

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 24/03/2021 11:43 (SGT)
Date of Accident 23/03/2021 16:57 (SGT)
Exact Location of Accident Singapore
Additional Location Information NORTHPOINT DR 1 YISHUN CENTRAL 1 JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR2139Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA CHIP HOCK
NRIC No S1194008J
Email Address CHCHUA@LIVE.COM.SG
Mobile Phone No (Phone) +65-91150996
Alternative Phone No (Home) +65-91150996

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
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
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900259470
Cover Note Number -

DRIVER

Name of Driver CHUA CHIP HOCK
NRIC No S1194008J

Date Of Birth	12/11/1956
Occupation	Indoor
Date Of Driving Pass	08/10/1975
Driving experience	45 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91150996
Alt. Phone Number	(Home) +65-91150996
Email Address	CHCHUA@LIVE.COM.SG
Address	BLK 546 SERANGOON NORTH AVE 3 #06-230
Address complement	-
Postcode	550546
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 - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIM SIONG ENG
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 SEKTCH 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	SLH6000B
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	CAROL PUG YEN PIN
NRIC No	S7606409A
Contact Number	(Phone) +65-85004866
Address	37 JALAN REDOP
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LEFT REAR SIDE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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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.

 24/3/21 1010

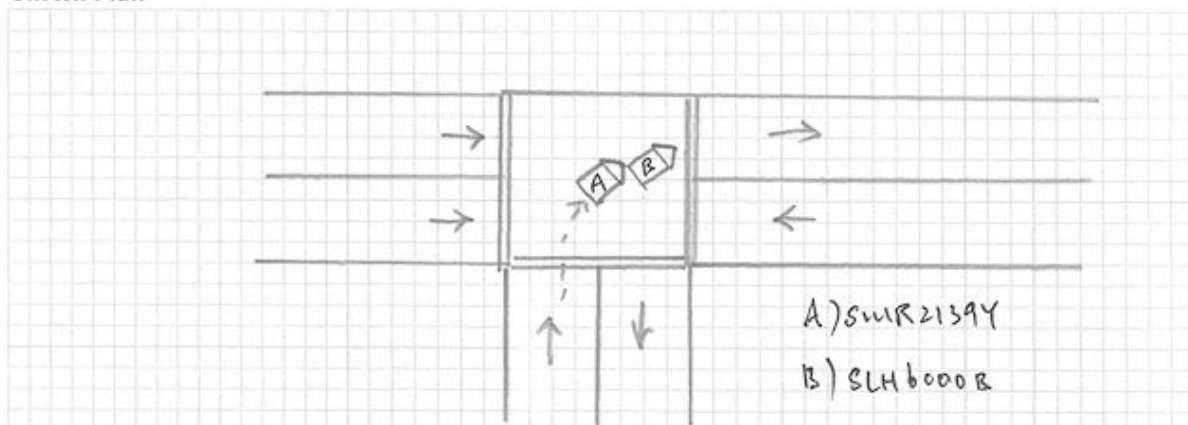
Policyholder's Signature / Date & Time

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

 Francis Cher
Motor Claims Assessor
Borneo Motors (S) Pte Ltd

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


At 4.57pm in the evening on March 23, I drove a vehicle from Northpoint Dr toward Yishun Central 1, at the traffic light intersection, I chose to turn right and the vehicle in front (5TH60008) stopped in time because a food delivery bicycle crossed the pedestrian aisle. The road was a bit slippery after the rain. My car couldn't stop in time and hit the left rear side of the car ahead. No one was injured in the car accident.

Declaration

We declare the foregoing particulars are true in every respect.

 22/3/21 10:10
Policyholder's Signature / Date & Time

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

 Francis Cher
Motor Claims Assessor
Borneo Motors (S) Pte Ltd

Witnessed by Reporting Centre Personnel





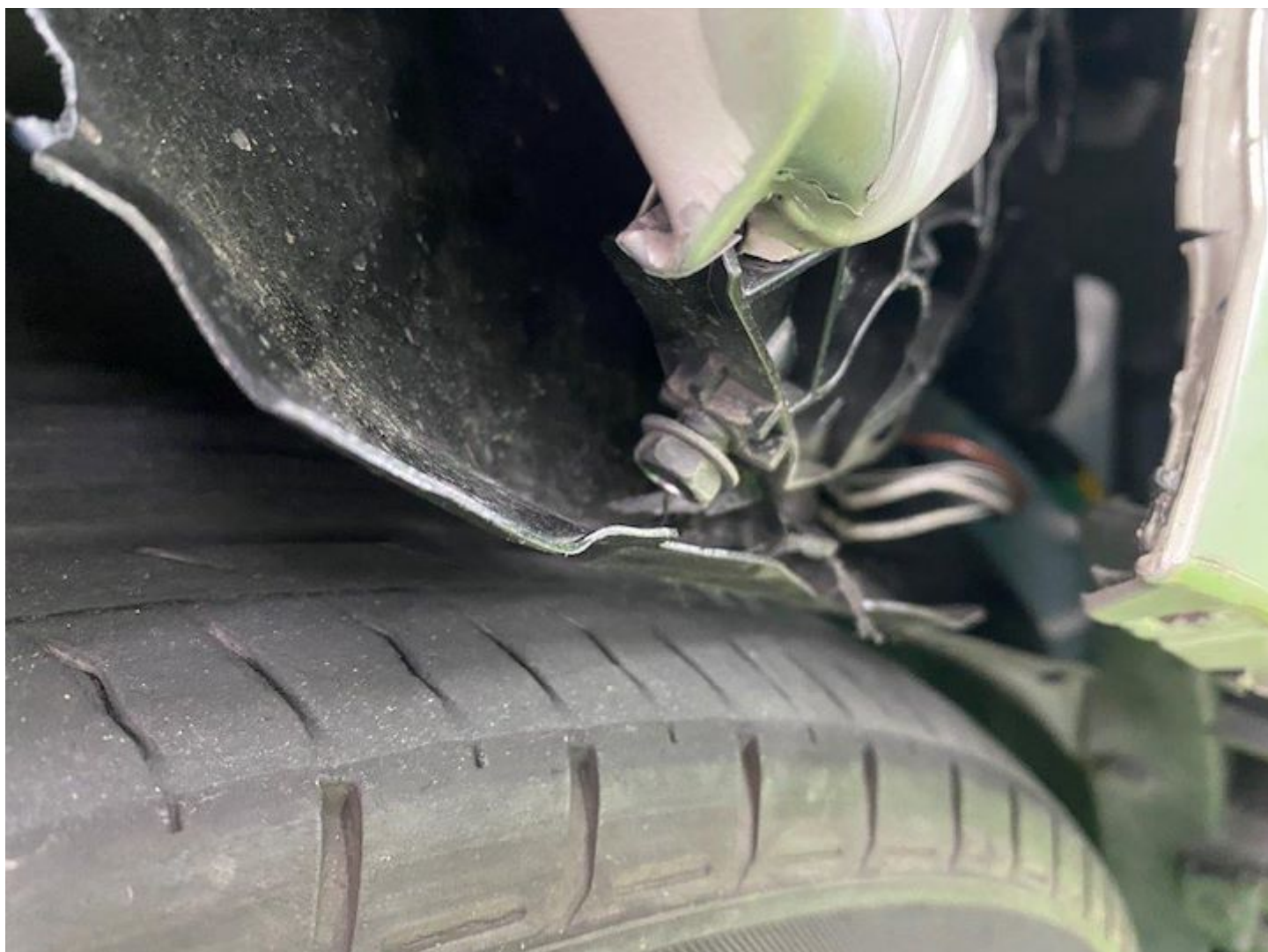














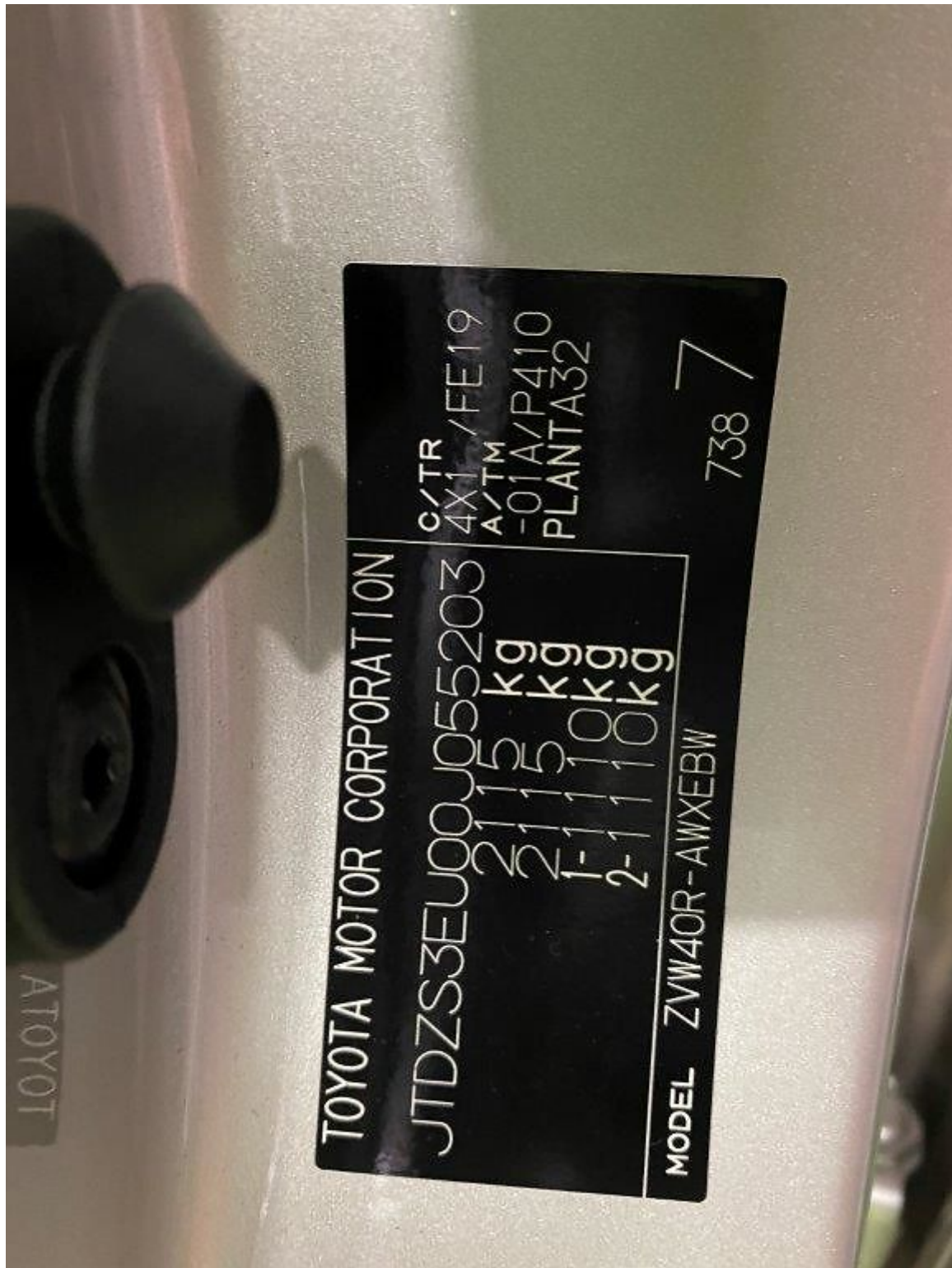
















POLICY SCHEDULE

Policy No. : 1900259470

Period of Insurance : 24 Dec 2019 to 23 Dec 2021

Issued Date : 27 Dec 2019

ABOUT THE POLICYHOLDER

Name of Policyholder : CHUA CHIP HOCK
 Address : 546 SERANGOON NORTH AVENUE 3
 #06-230
 SINGAPORE 550546
 Occupation/Nature of Business : Manager/Director/Management

ABOUT THE VEHICLE

Registration No. : SMR2139Y Engine Capacity/Tonnage : 1,798.00 CC
 Chassis No. : JTDZS3EU00J055203 Engine No. : 2ZR2G36572
 Seating Capacity : 7 First Year of Registration : 2016 Body Type : Sedan
 Make/Model : TOYOTA PRIUS+ 1.8 HYBRID
 Hire Purchase Company/Employer's Loan : MayBank

ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No
 Driver Restriction : NA 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

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, speed testing, delivery or for any other purpose in connection with Motor Trade.

Other Key Policy Benefits :

Act of God, Strike, Rots and Civil Commotions, PA to Authorised Driver / Unnamed Passengers - \$1000, Dealer - AIG Authorised Workshops, PA Insured - \$10000, Fire and Accessories (Cosmetic) - \$5000, Solar Film - \$1150, Loss of Use 1500cc - 1500cc, Key Replacement Cover Optional - \$500, New Per Old (25 months), In-Car Camera Excess 7 (Silver, Grass Roof, Moon Roof, Sun Roof, Panoramic Glass Roof)

EXCESS

Section 1
 Pre - 50 Own Damage - \$4000 Theft - \$3 Flood Cover - \$1000

Section 2
 Property Damage - \$0

Windscreens : \$100

Named Driver

CHUA CHIP HOCK - \$1000 (Own Damage) \$1000 (Flood Cover)

PREMIUM

Premium : \$ 2,909.07

GST (7%) : \$ 203.63

Total : \$ 3,112.70

Your Premium includes the following discount(s)

Safe Driver Discount - 5.00% No Claim Discount - 40%



AIG Asia Pacific Insurance Pte. Ltd
AIG Building
78 Shenton Way
#07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME : Chua Chip Hock
VEHICLE NUMBER : SMR 2139Y
DATE/ TIME OF ACCIDENT : 23/3/21 16:57
PLACE OF ACCIDENT : North Point Dr toward Yishun Central 1
THIRD PARTY VEHICLE (IF ANY) : SLH6000B - BMW

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

North Point Dr toward Yishun Central 1 at junction

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 WAS THE RESULTS?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

my car ~~hit~~^{hit} the front car left rear side.

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

No injured for both vehicles

NAME: Chua Chip Hock

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE