# **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 07/07/2021 13:51 (SGT) Date of Accident 06/07/2021 15:35 (SGT) Exact Location of Accident Singapore INSIDE YELLOW BOX JUST OUTSIDE TAMPINES CENTURY Additional Location Information **SQUARE** Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKT278E

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LONG AI WEE ..... NRIC No S6834027F Email Address ENCFOO67@GMAIL.COM Mobile Phone No (Phone) +65-90252899 Alternative Phone No (Home) +65-90252899

#### 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? No - Claiming third party 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 Nο Policy Number 1900231741 Cover Note Number

#### DRIVER

Name of Driver **FOO SING LEONG**  NRIC No S1800420H Date Of Birth 06/08/1967 Occupation Indoor Date Of Driving Pass 19/01/2006 Driving experience 15 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-97537101 Alt. Phone Number Email Address ENCFOO67@GMAIL.COM Address BLK 707 TAMPINES ST 71 #14-90 Address complement Postcode 520707 Is the driver the policyholder? Nο 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 - Major/Minor Rd 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle 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? 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? Yes Was there any audio recorded? No

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

Vehicle Registration Number **SLR4244A** Vehicle Manufacturer Honda Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver CHAN HENG WAI Passport No/FIN S6932544E Contact Number (Phone) +65-98333880

Address	 	_
Address complement	 	_
Postcode		_
Insurance Company Name	 	_
Nature Of Damage		_
Details of property damaged in accident	 	_
No. Of Passenger (Including Driver)		_

SKETCH PLAN		
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DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
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DECLARATION  I/We declare the foregoing part	ciculars are true in every respect.	
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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)

Lunderstand, 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 the purpose of the pu
  - 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:
  - 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.

Date & Time:

Policyholder's Signature Date & Time: Driver Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

CACcident report SB0G21770004

#### **Accident Summary**

I am the driver of vehicle number SKT278A (Toyota Prius +). I met with an accident on 6th July 2021 at 3.35 p.m. (sunny day). I exited from the carpark of the mall (Tampines Century Square) and waited inside the yellow box to enter the desired lane. I am allowed to wait in the yellow box as there were cars that were waiting for the traffic light to turn green, and they prevented me from entering the desired lane.

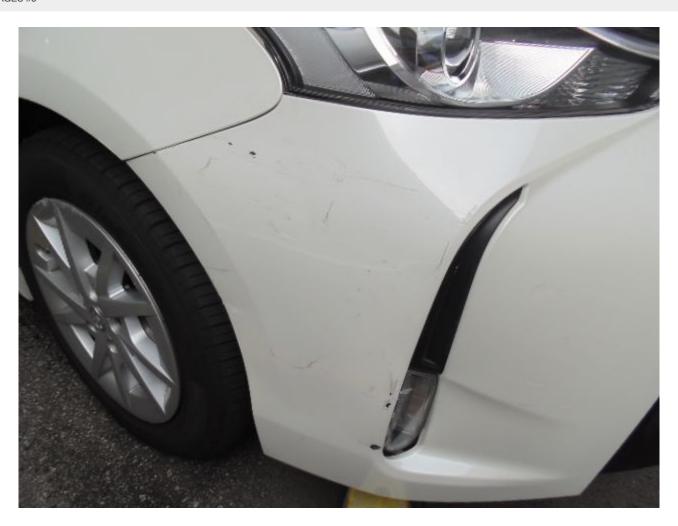
As I recall, on my right there was a Honda Shuttle bearing the vehicle number of SLR4244A that was driven by Mr. Chan Hong Wai (NRIC. S6932544E). He had initially stopped his car behind the yellow box. However, he suddenly accelerated his car before the traffic light turned green which caused his vehicle to collide into the front right side of my vehicle. Straight after the collision, he alighted from his vehicle. He apologized and admitted that he was at fault of the accident. He offered to settle the repair costs of my vehicle privately, but I rejected his offer. I informed him that I

will be making a report to the GIA Records Management Centre (GIARMC). Despite rejecting his offer, he still messaged me at 4.44 p.m. to persuade me and intimidate me into accepting his offer. In his text, he mentioned that he does not have the money to pay for the "excess" and indicated that since I am not willing to accept his offer, he will not make a report. He highlighted that both parties need to individually make a report to make a claim.

60 Sing Leong <1800+207

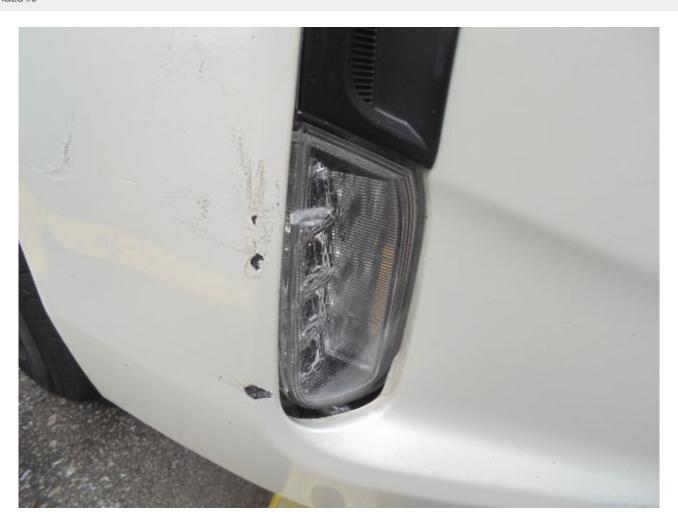




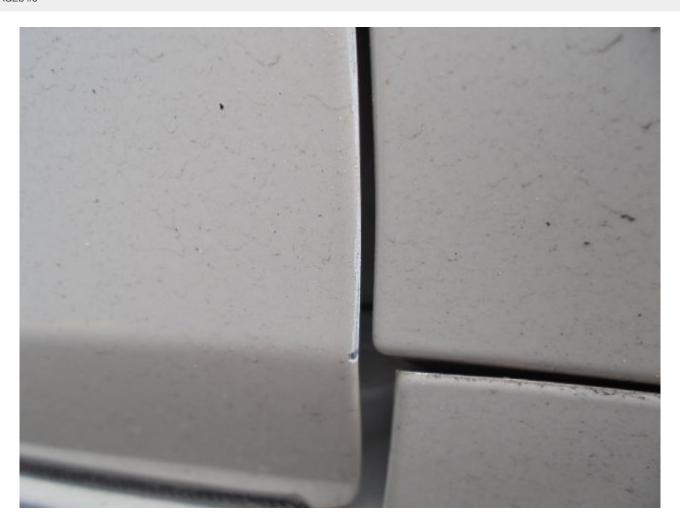


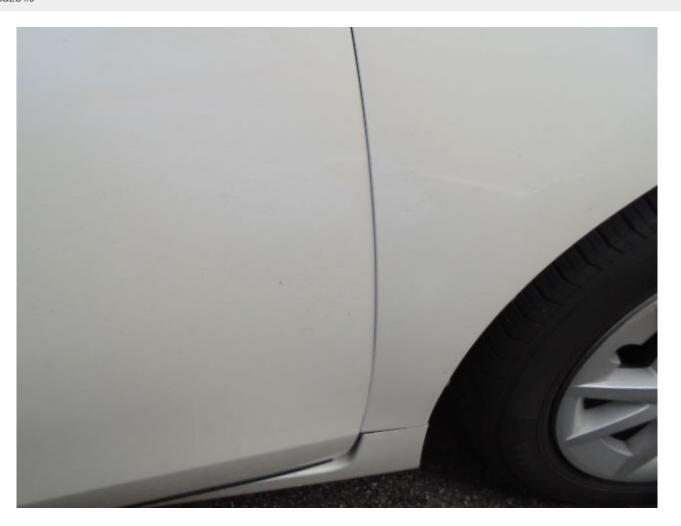


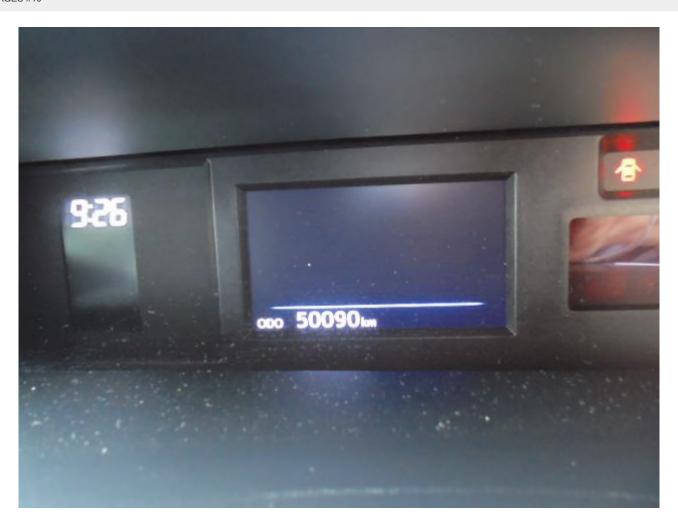
















## CERTIFICATE OF INSURANCE

#### TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LONG AI WEE

: 22 Oct 2019 To 21 Oct 2021 Period of Insurance

Engine No. : 2ZR0E72777

: JTDZS3EU60J050247 Chassis No.

Vehicle No. : SKT278E Policy No. : 1900231741

Endorsement No.

Issued Date : 23 Oct 2019

ABOUT THE COVER

Make/Model : TOYOTA PRIUS+ 1.8 HYBRID

Sum Insured : Market Value First Year of Registration : 2019 Engine Capacity/Tonnage : 1,798.00 CC 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

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Read Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

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)

FOO SING LEONG - \$1000 (Own Damage), \$1000 (Flood Cover)

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

Toyota Bodycare Centre (For accident repair & accident reporting). Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1168
 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 hotine 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

If 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).

INCHCAPE AUTO TOYOTA - BSTU027

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

70 Showen Wayning for Alexandering Shifts (20) process (4) in Cook province (4) op-

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE



### MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Foo Sing Loong
VEHICLE NUMBER	: 3KT 278E
DATE/TIME OF ACCIDENT	: 6/7/2021 / 3.35 pm
PLACE OF ACCIDENT	: Keller Box outside Tampines On tury square
THIRD PARTY VEHICLE (IF ANY)	: SLRYZUYA
*********	**********
WHERE DID YOU START YOUR DESTINATION BEFORE THE ACCIDENCE TOWN TOWNS THE ACCIDENCE TO ME	JOURNEY AND WHERE WAS THE INTENDED DENT? LOSSEMENT OF PORT OLD
	C DRINKS BEFORE YOU DRIVE ON THE DAY OF E TRAFFIC POLICE CONDUCT ANY BREATHE- WHAT IS THE RESULT?
WHAT IS THE TYPE OF COLLISIO TO ALL VEHICLES INVOLVED?  WHAT IS THE TYPE OF COLLISIO	N AND THE EXTENSIVENESS OF THE DAMAGES
WERE YOU OR YOUR PASSENGE WERE YOU TAKEN TO THE TRAFF	R/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?
Name: Foo Sing Long I Affirmed The Above Information Is Gi	iven To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000