

# 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 ..... 26/01/2021 15:33 (SGT)  
Date of Accident ..... 26/01/2021 09:00 (SGT)  
Exact Location of Accident ..... 23 Penhas Rd, Singapore 208186  
Additional Location Information ..... 23 PENHAS ROAD (CROSS JUNCTION OF HORNE ROAD & PENHAS ROAD)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGL8079A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG HUAN LIN  
NRIC No ..... S7330961A  
Email Address ..... NGHUANLIN@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-93662818  
Alternative Phone No ..... (Home) +65-93662818

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Camry  
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? ..... Yes  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2100436657  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG HUAN LIN  
NRIC No ..... S7330961A  
Date Of Birth ..... 24/08/1973

Occupation .....	Indoor
Date Of Driving Pass .....	11/03/1996
Driving experience .....	24 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93662818
Alt. Phone Number .....	(Home) +65-93662818
Email Address .....	NGHUANLIN@HOTMAIL.COM
Address .....	BLK 703 WEST COAST ROAD #07-395
Address complement .....	-
Postcode .....	120703
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 - Cross Junction
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	RACHEL CHAN KAR YOW
Gender .....	Female

#### 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? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBJ7619T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	ARFAN

Contact Number .....	(Phone) +65-97524793
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	MSIG
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**IMPORTANT NOTICE**

- [illegible]

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

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

Witnessed by Notary Public \_\_\_\_\_

### Sketch Plan



**Describe Circumstances of the Accident**

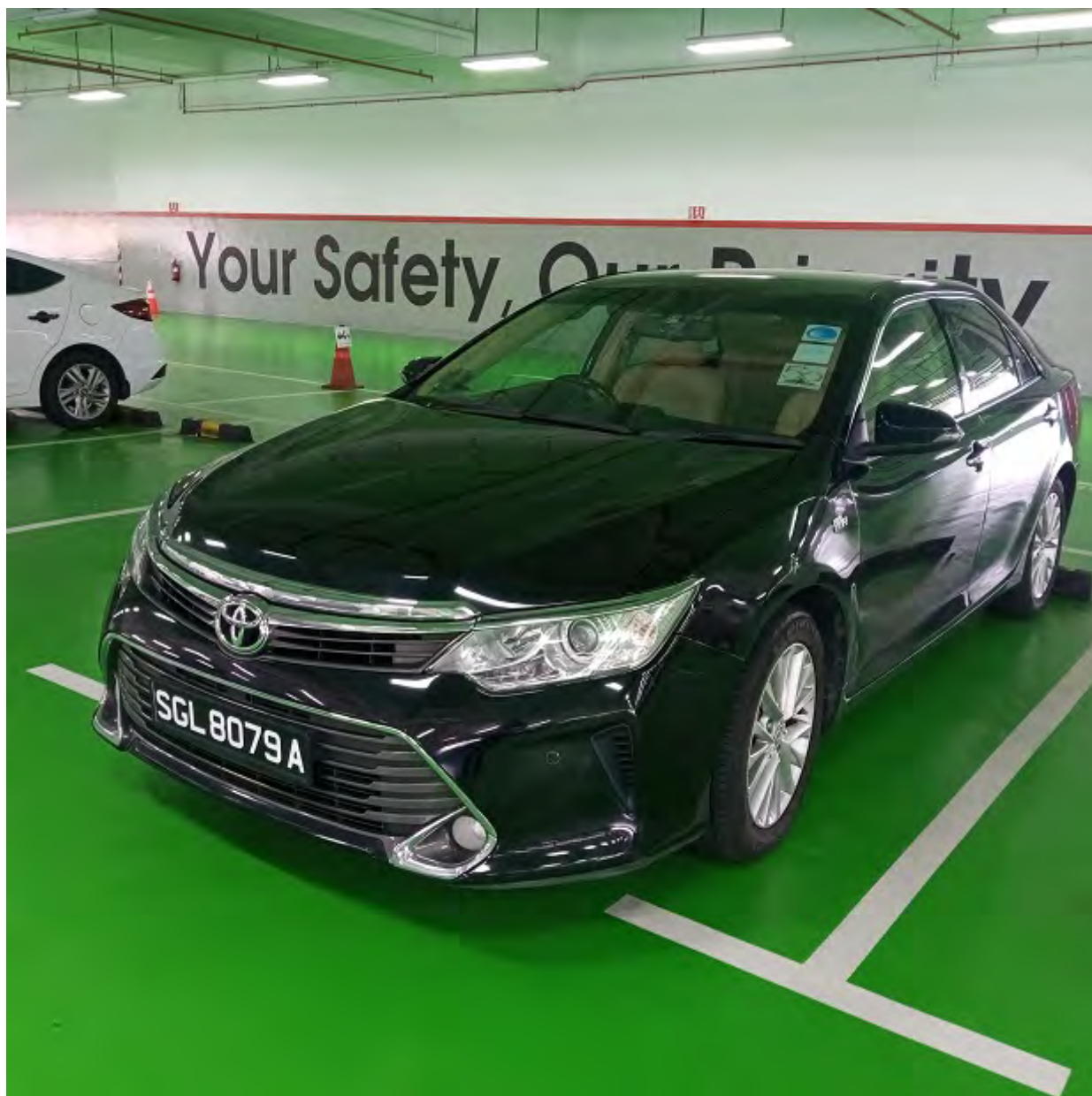
I was on the road of 2 lanes for a while but I was stopped right in front of the road to Bulao Road. The road was clear and the police of driving very slow as there is no traffic light. I heard a loud sound and I looked at the car and a motorcycle came from the right and it hit the front right of the car.

The car at position is just ~~about~~ 15 ft away from the middle line. We decided the motorcycle hit and he is not. We moved the motorcycle to an upright position and I parked my car in a nearby lot as no list to collect traffic. We then exchanged phone #s and moved off without taking any photos. After that, I went back to my car to check the damage and there is a small dent on the front right ~~side~~ ~~of the car~~.

**Declaration**

I/We declare the foregoing particulars are true & correct.

Witness's Signature (Date & Time) \_\_\_\_\_ Driver's Signature (if driver is not the policyholder) (Date & Time) \_\_\_\_\_ Witnessed by Reporting Centre \_\_\_\_\_

















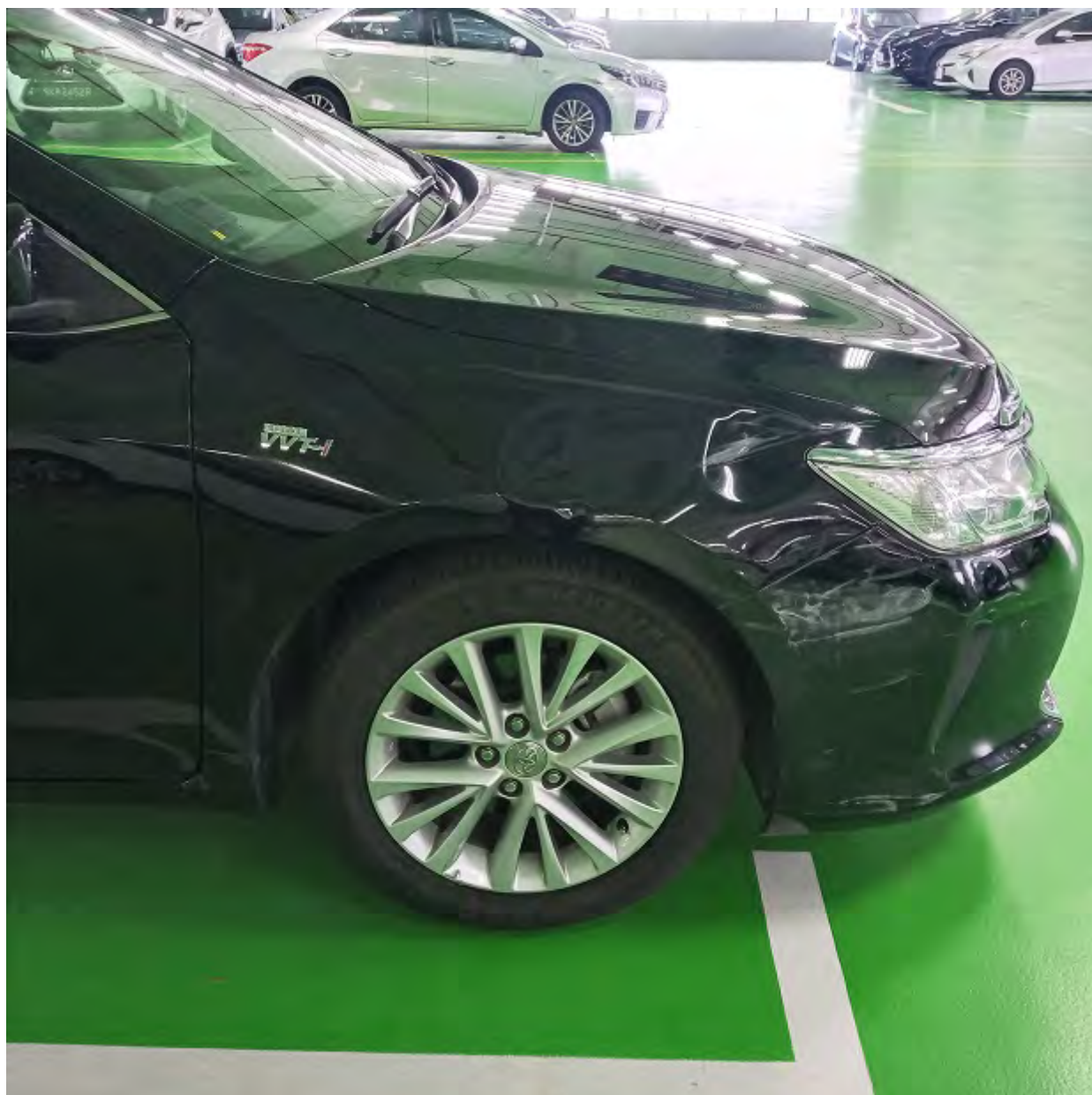








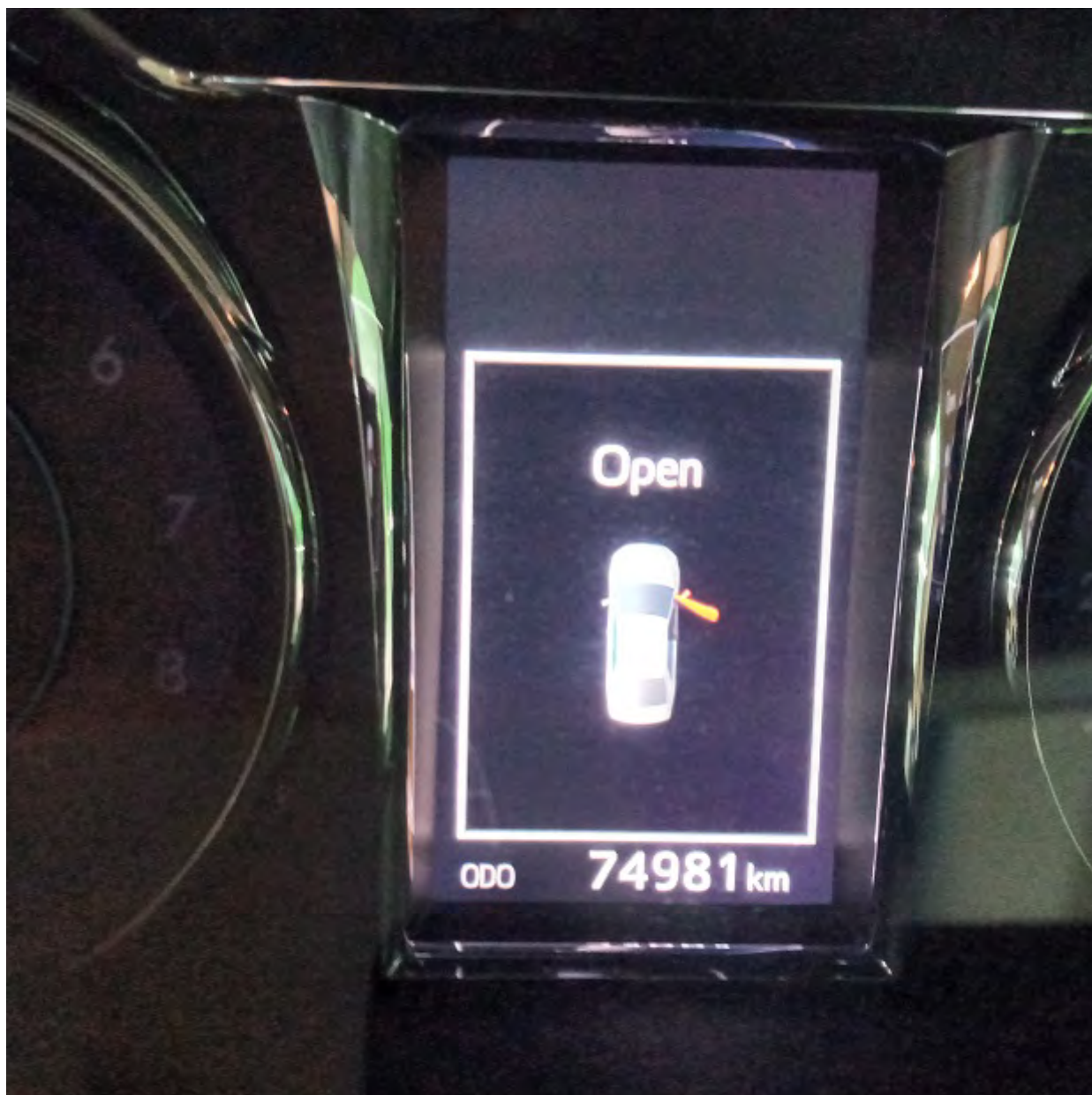




























**GENERAL INSURANCE ASSOCIATION OF SINGAPORE REPORTS MANAGEMENT CENTRE**  
 4 Malacca Street #05-01 Singapore 050004  
 Tel: 6342 2288 Fax: 6342 4999  
 Operating Hours: Monday to Friday, 9:00 - 17:00  
 (Our Insurance Company has no branch in Singapore)

**IMPORTANT NOTE:** Please submit the completed Addendum form to the **nearest** Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No. \_\_\_\_\_ Vehicle Registration No. SGL P079-A  
 Name (as on card) NEHA LIA ABC (P) (Transport No) \_\_\_\_\_  
 [Vehicle (Owner / Vehicle Operator)] [Please delete as appropriate]  
 Address \_\_\_\_\_ Singapore  
 Contact (Tel) \_\_\_\_\_ Mobile No. 97662818  
 Email Address \_\_\_\_\_  
 Date of Accident 26.1.2017 Time of Accident \_\_\_\_\_  
 Place of Accident \_\_\_\_\_  
 Insurance Company ALL

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**  
 I have made a report on the above mentioned accident and would like to include additional information to make the following amendments:

WRONG PHOTOS ATTACHED

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 Reporting Person's Signature  
 Date: \_\_\_\_\_



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : Ng Huan Lin (Huang Huanlin)  
**Period of Insurance** : 12 Nov 2020 To 11 Nov 2021  
**Engine No.** : 2ARU272027  
**Chassis No.** : MR053AK5004010101

**Vehicle No.** : SGL8079A  
**Policy No.** : 2100436657-05  
**Endorsement No.** :  
**Issued Date** : 28 Sep 2020

### ABOUT THE COVER

**Make/Model** : TOYOTA NEW CAMRY 2.5  
**Engine Capacity/Tonnage** : 2,494.00 CC  
**Sum Insured** : Market Value  
**First Year of Registration** : 2015  
**Driver Restriction** : NA  
**Off Peak Car** : No  
**Insuring with COE/PAF** : Yes  
**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 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 Inexperienced 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' driving experience.

**Age Condition** : All Age Condition

**Mileage Condition** : Unlimited Mileage

**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 - 1600cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) 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

**Section 1**  
 Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$1000

**Section 2**  
 Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

Ng Huan Lin (Huang Huanlin) - \$1000 (Own Damage), \$1000 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)  
 Any accident repairs to the Vehicle must be carried out by one of our Authorised 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.  
 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: DBS BANK LTD

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, 1959 (Malaysia).

0030210000  
 AIG ASIA PACIFIC INSURANCE PL

**AIG Asia Pacific Insurance Pte. Ltd.**  
 This computer generated document does not require a signature.

**AIG**

No. \_\_\_\_\_  
280 Madison Ave.  
601-700-\_\_\_\_\_  
**MOTOR ACCIDENT INTERVIEW FORM**

NAME \_\_\_\_\_ NO. INSURANCE \_\_\_\_\_  
VEHICLE NUMBER \_\_\_\_\_ REGISTRATION \_\_\_\_\_  
DATE/TIME OF ACCIDENT: \_\_\_\_\_  
PLACES OF ACCIDENT \_\_\_\_\_  
THIRD PARTY VEHICLE IF ANY? \_\_\_\_\_

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

What did you do just before and after the accident?  
Building \_\_\_\_\_

DID YOU DRINK ANY ALCOHOLIC BEVERAGES BEFORE YOU DROVE ON THE DAY OF THE ACCIDENT? IF YES, GIVE THE TRAFFIC POLICE CONTACT ANY ANALYTICAL ANALYSIS TEST ON YOU? IF YES, WHAT WAS THE RESULT?  
No.

WHAT IS THE TYPE OF COLLISION AND THE EXTENT/DAMAGE TO ALL VEHICLES INVOLVED?  
My motorcycle hit the car. It was at the side of the road right at the intersection. I heard a front door behind it stopped the car. The motorcycle behind hit the front wheel of the car. The car then continued to drive off the road. The motorcycle was a park behind mine at the time of the crash.

WERE YOU OR YOUR PASSENGER(S) INJURED? (ALWAYS REPORT) WHERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?  
No injuries from all parties involved was visible at the time of accident.

Name \_\_\_\_\_  
Signature \_\_\_\_\_  
NAME: NO HEAN LIN  
(ATTORNEY THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE)