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SN0821150006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 05/01/2021 15:50 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (05/01/2021 15:50 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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
- 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.

- Any false reporting may be referred to the Police for investigation.
 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.
 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 Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

05/01/2021 15:50 (SGT) 04/01/2021 17:05 (SGT) Lower Delta Rd, Singapore TOWARDS KAMPONG BAHRU ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SML8600z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No

CHOW HWEI YANN (ZOU HUIYAN) SXXXX075F yume_ac@hayoo.com.sg (Phone) +65-90901600 +65-90703855

VEHICLE PARTICULARS

Alternative Phone No.

Manufacturer Model Variant

Toyota Sienta

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Private use

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

Cover Note Number

AIG Comprehensive 1900106841-01

DRIVER

Name of Driver NRIC No

CHOW KEE CHUAN SXXXX040A

S. W. W. S.	
Date Of Driving Pass	15/07/1974
Driving experience	46 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90703855
Alt. Phone Number	2
Email Address	yume_ac@hayoo.com.sg
Address	BLK 458 JURONG WEST STREET 41 #08-724
Address complement	197
Postcode	640458
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
	Had a second
OTHER INFORMATION	
Marcon forder vehicle to the P. C. A.	199
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	:40
PASSENGER 1	
Name	525 90 O. 1000
Gender	TAN YUKAI
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	(a)
CIRCUMSTANCES OF ACCIDENT	
SOURCE SACOCOMMIC DO HYSIAN SACIO	
PLEASE REFER TO SKETCH AND ATTACHMENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	V
Was there any video captured by Car Camera?	Yes
	No
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	014/2020
Vehicle Manufacturer	SMK897S
Vehicle Model	(##) (##)
	类
Vehicle Variant	8 .5
Vehicle Colour	D. A. G. C.
Vehicle Category	Private car
Manager of Profession	

Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	3
Details of property damaged in accident	
^	
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHOW KEE CHUAN
Address	HH 25
Address Complement	-11-1 2 -
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	SML8600z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	:103

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 and 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' 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 Signatur

Name:

MRIC/FIN No.:

ETCH PLAN		
		A = SM L 8600Z B = SMK 897S Lower Delta Road towards Kampong Bahru Road (At ATE Junction)
ESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	
	Refer	to attached
	/	The Drift derived
DECLARATION		

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

eporting Centre Personnel's Signature

Name:

NRIC/FIN NO.:

On 04.01.2021 at about 17:05 hours along Lower Delta Road towards Kampong Bahru Road (At AYE Junction). I was travelling straight on lane 2 and the traffic was moderate, when my front vehicle slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang and felt an impact from behind. When I alighted I realised vehicle (B) had collided onto rear portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): SML 8600Z

Vehicle (B): SMK 897S

gur 05 lo1/2021

SINGAPORE ACCIDENT STATEMENT

Accident Date: 04 01 2021 Time: 17:05 (hh:mm) 24 hr format
Location Lower Delta Road towards Kampung Bahru Road
Vehicle Number SML 8600 Z
Insured Name Chow Hwei Yann
NRIC/FIN 57908075F Contact Number 90901600.
Make Togota Model Sienta Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: (/) Third Party () Reporting
Insurance Company AIG
Type of Policy (✓) Comphensive () Third Party Fire & Theft () TP Only
Policy Number 1900106841-01
Clarify Charles
Name of Driver Chow Kee Chuan ()Same as Insured
NRIC / FIN S0703040A Contact Number 90703855
Date of Birth 13 04 1951
Driving Pass Date 15/07/1974
Occupation () Indoor (/) Outdoor
Gender (√) Male () Female
Email Address yume_ac@yahoc.com sq ()NO EMAIL
Address of Driver BLK 458 Jureny West Street 41
08 - 724 Singapore 64045B
Was driver an employee of the Insured's Company? () Yes () No
If No, Relationship of the Driver with the Insured (Parent)
() Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes , Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions (/) Clear () Raining () Others
Road Surface () Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes (V) No
Was anybody injured in the accident? (√) Yes () No
If yes, injured detail Chun Kee Chuan Body Pain.
Was there any video captured by Car Camera? (V) Yes () No
Was the Accident reported to the Police? () Yes (✓) No If yes attach police report
DETAILS OF 3 rd party Name / Nric Contact
Veh B SMK 897S
Veh C
Veh D
Veh E
Veh F

Passenger: Tan Yukai (M).



CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: CHOW HWEI YANN (ZOU HUIYAN)

Period of Insurance

: 07 Jun 2020 To 06 Jun 2021

Engine No.

: 2NRX468608

Chassis No.

: MHFZ28H3900064170

Vehicle No.

: SML8600Z

Policy No.

: 1900106841-01

Endorsement No.

Issued Date

: 27 May 2020

ABOUT THE COVER

Make/Model

: TOYOTA SIENTA 1.5

Engine Capacity/Tonnage: 1,496.00 CC

Sum Insured : Market Value

First Year of Registration : 2019

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) I no recognition by Any other person who is driving on the Policyholder's order or with higher 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 inesperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' triving 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 him or reward, driving fulfion, 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 Molor Trade.

Loss of Use 1500cc - 1600cc

* Landations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Companisation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

CHOW HWEI YANN (ZOU HUIYAN) - \$800 (Own Damage), \$600 (Flood Cover)

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

1. Toyota Budyowy Centra (For accident repair & accident reporting). Add: 2 Pandan Crescent Singapore 128482 Tel: 5631 1188

2 Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 8831 1688

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hottine at +65 6338 6200. Alternatively, you may refer to AIG website 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: HONG LEONG FINANCE LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates as issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0504667261

INCHCAPE AUTO TOYOTA - BSTU046

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AiG Asia Pacific Insurance Pte. Ltd.

AIGSGMD&LEAP#