

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 06/04/2021 10:58 (SGT)
Date of Accident 03/04/2021 10:42 (SGT)
Exact Location of Accident Singapore
Additional Location Information MANDAI ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKR7929A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEN JINGYE
NRIC No S8078980G
Email Address WWUUYII@HOTMAIL.COM
Mobile Phone No (Phone) +65-96581985
Alternative Phone No (Home) +65-96581985

VEHICLE PARTICULARS

Manufacturer Toyota
Model Alphard
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 2400

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100405043-04
Cover Note Number -

DRIVER

Name of Driver WU YI
NRIC No S8181369H

Date Of Birth	24/08/1981
Occupation	Indoor
Date Of Driving Pass	24/03/2017
Driving experience	4 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-96581985
Alt. Phone Number	-
Email Address	WWUUYII@HOTMAIL.COM
Address	13G HILLCREST ROAD
Address complement	-
Postcode	286738
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHEN JINGYE
Gender	Male

PASSENGER 2

Name	CHEN XUTONG
Gender	Female

PASSENGER 3

Name	CHEN XUYANG
Gender	Male

PASSENGER 4

Name	FLOR
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 SEKTC 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	SFG8101D
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	THIRUMARAN S/O M MANICKAM
NRIC No	S1739514I
Contact Number	(Phone) +65-96381657
Address	BLK 880 YISHUN ST 81 #07-265
Address complement	-
Postcode	760880
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.

10:00

WNY / 5/4/2021

N

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
<p>Sketch Plan</p>		
Mandai Road.		Mandai Lake Rd A-SER 7929A B-SFQ 8101D.

Describe Circumstances of the Accident

I was making a right turn at Mandai Lake Rd. All the vehicles in front of me went through and the vehicles in the opposite direction were stopping at the cross road. The traffic light was also green on my side.

I mistakenly thought the traffic light was red in opposite direction and it should be my way to go.

I only realized there was no green arrow for right turn after the collision.

Declaration

We declare the foregoing particulars are true in every respect.

10:00

Policyholder's Signature / Date & Time

Waf; 5/4/2021
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel











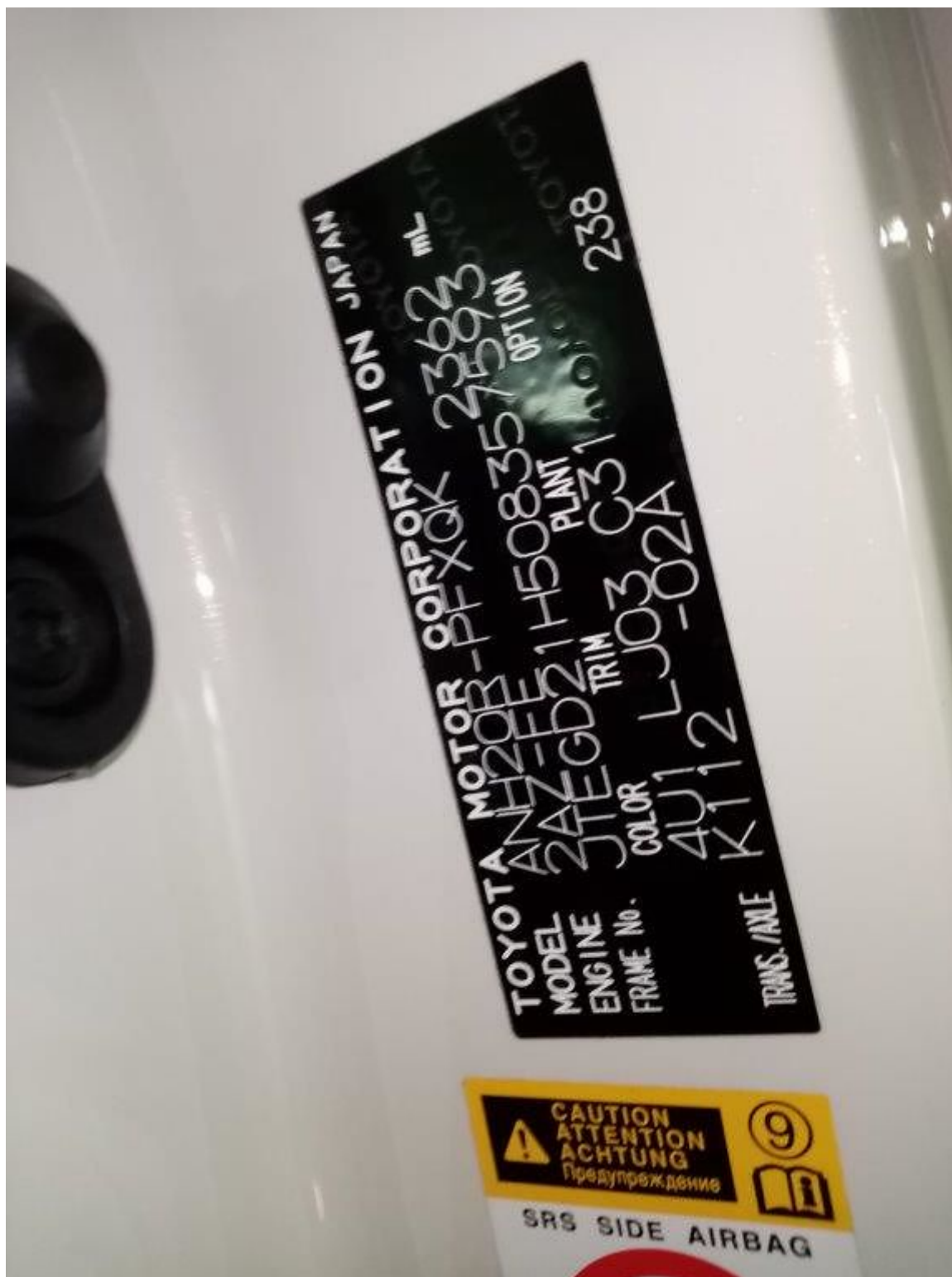




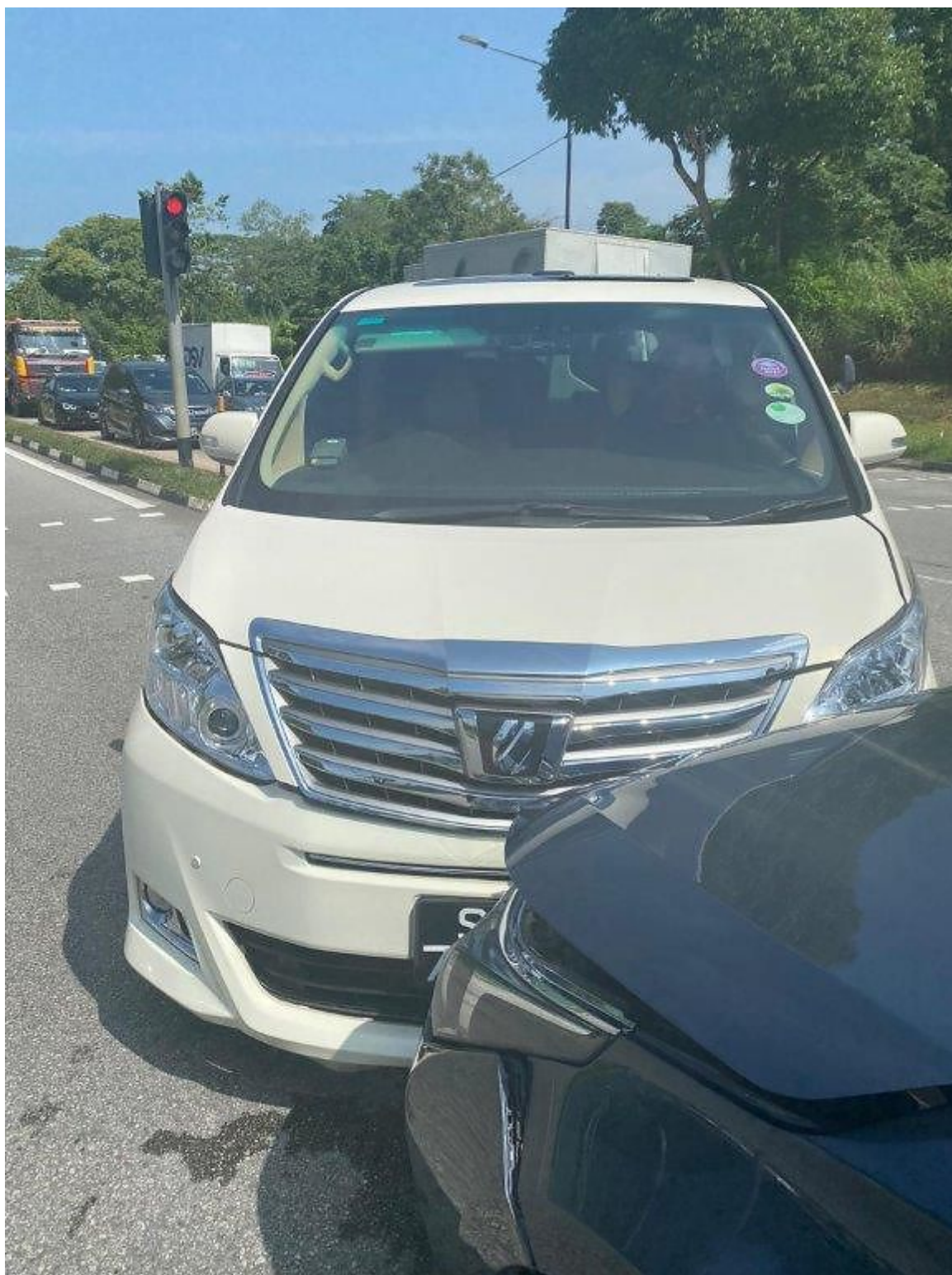




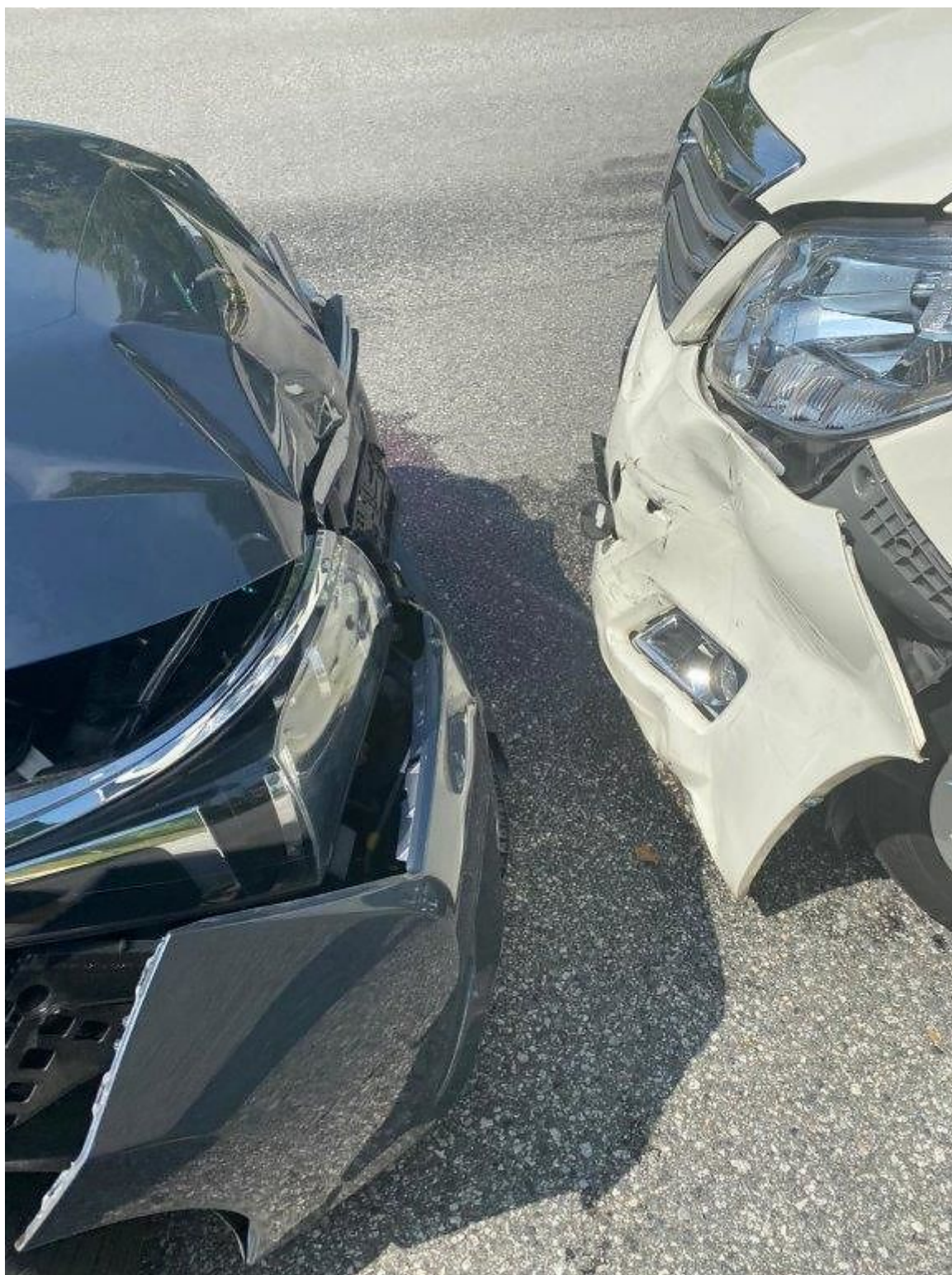












AUTHORIZATION LETTER

Date: 5/7/2021

To: AIK Asia

Cc: Borneo Motors (S) Pte Ltd

Attn: To Whom It May Concern

Dear Sir / Madam,

RE: **Authorization to Act on Behalf for Insurance Claims Documentation**

I/we, (full name) Chen Jing Ye NRIC No. S80789806,
 hereby authorized my/our (relationship) wife (full name)
Wu Yi NRIC No. S8181369H to drive my
 vehicle at time of accident.

He / She is also authorize to exercise and execute to sign all / any necessary transaction
 documentation pertaining to my registration vehicle number SER7929A as I am
 currently having tight official business schedules / away from Singapore on duty oversea travel.
 Please do not hesitate to contact me should you require any further clarification on the above.

Thank You

Yours truly,

Signature : [Signature]
 Name : CHEN JING YE
 Contact No : 9088 9736



3KW

CERTIFICATE OF INSURANCE

JTOPLAN PRIVATE VEHICLE

Name of Policyholder : Chen Jingye - Insured Not Driving
 Period of Insurance : 10 Mar 2019 To 09 Mar 2020
 Engine No. : 2AZJ133534
 Chassis No. : JTEGD21H508357593

Vehicle No. : SKR7929A
 Policy No. : 2100405043-04
 Endorsement No. :
 Issued Date : 30 Jan 2019

ABOUT THE COVER

Make/Model : TOYOTA ALPHARD 2.4 [MPV]
 Engine Capacity/Tonnage : 2,362.00 CC Sum Insured : Market Value First Year of Registration : 2015
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes
 Person or Classes of Persons Entitled to Drive* :

Any person other than the Policyholder who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify any authorised driver other than the Policyholder 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, 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) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

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

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Chen Jingye - Insured Not Driving - \$1000 (Own Damage)

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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For 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.com.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

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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE PL
 78 SHENTON WAY #07-16 AIG BUILDING
 SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSCNP



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : WU YI

VEHICLE NUMBER : SKR 7929 A

DATE/TIME OF ACCIDENT : 3, Apr, 2021

PLACE OF ACCIDENT : Mandai Lake Rd

THIRD PARTY VEHICLE (IF ANY) : SFQ 8101 D

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

START from BG, Hillcrest Rd ; destination was
Singapore Zoo

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?

Head-on collision. Damage to the vehicle front

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

No one injured.

Wu Yi
Name:

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



Trans-cab Recovery Services Pte Ltd

HQ: No.2 Ang Mo Kio Street 63, Singapore 569111

UEN/GST No.: 201616157R

Hotline: 8201 6666

Fax: 6287 7764

Email: recovery@transcab.com.sg

Invoice/Service no: 010713

Date: 3-4-21

Messrs: Borneo
 Vehicle no: SKR 7929 A
 Time: CALL IN: 1110 REACH: 1150 COMPLETE: 1205
 From: Mandai rd
 Operator: James

Amount: CASH / CREDIT

Brand/Model: T. Alphard

Contact No: 90889736

To: Pandan

Tow Truck/By: Kwang 7314

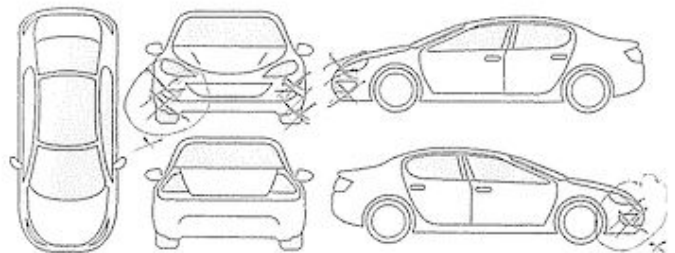
Type of Services:

<input type="checkbox"/> Breakdown	<input checked="" type="checkbox"/> Accident
<input type="checkbox"/> Jump Start	<input type="checkbox"/> Transportation
<input type="checkbox"/> Replace Battery/Tyre	<input type="checkbox"/> Malaysia Towing
<input type="checkbox"/> King Dolly/Flatbed	<input type="checkbox"/> Locksmith
<input type="checkbox"/> Crane/Winch	<input type="checkbox"/> Repossess
<input type="checkbox"/> MSCP/BSCP	<input type="checkbox"/> Load/Cargo Box

Owner/Driver Signature: _____ Date: _____
 Time: _____

Please do not leave any valuables in your car.

Invoice Received By: _____ Date: _____
 Time: _____
 Key: YES NO Location: _____



: Cracked, X: Missing, 0: Dented, S: Scratched

Remark: _____

Mileage 67539 km

Parked Area: _____