

## 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 ..... 20/09/2021 11:07 (SGT)  
Date of Accident ..... 27/08/2021 16:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... UPP BUKIT TIMAH ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ637L

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GOOD DAY SERVICES  
Company Reg No ..... 53384462B  
Email Address ..... LAI98457882@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98457882  
Alternative Phone No ..... (Home) +65-98457882

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 3000

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1900251425  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... LIM AH LAI  
NRIC No ..... S1581678C

|  |                                |
|--|--------------------------------|
| Date Of Birth .....  | 26/06/1963                     |
| Occupation .....   | Indoor                         |
| Date Of Driving Pass .....   | 12/04/1984                     |
| Driving experience .....   | 37 YEARS AND 4 MONTHS          |
| Gender .....   | Male                           |
| Mobile Number .....  | (Phone) +65-98457882           |
| Alt. Phone Number .....  | -                              |
| Email Address .....  | LA198457882@GMAIL.COM          |
| Address .....  | BLK 928 TAMPINES ST 91 #02-431 |
| Address complement .....   | -                              |
| Postcode .....   | 520928                         |
| Is the driver the policyholder? .....                              | No                             |
| If No, Relationship of the Driver with the Insured .....           | Employee                       |
| 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 vehicle 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 .....   | MS YEN |
| 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 SKETCH PLAN AND STATEMENT.

#### ATTACHMENT(S)

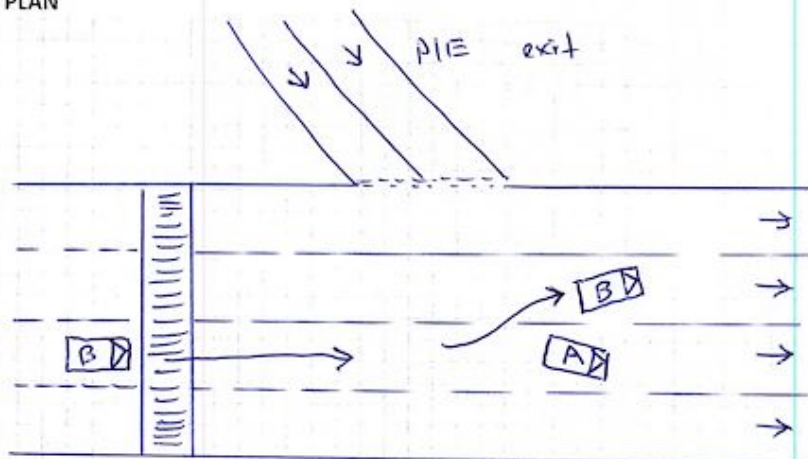
|   |    |
|---|----|
| Are accident photos available for attachment? ..... | No |
| Was there any video captured by Car Camera? .....   | No |
| Was there any audio recorded? .....                 | No |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |             |
|-----------------------------------|-------------|
| Vehicle Registration Number ..... | SKB88G      |
| Vehicle Manufacturer .....        | -           |
| Vehicle Model .....               | -           |
| Vehicle Variant .....             | -           |
| Vehicle Colour .....              | -           |
| Vehicle Category .....            | Private car |

|   |   |
|---|---|
| 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 PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car turn into Upp Bukit Timah after exit from PIE. Car B speed up in high speed after traffic light turn green. Car B drive very fast and cut left side to overtake my car. I apologise to him at the next traffic light and after that drive off from there. Both car NO any contact at the moment.

DECLARATION

I/We declare the above details 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**

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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 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:

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

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























# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

**Name of Policyholder** : GOOD DAY SERVICES  
**Period of Insurance** : 13 Dec 2020 To 12 Dec 2021  
**Engine No.** : 1KD2831067  
**Chassis No.** : JTFHT02P100246261

**Vehicle No.** : GBJ637L  
**Policy No.** : 1900251425-01  
**Endorsement No.** :  
**Issued Date** : 07 Dec 2020

### ABOUT THE COVER

**Make/Model** : TOYOTA HIACE 1.1 ton [Van]  
**Engine Capacity/Tonnage** : 1.1 Tonnage  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2018  
**Insuring with COE/PAF** : Yes

**Person or Classes of Persons Entitled to Drive\*** :  
 a) Any person who is driving on the Policyholder's order or with their permission.  
 b) 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  
**Limitation as to use\*** :

1) Use in connection with the Policyholder's business.  
 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.  
 3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle c) use for any purpose in connection with Motor Trade.

\* 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 - \$0

**Section 2**  
 Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
 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](http://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:** HENLY ENTERPRISES CO 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).

0504259000  
 HENLY ENTERPRISES CO PTE LTD  
 18 UBI ROAD 4 #02-07 UBI CAR MALL  
 SINGAPORE 408616  
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
 This computer generated document does not require a signature.

Henly Enterprises Co Pte Ltd.

78 Shenton Way #09-16 AIG Building S079120 | T:65 6419 3000 | [www.aig.sg](http://www.aig.sg)

AIG Asia Pacific Insurance Pte. Ltd.





AIG Asia Pacific Insurance Pte.  
Ltd.  
AIG Building, 78 Shenton Way  
#09-16  
Singapore 079120  
T: (65) 6419 3000  
www.aig.sg

Your Ref :GBJ637L  
Our Ref : 8703476715SG-003

Date : 06 September 2021

GOOD DAY SERVICES  
928 TAMPINES STREET 91 02-431  
SINGAPORE 520928

WITHOUT PREJUDICE

Dear Sir/Madam,

**ACCIDENT INVOLVING GBJ637L AND SKB88G ON 27 August 2021 ALONG UPPER  
BUKIT TIMAH ROAD**

We refer to the above matter.

We would like to inform you that we have received a claim from third party involved in the above auto accident.

Our record shows that you have not reported the accident to us. We would appreciate it if you could urgently file a report at our approved reporting centre.

You should also IMMEDIATELY forward us by hand any letters or Courts Summons received from the other party involved in the accident. You should not negotiate, admit liability or offer payment to them.

We would like to bring to your attention that under Policy Condition 5A, we shall have full discretion in the process and settlement of the said third party claim.

Your NCD (No Claim Discount) will be reduced by 30%(20% for motorcycle/commercial vehicles) if a claim is made under your policy.

To enable us to look into the matter immediately, please let us hear from you within seven (7) days from date of this letter. In accordance with the policy conditions, we reserve the right to repudiate the said claim to you should you not give proper notice to us of any occurrence which may give rise to it.

Kindly contact our Call Centre at (65) 6419-3000 if you have any further enquiries.

Yours faithfully,

**Claims Department**

AIG Asia Pacific Insurance Pte. Ltd.

*This is computer generated document, no signature is required.*



AIG Asia Pacific Insurance Pte. Ltd  
AIG Building  
78 Shenton Way  
#07-16

### MOTOR ACCIDENT INTERVIEW FORM

NAME : Lim Ah Lai  
VEHICLE NUMBER : GRJ 637 L  
DATE/ TIME OF ACCIDENT : 27.8.21 @ 4.30pm  
PLACE OF ACCIDENT : Upp Bukit Timah Rd.  
THIRD PARTY VEHICLE (IF ANY) : SKR 886

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

From Jooj to home.

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 WAS THE RESULTS?

No.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Side Squee Same Direction

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

No.

[Signature]  
NAME:



I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE