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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.

 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 Date of Accident Exact Location of Accident Additional Location Information	17/08/2021 14:30 (SGT) 16/08/2021 20:30 (SGT) Paterson Hill, Singapore
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Mazda

Vehicle Registration Number	SMK8619B
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM HAN JEE
NRIC No	SXXXX163J
Email Address	phoashaun@gmail.com
Mobile Phone No	(Phone) +65-86885028
Alternative Phone No	+65-86885028

VEHICLE PARTICULARS

Manufacturer

	MUZUU
Model	2
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900092103-01
Cover Note Number	•

DRIVER

Name of Driver	SHAUN PHOA YI (PAN YI)
NRIC No	SXXXX516F

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	15/12/1998 Indoor 01/09/2018 2 YEARS AND 11 MONTHS Male (Phone) +65-86885028 - phoashaun@gmail.com 19 JALAN JINTAN #08-19 - 229012 No Child No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Cross Junction Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 Yes No Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/	20210817/7005
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes WITH TRAFFIC POLICE No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	-

Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
A al al a a a a	-
Address complement	12
Postcode	-
Insurance Company Name	12
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
No. Of Passenger (including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No	SHAUN PHOA YI (PAN YI) Male (Phone) +65-86885028
Address	11 <u>1</u>
Address Complement	:-
Post Code	6 <u>m</u>
Approximate Age Years Old	
Injuries Sustained	- CLICUT IN HIBY
Injured person in which webists?	SLIGHT INJURY
	SMK8619B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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. 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, agree and consent that :

- (a) My insurer, my w orkshop 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' law yers/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
- (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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Withessed by Reporting Centre Personnel

Sketch Plan

HOOT KIAM RD PATERSON MILL

A : SMK 8619B B : FY9403J

escribe Circu	Imstances of the Accident
	1. VEHICLE A, WAT TRAVELLING STRAIGHT IN MY LANE
	THE HAVELETTE A STEATED IN MY LANE
	FROM HOOT KIAM RD TOWARDS PATERION HILL. I PASS THEW
	16 HT
	THE STOP LINE WHEN THE TRAFFICALS GREEN AND AT IN MY
	FAVOUR. VEHICLE B, DASH OUT INTO MY LANE WHILE HE 15
	MAKING A RIGHT TURN FROM PATERION HILL TO GRANGERD.
	AFTER HE DASING OUT THE THE TENTH HE
	AFTER HE DASHED OUT INTO MY LANE, HE BANG ONTO
	THE FRONT LEFT PORTION OF MY VEHICLE.
	THE PERIOD OF MY VEHICLE.
	Police RAPORT (/20210817/7005
	

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Date of Accident	: 16 08 John Accident Time: 2030 Hes (24-HR-Format)
Accident Place	PATERTON HILL
Vehicle No. (Car Plate No.)	: SMK86198 Make/Model: MAZPA 2 HATCHBACK 1.5 AT
Insurance Company	: A14 Policy No: 1900092103 - 01
Owner or Company Name /IC No.	: LIM Han Jee (S1656163J)
Owner or Company Contact No.	: 8688 5028 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: SHAVN PHOA YI 59843516F
DRIVER'S Date Of Birth	: 15-12-1998 DRIVER'S License Pass Date_ 01'5E17'2018
Relationship of Owner & Driver	: Spouse\Parent\Children\Sibling\Employee\Others:
DRIVER'S Address	: 19 JALAN JINTAN #08-19 (5)229012
DRIVER'S Contact No./ Alt No.	:1) 8688 5018 2)
DRIVER'S Occupation : INDO	OR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: PHOASHAUN @ GMAIL. COM
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Report	rting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driv	ver):_0
Was there any video Captured by car of Exact purpose for which vehicle was b Any Injury (If YES, Pls state):	eing used at time of accident: Private use Work Purpose
Other Par	y Driver's Particular (if any)
Vehicle. No: FY9403J	Vehicle. No:
Vehicle Make \Model:	Vehicle Make \Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

NEW – Passenger's name & gender:





1 of 3

Report No. T/20210817/7005

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time 17/08/2021		ide:	Vide Report No.: E/20210816/0136	Station Diary No.:
Informant's	s Particul	ars	TO BE THE THE TANK OF SAME OF	
Name of In			Address: 19 JALAN JINTAN #08-19 SIN	IGAPORE 229012
ID Type / II NRIC NO /		3F	Contact No.: Home/Office:	Mobile: 86885028
Nationality:		.N	Email: PHOASHAUN@GMAIL.COM	
Sex: Age: Date of Birth: Male 22 15/12/1998			Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 3A	Date of Expiry:

Seneral Inform	mation of the Accident	Additional constitutions		
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/08/2021 20:00	Type of Location X-Junction
Location:				
GRANGE RO)AD			
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collis Between Mov	sion: ving Vehicles - Head To S	iide		Anyone conveyed by ambulance: Yes

1000	ehicle Involve				0	No of
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FY9403J	Motorcycle					0
SMK8619B	Car					0

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





2 of 3

Report No. T/20210817/7005

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

CONTINUATION OF REPORT

Rider	(4) ** (Page 10) ** (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			F115	
Name	Unknown Rider		ID No.		NIL
Related Vehicle	FY9403J (Motorcycle)			ct No.	NIL
Hospital/Clinic	NIL		Class Driving Licend Expiry	e &	Class: NIL Date of Expiry: NIL
Date	NIL	Date		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	of	Sligh	
Driver		AND THE OWNER OF THE PARTY OF		magi ¹ (P)	
Name	SHAUN PHOA YI		ID No		S9843516F
Related Vehicle	SMK8619B (Car)		Contact No.		86885028
Hospital/Clinic	NIL		Class of Driving Licence & Expiry		Class: 3A Date of Expiry: NIL
Date	NIL	Date		NIL	
No. of Days gran	ited Medical Leave NIL	Degree	of	NIL	

Brief Details.

I was driving straight along Hoot Kiam road northward towards Paterson Hill.

At the X junction between Paterson Hill and Grange Road, i passed the stop line going straight while the traffic light was green. A motorbike from Paterson Hill on the other side made a right turn towards Grange road when the road was not clear and he did not have a green arrow to turn right, and he lost control of his vehicle and his left side hit my vehicle. I tried my best to jam break when I noticed his vehicle appear suddenly. I was fully alert and I had the right of way.

This happened in the middle of the X junction. I have submitted the SD card of my dashcam footage to the traffic policeman.





3 of 3

Report No. T/20210817/7005

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

CONTINUATION OF REPORT

Sketch P	lan

Authentication Stamp

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/08/2021 11:07
Officer In Charge Of Case: TP / TPIB / GOH WEI LI Contact No.: 65476394	Classification Of Case:



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Lim Han Jee

Period of Insurance

: 26 Apr 2021 To 25 Apr 2022

Engine No.

: P520593475

Chassis No.

: JM6DJ2HAA01300311

Vehicle No.

: SMK8619B : 1900092103-01

Policy No. Endorsement No.

: 000000000389184

Issued Date

: 05 Apr 2021

ABOUT THE COVER

Make/Model

: MAZDA 2 1.5 SKYACTIV

Engine Capacity/Tonnage: 1,496.00 CC

Sum Insured: Market Value

First Year of Registration : 2019

Insuring with COE/PARF : Yes

Driver Restriction

: NA

Off Peak Car : No

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 Optional

* 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)

Lim Han Jee - \$600 (Own Damage), \$600 (Flood Cover)

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

1.Trans Eurokars Pte Ltd Add: 27A Tanjong Penjuru, Singapore 609042 63310608

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: HONG LEONG FINANCE 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).

0503599190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPCSI

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	163J
Vehicle No.:	SMK8619B
Vehicle to be Exported:	No
ntended Deregistration Date:	31 Aug 2021
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA2 HATCHBACK 1.5 AT DELUXE 2WD
Primary Colour:	Red
Manufacturing Year:	2019
Engine No.:	P520593475
Chassis No.:	JM6DJ2HAA01300311
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$17,393.00
Original Registration Date:	26 Apr 2019
First Registration Date:	26 Apr 2019
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$17,393.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Apr 2029
PARF Rebate Amount: Intended COE Rebate Details	\$13,044.00
COE Expiry Date:	25 Apr 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$29,159.00
COE Rebate Amount:	\$22,314.00
Total Rebate Amount:	\$35,358.00

The information contained herein is correct as at 17 Aug 2021



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: __SNO Vehicle Registration No: ___ NRIC/FIN/Passport No: _ Name (as shown in NRIC): (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Singapore (Address: ___ Contact (Tel):______ Mobile No.:_ Email Address: _ Time of Accident: 20130 Date of Accident; _ Place of Accident: Insurance Company: (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name:

Date: