# **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 witholding 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.

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   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 26/04/2021 17:07 (SGT) Date of Accident 25/04/2021 12:20 (SGT) Exact Location of Accident Singapore, Paya Lebar Rd, 30 Paya Lebar, 15 Additional Location Information UPPER PAYA LEBAR ROAD Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SDL5252X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHOY KUM FOO** NRIC No. S1355322Z

Email Address JANNYCHOY5252@HOTMAIL.COM

Mobile Phone No (Phone) +65-98244259

Private use

Private car

Auto

2000

No - Reporting only

Alternative Phone No +65-98244259

VEHICLE PARTICULARS

Manufacturer Toyota Model Harrier 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?

Vehicle Category Transmission CC

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy

Policy Number 1900152171

Cover Note Number

DRIVER

Name of Driver **CHOY KUM FOO** NRIC No. S1355322Z

Date Of Birth 16/06/1959 Occupation Indoor Date Of Driving Pass 05/09/1979 Driving experience 41 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-98244259 Alt. Phone Number +65-98244259 Email Address JANNYCHOY5252@HOTMAIL.COM Address BLK 12 UPPER SERANGOON VIEW Address complement #04-07 Postcode 534199 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHF591J Vehicle Manufacturer Toyota Vehicle Model Vehicle Variant Vehicle Colour Red Vehicle Category Taxi Name of Driver SIM MOSES NRIC No S1601080D Contact Number

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LEFT BACK PASSENGER DOOR DENTED AND LEFT BACK BUMPER GUARD SCRATCH
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN	to Boundary Road	
	SHE 5913 7	
	PL	1 har Rd
	The contact	to Baya Lebar Rd
	C= 5252¥	
	in ed	
DESCRIBE CIRCUMSTANCE	emoyed +	
	FOO , NEW S 13553227 , driver	of Sp
306	attached	
DECLARATION I/We declare the foregoing par	iculars are true in every respect.	
Ath		X
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name:
26 4 21	Date & Hille.	NRIC/FIN No.:

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- 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 investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) 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

26/4/21

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

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



## MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	:_	Choy kum F	00	
VEHICLE NUMBER	:_	2DF 2727 X		
DATE/TIME OF ACCIDENT	:	52-Abr-30	ΣI	12:20 pm
PLACE OF ACCIDENT	:_	Upper paga	Le	ber Road
THIRD PARTY VEHICLE (IF ANY)	:_	- SHF	59	(-J_
**********	***	*******	***	*****
WHERE DID YOU START YOUR DESTINATION BEFORE THE ACCI	DEN	T?	WAS	THE INTENDED
DID YOU DRINK ANY ALCOHOLIC THE ACCIDENT? IF YES, DID TH ANALYSER TEST ON YOU? IF YES,	E T	RAFFIC POLICE COND		
WHAT IS THE TYPE OF COLLISIO TO ALL VEHICLES INVOLVED?	N Al	ND THE EXTENSIVENE	ss o	F THE DAMAGES
WERE YOU OR YOUR PASSENGE WERE YOU TAKEN TO THE TRAFF				
Danny Chay Kim Foo Name:  I Affirmed The Above Information Is G				
AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079 Tel: 6419 3000	120			

lde: 25-Apr-8021

time: 12:00pm

beliedent to otherin: Blong upper lay a lehar Road ( suit after arramoy Rd)

Weather: chear clear sky & dry condition

physical waywy: None

State property damage: Nine.

I, (May loum 100, NTIO 513553222, driver of 5015252X.

Was driving along upper Paya lebor Road toward Boundary

Road. I was trevelley at the speed between 65 Emph to 70 km/l

At alt 12: 20pm, a valiete SHF 5915 came into

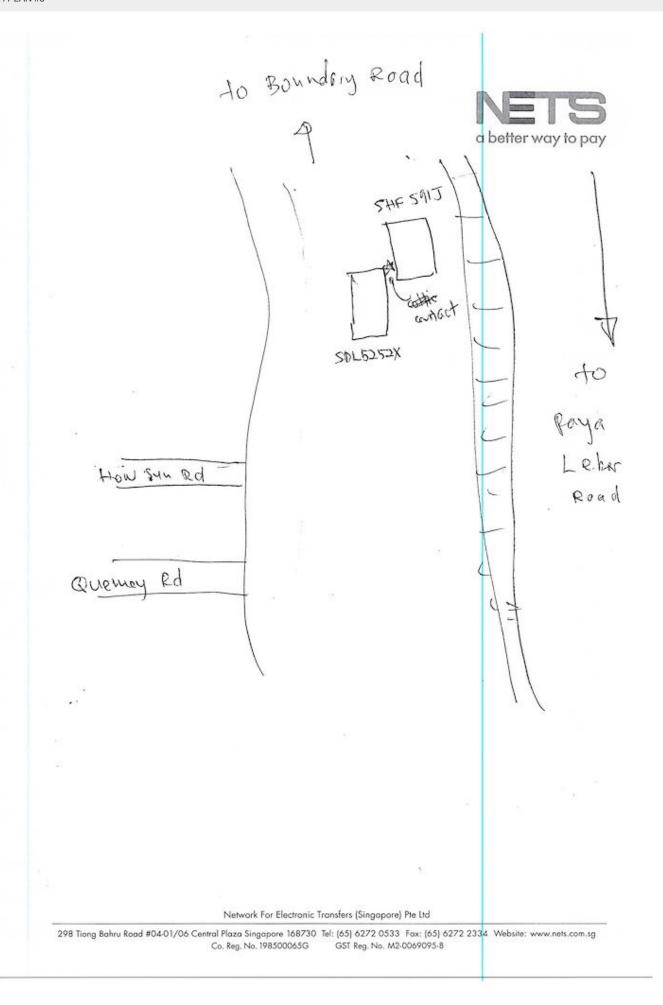
contact with my vehicle SDL 5252X. The action

collision resulted my front right side bumper quard

scratch.

confirmately my car cam wast wasn't working during the accident. Threfre I am nable to produce any video for further is restigation.

Muke SHF 5913 danage: (i) he held Back lassenger down dented





## CERTIFICATE OF INSURANCE

: Unlimited Mileage

## TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHOY KUM FOO

Vehicle No. : SDL5252X Period of Insurance : 22 Aug 2020 To 21 Aug 2021 Policy No. : 1900152171-01

: 8ARZ165424 Engine No. Endorsement No.

Chassis No. : JTEKB3GH80J004898 Issued Date : 23 Jul 2020

ABOUT THE COVER

Make/Model : TOYOTA HARRIER 2.0

Engine Capacity/Tonnage : 1,998.00 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) 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

Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward, driving tuislon, 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

\* 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0 Windscreen: \$100

Named Driver and Excess (where applicable)

CHOY KUM FOO - \$800 (Own Damage), \$800 (Flood Cover)

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

1.Toyota Bodycare Centre (For accident repair & accident reporting). Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188 2.Toyota Bodycare Centre (For accident repair & accident reporting). Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688

For other Approved Reporting Centres/AlG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AlG website www.aig.sg or AlG SG Mobile App. Simply search and download "AlG SG" from iTunes or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

I/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).

0504667237

INCHCAPE AUTO TOYOTA - BSTL090

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

33 LENG KEE ROAD

1.

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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