

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 25/05/2021 11:10 (SGT)
Date of Accident 19/05/2021 19:50 (SGT)
Exact Location of Accident Hougang Ave 8, Singapore
Additional Location Information BLK 684 HOUGANG AVENUE 8 CARPARK S(530684)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ2702D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KUA HOCK LEONG
NRIC No S1260686I
Email Address HL_KUA@HOTMAIL.COM
Mobile Phone No (Phone) +65-97385248
Alternative Phone No +65-97220135

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car
Transmission Auto
CC 1598

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210037826
Cover Note Number -

DRIVER

Name of Driver AARON KUA XIANG LONG
NRIC No S9331502B

Date Of Birth	31/08/1993
Occupation	Indoor
Date Of Driving Pass	10/05/2019
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-97220135
Alt. Phone Number	-
Email Address	GULTA93@GMAIL.COM
Address	BLK 658 HOUGANG AVENUE 8
Address complement	#06-443
Postcode	530658
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	Collided into Parked Vehicle
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 PEI SI BEVERLY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN, ACCIDENT STATEMENT & POLICE REPORT ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE WITH TRAFFIC POLICE POSSESSION
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC8451Z
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


SKETCH PLANIMPORTANT NOTICE


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7. 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:

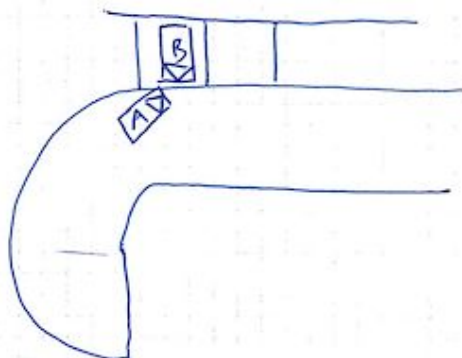
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 :
 - (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, 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
 Date & Time: 20 May 21
 1526


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 20 May 21
 1526


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was drizzling and dark. Accident happened around 1950 at Blk 684 Hougang Ave 8 carpark. I went to a ~~dead~~ carpark with a deadend and had to ~~reverse~~ ^{make} a U-Turn. I misjudged the spacing distance between my motorcar and the minibus which was parked stationary at ^a parking lot, and grazed my left ^{front} ~~bumper~~ bumper of the car with the right front of the minibus bumper. My motorcar sustained dent and scratches on the bumper, while the minibus ~~bumper~~ sustained scratches on the bumper.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 20 May 21
1526

Driver's Signature
(If driver is not the policyholder)

Date & Time: 20 May 21
1526

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

















**SINGAPORE
POLICE FORCE**



T/20210520/2053

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210520/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/05/2021 14:51			Vide Report No.: F/20210519/0209		Station Diary No.:
Informant's Particulars					
Name of Informant: AARON KUA XIANG LONG			Address: 658 HOUGANG AVENUE 8 #06-443 SINGAPORE 530658		
ID Type / ID No.: NRIC NO / S9331502B			Contact No.: Home/Office: Mobile: 97220135		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 31/08/1993	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 19/05/2021 19:50	Type of Location:
Location: HOUGANG AVENUE 8				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC8451Z	Bus/Coach/Mi nibus				Slightly Damaged	0
SMZ2702D	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210520/2053

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210520/2053

CONTINUATION OF REPORT

Driver			
Name	AARON KUA XIANG LONG	ID No.	S9331502B
Related Vehicle	SMZ2702D (Car)	Contact No.	97220135
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

I PARKED MY CAR AT THE STATED LOCATION TO BUY MY DINNER. AFTERWARDS I DROVE MY WAY OUT OF THE NEIGHBOURHOOD. I COULD NOT FIGURE IT OUT ON HOW TO EXIT THE NEIGHBOURHOOD. I WAS AT THE POINT WHERE I WAS AT THE END OF THE BLOCKS HENCE I HAVE TO MAKE A U-TURN IN ORDER TO EXIT. WHILE I WAS MAKING A U-TURN, MY LEFT FRONT PORTION OF MY VEHICLE HIT ONTO THE RIGHT FRONT PORTION OF THE MINI BUS THAT WAS PARKED STATIONARY IN A PARKING LOT. I STOPPED MY VEHICLE IMMEDIATELY, WENT OUT FROM MY VEHICLE AND CHECK ON THE DAMAGES. MINOR SCRATCHES FOUND ON THE CONTACT AREA OF THE MINI BUS. THERE WERE SCRATCHES ON THE CONTACT AREA OF MY VEHICLE AND THE FRONT BUMPER LOSEN OUT AS WELL. I DROVE OFF AFTERWARDS. THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20210520/2053

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210520/2053

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

TP /

SC SAIFUL ILHAM BIN ZAHARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/05/2021 14:51

Officer In Charge Of Case:

TP / GIA /

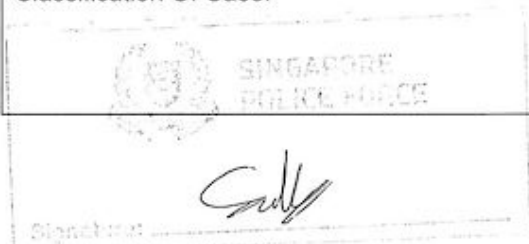
SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168





MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Aaron Kua

VEHICLE NUMBER : SMZ 2702D

DATE/TIME OF ACCIDENT : 19 May 21 1950

PLACE OF ACCIDENT : Blk 684 Hongang Ave 8 carpark

THIRD PARTY VEHICLE (IF ANY) : PC 8451Z

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

Started journey at Blk 682 carpark. End journey at Blk 658 Hongang Ave 8
(530682) Hongang Ave 8

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?

SMZ 2702D Motorcar → Dent on bumper, Scratches on bumper.

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

No injuries sustained.

Yes, traffic police investigation.

Aaron Kua Xiang Long

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



CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : KUA HOCK LEONG
Period of Insurance : 19 Apr 2021 To 18 Apr 2022
Engine No. : 1ZR0G69476
Chassis No. : MR2BE3BE800014001

Vehicle No. : SMZ2702D
Policy No. : 7210037826
Endorsement No. :
Issued Date : 21 Apr 2021

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6
Engine Capacity/Tonnage : 1,598.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2021
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

* 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

KUA HOCK LEONG - \$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (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/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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Toyota Financial Services Singapore Pte 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).

0504667212

INCHCAPE AUTO TOYOTA - BSTL025

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Fahiana Isma

UNDERTAKING

I, Kua Hock Leong, (NRIC No. S1260686I), hereby confirm that the Singapore Accident Statement lodged by me on 20/5/2021 at 1535 hours pertaining to the accident involving motor car Reg. No: SMZ 2102D, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature : [Signature]
 Name of Insured / Driver : Aaron Kua
 Nric No. : S9331502B
 Date : 20 May 21

Signature : [Signature]
 Name of Policyholder : Kua Hock Leong
 Nric No. : S1260686I
 Date : 20 May 21

AUTHORIZATION LETTER

Date : _____

To : _____

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) Kua Hock Leong NRIC No. S1260686I
 hereby authorized my/our (relationship) Son (full name)
Aaron Kua Xiang Long, NRIC No. S9331502B 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 SMZ 2702D 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 : 
 Name : Kua Hock Leong
 Contact No : 97385248