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' (awyers/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:

1

- (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.

She.		
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

SKETCH PLAN		
	CTE towards /	Ang Mo Kio Ave 1
	A B	
-		
		A - SMN 670 M B - SHA 1516 Y
ESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
Lwas travelina o	long CTE on Long 1. Front uphic	Ser ricement   Leavier and date and the and
	collided onto the rear of ve	les stopped. I could not stop on time and phicle 8 (SHA 1516Y).
After the acciden	t, we alighted from our vehicles	to take photos and exchanged particulars.
A traffic police motor b	passengers inside vehicle B and like came and the police appro-	oll 3 of them are ak, no one is injured. ached us too. After confirming that none of us is
, , , , , , , , , , , , , , , , , , ,	injured. He asked us to settle the	a case and then drive off
		#~
ECLARATION		
We declare the foregoing	particulars are true in every respec	t.
4		
Lu		
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(if drive is not the policyholder	
	Date & Time:	NRIC/FIN No:

NRIC/FIN No:



#### MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Lee Beng Seng			
VEHICLE NUMBER	EMN 670 M.			
DATE/TIME OF ACCIDENT	10/9/2020 - 1308hrs.			
PLACE OF ACCIDENT	: CTE towards AMK Ave 1			
THIRD PARTY VEHICLE (IF ANY)	:8HA 1516Y.			
***********	*************			
WHERE DID YOU START YOUR DESTINATION BEFORE THE ACCI	JOURNEY AND WHERE WAS THE INTENDED DENT?			
Started Journey from Trong Bahry, on the Way to Seletar.				
	C DRINKS BEFORE YOU DRIVE ON THE DAY OF HE TRAFFIC POLICE CONDUCT ANY BREATHE- , WHAT IS THE RESULT?			
740				
WHAT IS THE TYPE OF COLLISION TO ALL VEHICLES INVOLVED?	ON AND THE EXTENSIVENESS OF THE DAMAGES			
Veh A - Front				
Veh B - Rear				
	ER/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?			
V/o·				
Name: Lee Beng Seng	Suon To May Boot Vinandadaa			
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



# CERTIFICATE OF INSURANCE

#### AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : LEE BENG SENG

Period of Insurance : 06 Sep 2020 To 05 Sep 2021 Engine No. : A25A5155972

Chassis No.

: JTHB11B1002009088

Vehicle No.

: SMN670M : 1900159245-01

Policy No. Endorsement No.

Issued Date : 21 Jul 2020

#### ABOUT THE COVER

Make/Model

: LEXUS UX 250h

Engine Capacity/Tonnage: 1,987.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2019

Insuring with COE/PARF : Yes

Driver Restriction : NA Person or Classes of Persons Entitled to Drive\*:

a) The Policyholder
b) Any other person who is driving an the Policyholders order or with higher permission.
This Policy will indemelly the Policyholder or any authorised driver only if heighe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or hexperienced Driver Excess" ("YIDR") if You see 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

Mileage Condition

: Unlimited Mileage

Limitation as to use\* :

Use only for social, demestic and pleasure purposes and for the Policyholder's business.
This Policy does not over use for him or award, chining fallow, driving test, racing, pace-making, reliability trial or spood-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.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Roke, and Compensation) Act (Cap. 169), Section 95 of the Roke Transport Act, 1987 (Malaysia) and Rokel Transport (Amendment) Act 2019, are not to be included under these headings.

#### EXCESS

Section 1 Fire - 50 Own Damage - \$800 Theft - \$2 Flood Cover - \$800

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess ware applicable

LEE BENG SENG - \$800 (Own Damage), \$800 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairsts (For dains, related sepairs) Any accident repairs to the Vehicle can be carried out at the repairs of Your choice (unless specifically excluded by Us). For Approved Reporting Centres/AIG Authorised Repairsts, please contact our 24-hour accident energiancy hotine at 465-6336-6200. Attendively, you may refer to AIC website www.aig.sq. or AIG SG from It sines or Goope Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates in issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169), Part IV of the Risks Transport Act, 1087 (Malaysia), Road Transport (Americance) Act 2019 and Motor Vehicles (Third Party Risks) Roads. 1959 (Malaysia).

0504667000

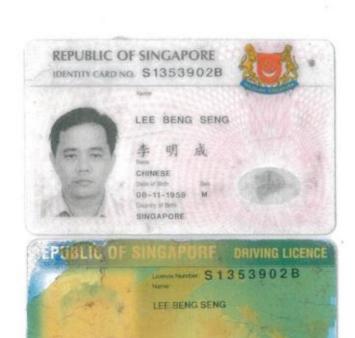
INCHGAPE AUTO TOYOTA

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.



08 Nov 1059



















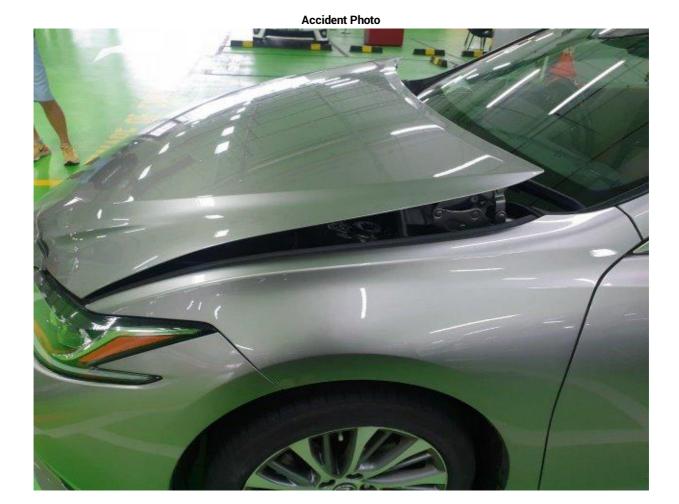














































**Driving License** 



**Driving License** 











