

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 15/09/2021 16:04 (SGT)
Date of Accident 15/09/2021 12:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information CHOA CHU KANG WAY EXIT KJE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML9077C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SMJ FURNISHINGS (S) PTE LTD
Company Reg No 198800466G
Email Address ROSIELEE@SMJF.COM.SG
Mobile Phone No (Phone) +65-62611212
Alternative Phone No (Home) +65-62611212

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900107883
Cover Note Number -

DRIVER

Name of Driver ROCHELLE INOCENCIO SERRANO
NRIC No S7979118J

Date Of Birth	18/08/1979
Occupation	Outdoor
Date Of Driving Pass	26/07/2007
Driving experience	14 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91000174
Alt. Phone Number	-
Email Address	ROCHELLE@SMJF.COM.SG
Address	61 CHOA CHU KANG LOOP #05-01
Address complement	-
Postcode	689668
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 - Head to Rear
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)	1
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?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC2730Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YONG GIAN SHENG
NRIC No	S7834039H
Contact Number	(Phone) +65-97864302
Address	10 SPRING SIDE WALK

Address complement	-
Postcode	786469
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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

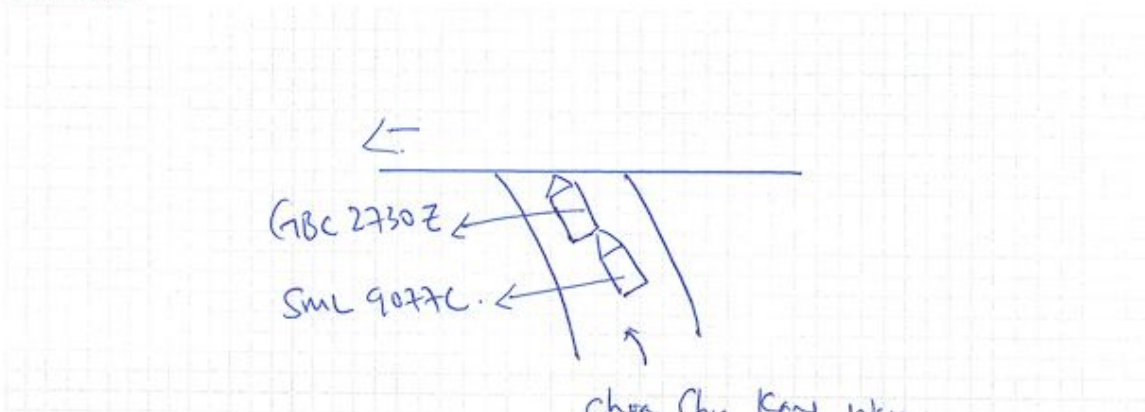
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


I AM EXITING THE MINOR ROAD CHOA CHU KANG WAY TO KITE. ^{OUT}
 IN BEHIND THE BLUE Lorry AND I THOUGHT HE ALREADY MOVED AND
 EXIT. ~~(WHEN I PRESS)~~
 I CHECKED MY RIGHT SIDE TO CHECK THE COMING TRAFFIC BEFORE
 EXITING WHEN I PRESS MY ACCELERATOR THE Lorry IS STILL IN
 FRONT. & I HIT HIS BEHIND.

Declaration

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
 MONTELE MICHAEL SPERAND 15/09/21

Witnessed by Reporting Centre Personnel






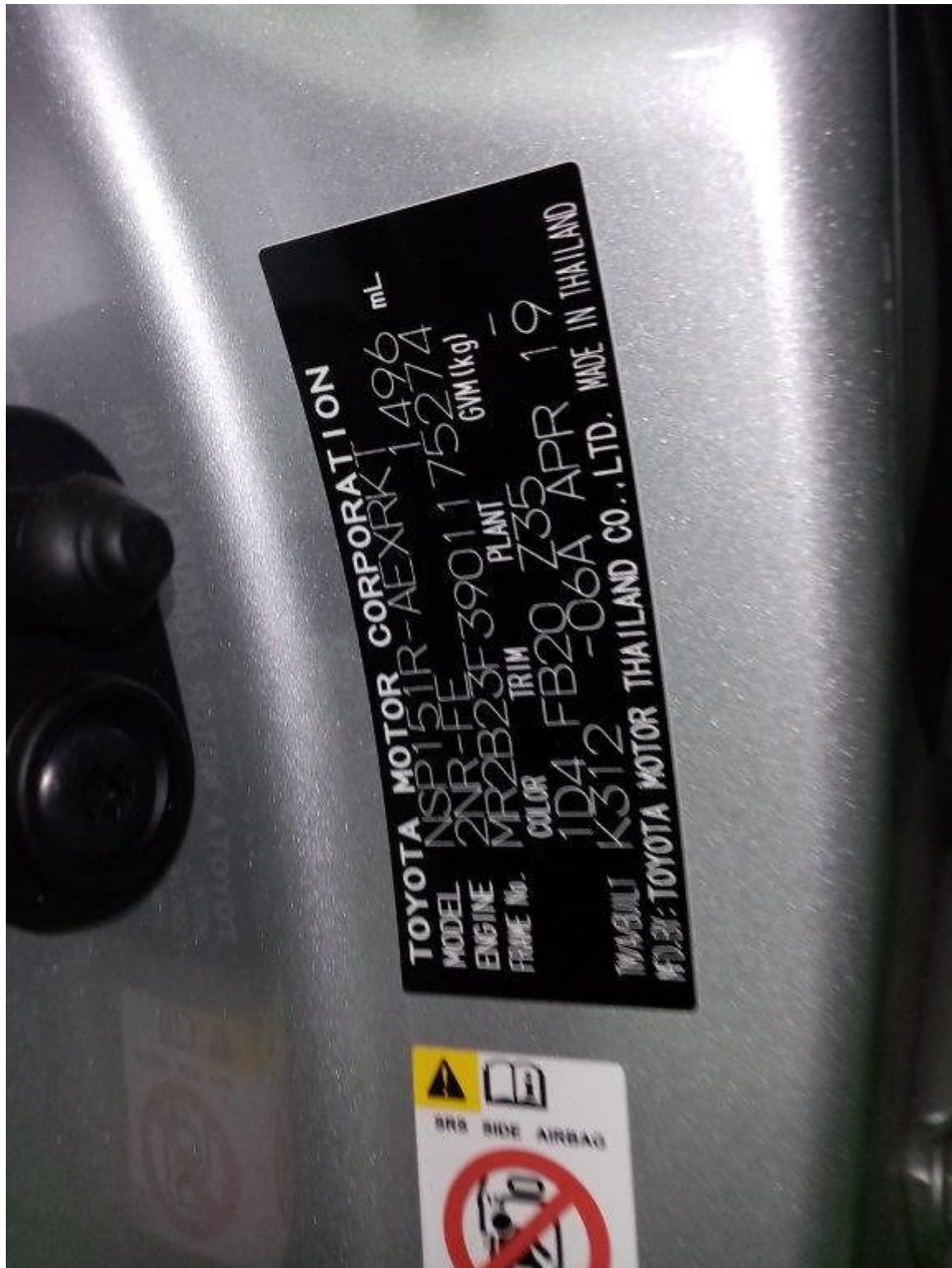






















AUTHORIZATION LETTER

Date: 15/9/2021

To: AIH Asia Pacific

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) SMJ Furnishings (S) Pte Ltd NRIC No. 198800466G.

hereby authorized my/our (relationship) Sales (full name)

Rochelle Inocencio Serrano NRIC No. S7979118J 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 SMC 9077C. 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.

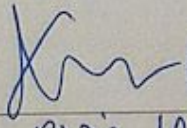

Thank You

Yours truly,

Signature :

Name :

Contact No :



Rochelle Inocencio Serrano
98167786

AIG		CERTIFICATE OF INSURANCE	
TOYOTA AUTO PROTECTOR PRIVATE VEHICLE			
Name of Policyholder	: SMJ Furnishings (S) Pte Ltd	Vehicle No.	: SML9077C
Period of Insurance	: 11 Jun 2021 To 10 Jun 2022	Policy No.	: 1900107883-01
Engine No.	: 2NRX437854	Endorsement No.	:
Chassis No.	: MR2B23F3901175274	Issued Date	: 18 May 2021
ABOUT THE COVER			
Make/Model	: TOYOTA VIOS 1.5	Sum Insured	: Market Value
Engine Capacity/Tonnage	: 1,496.00 CC	First Year of Registration	: 2019
Driver Restriction	: NA	Off Peak Car	: No
Person or Classes of Persons Entitled to Drive*	Insuring with COE/PAFF : Yes		
<p>Any person who is driving on the Policyholder's order or with their permission. This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.</p> <p>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.</p>			
Age Condition	: All Age Condition	Mileage Condition	: Unlimited Mileage
Limitation as to use*	<p>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.</p>		
<p>Loss of Use 1500cc - 1600cc</p> <p>* 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.</p>			
EXCESS			
<p>Section 1</p> <p>Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600</p>			
<p>Section 2</p> <p>Property Damage - \$0</p>			
<p>Windscreen : \$100</p>			
<p>Named Driver and Excess (where applicable)</p>			
APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)			
<p>1. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188</p> <p>2. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688</p> <p>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.</p>			
IMPORTANT NOTES			
<p>Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD</p>			
<p>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).</p>			
<p>0504667231</p> <p>INCHCAPE AUTO TOYOTA - BSTL073</p> <p>33 LENG KEE ROAD</p> <p>SINGAPORE 159102</p> <p>Underwritten by AIG Asia Pacific Insurance Pte. Ltd.</p>		<p>AIG Asia Pacific Insurance Pte. Ltd.</p> <p>This computer generated document does not require a signature.</p>	
<p>76 Shenton Way #05-16 AIG Building S079100 (T: +65 6419 3000) www.aig.sg</p>		<p>AIG Asia Pacific Insurance Pte. Ltd.</p>	



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : ROQUELLE INOCENCIO SEPRAÑO

VEHICLE NUMBER : SML 9077 C

DATE/TIME OF ACCIDENT : 15/9/2021 12.30 noon

PLACE OF ACCIDENT : CHOA CHU KANG WAY

THIRD PARTY VEHICLE (IF ANY) : GBC 2730 Z

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

CHOA CHU KANG LOOP TO OFFICE @ JUKONG PORT ROAD

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?

FRONT DAMAGE FOR MY CAR (FRONT LIGHTS)
REAR FOR THE OTHER VEHICLE

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

NO

ROQUELLE INOCENCIO SEPRAÑO
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