

# 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 Submission ..... 11/01/2021 14:07 (SGT)  
Date of Accident ..... 10/01/2021 18:22 (SGT)  
Exact Location of Accident ..... Yio Chu Kang, Singapore  
Additional Location Information ..... JUNCTION OF YIO CHU KANG ROAD & BUANGKOK GREEN  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGD1133P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HENG KOON SENG  
NRIC No ..... S1350412A  
Email Address ..... COLIN\_HENG@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-96235438  
Alternative Phone No ..... (Home) +65-96235438

### VEHICLE PARTICULARS

Manufacturer ..... Lexus  
Model ..... Nx200t  
Variant ..... -  
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? ..... No - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2070098154  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... HENG ZHI XIN VANESSA  
NRIC No ..... S9310734I  
Date Of Birth ..... 22/03/1993  
Occupation ..... Indoor

Date Of Driving Pass .....	28/02/2014
Driving experience .....	6 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91119462
Alt. Phone Number .....	-
Email Address .....	VANESSAHENGZX@GMAIL.COM
Address .....	36 BROCKHAMPTON DRIVE
Address complement .....	-
Postcode .....	559084
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Change/cross lane
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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? .....	No
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number .....	SJR637A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHOO TECK SUO
NRIC No .....	S2009107Z
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-

Insurance Company Name .....	Aviva
Nature Of Damage .....	RHS PORTION
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	3

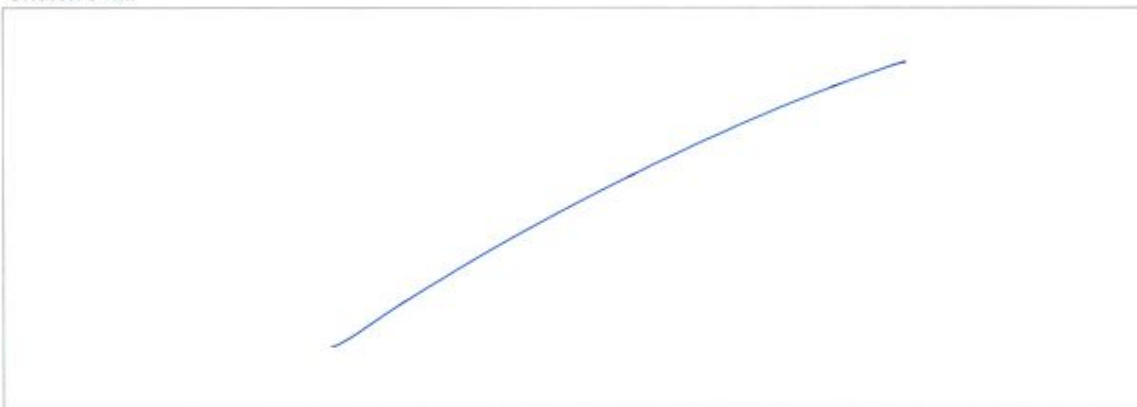
**SKETCH PLAN****IMPORTANT NOTICE**

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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.
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.

  
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

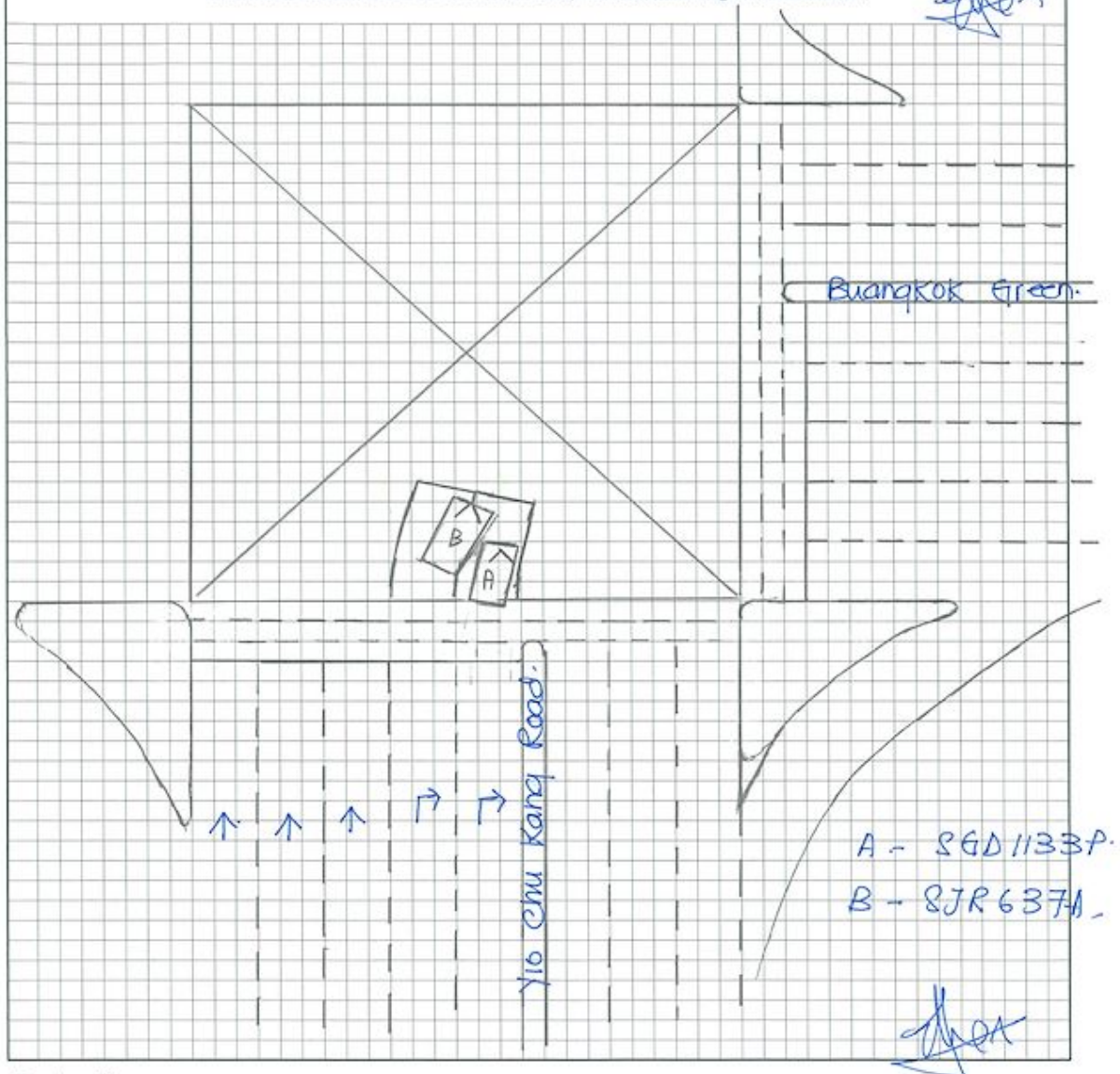
  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

Describe Circumstances of the Accident

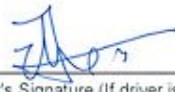
On the 10th of Jan of 2021 at approximately 1825hrs, I was turning right onto Buangkok Green from Yio Chu Kang Road. I was on the first right lane, and vehicle B was on the second lane. As we were making the turn, vehicle B cut into my lane. I did an emergency brake immediately. However, vehicle B continued to drive into my lane, resulting in a collision.



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

\_\_\_\_\_  
 Witnessed by Reporting Centre  
 Personnel























































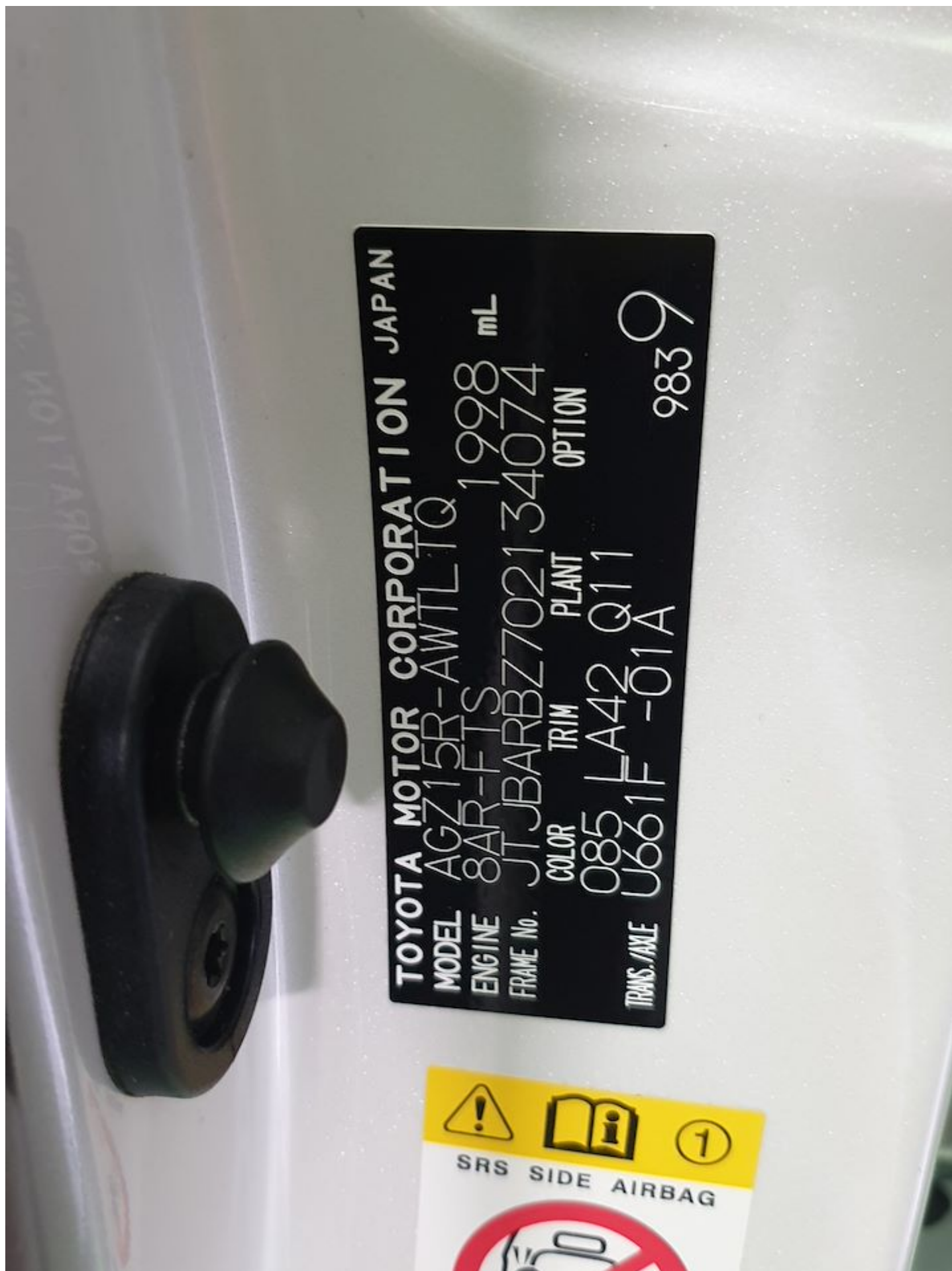
















10:09

4G

Done Policy\_Schedule\_for\_New\_B...



AIG

## CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Heng Koon Seng  
 Period of Insurance : 25 Jul 2020 To 24 Jul 2021  
 Engine No. : 8ARW557905  
 Chassis No. : JTJBARBZ702134074

Vehicle No. : SGD1133P  
 Policy No. : 207D098154  
 Endorsement No. :  
 Issued Date : 20 Jul 2020

## ABOUT THE COVER

Make/Model	LEXUS NX 200T	Sum Insured	Market Value	First Year of Registration	2017
Engine Capacity/Tonnage	1,998.00 CC	Off Peak Car	No	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 on the Policyholder's order or with his/her permission.  
 This Policy will endorse the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$1,000 as "Young and Inexperienced Driver Excess" ("YIDE") if You are a New Authorized Driver (named or unnamed) is under the age of 21 and/or has less than 2 years' driving experience.

Age Condition	All Age Condition	Mileage Condition	Unlimited Mileage
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## 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, prize-winning, 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 - 1600cc: Optional

\* Limitations rendered inoperative by Section 9 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Section 35 of the Road Transport Act 1987 (Malaysia) and Road Transport (Amendment) Act 2019 are not to be included under these headings.

## EXCESS

Section 1  
 Fire - \$0; Own Damage - \$400; Theft - \$0; Flood Cover - \$400

Section 2  
 Property Damage - \$0

Windscreen - \$100

## Named Driver and Excess (where applicable)

Heng Koon Seng - \$400 (Own Damage); \$400 (Flood Cover)

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

Approved Reporting Centres: AIG Authorized Repairers (For claims related repairs/any accident repairs to the vehicle must be carried out by one of our Authorized Repairers. Within the first 3 years of the first registration of the vehicle in Singapore. You have the option of having the accident repairs carried out at the Sole Agent's workshop or other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6339 6200. Alternatively, You may refer to AIG website where you log in to AIG SG Mobile App. Simply search and download AIG SG from iTunes or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy to which this Certificate of Insurance relates is 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, 1989 (Malaysia).

042306000

ONG CHION BUAY WINNIE

10 UBI CRESCENT #07-69 UBI TECHPARK LOBBY D

SINGAPORE 408564 SP-JBLEE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

CHION BUAY WINNIE (SG)

10 Shenton Way #09-10 AIG Building 507512017140, SINGAPORE | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.





MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Heng Zhi Xin Vanessa.  
 VEHICLE NUMBER : 86D 1133 P.  
 DATE/TIME OF ACCIDENT : 10/1/2021 - 1800 hrs.  
 PLACE OF ACCIDENT : Junction of Yek Rd & Buangkok Green  
 THIRD PARTY VEHICLE (IF ANY) : SJR 637A.

\*\*\*\*\*

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

Started journey from home, on the way to  
Hougang St 53.

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?

Veh A - L/F portion  
Veh B - RHS portion.

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

No.

Name: Heng Zhi Xin Vanessa.

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