

# 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 .....	24/09/2021 17:05 (SGT)
Date of Accident .....	23/09/2021 14:45 (SGT)
Exact Location of Accident .....	Clementi Ave 6, Singapore
Additional Location Information .....	Before junction of Commonwealth West & Clementi Ave 6
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJE7268D
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Su Hong Wan
NRIC No .....	S0232430Z
Email Address .....	su hongzee@gmail.com
Mobile Phone No .....	(Phone) +65-91209052
Alternative Phone No .....	+65-90305824

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Vios
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1497

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	2100075932-13
Cover Note Number .....	-

### DRIVER

Name of Driver .....	Su Hong Zee
NRIC No .....	S0083250B

Date Of Birth .....	07/03/1941
Occupation .....	Indoor
Date Of Driving Pass .....	28/04/1961
Driving experience .....	60 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90305824
Alt. Phone Number .....	-
Email Address .....	suhongzee@gmail.com
Address .....	67 Faber Drive
Address complement .....	-
Postcode .....	129389
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Sibling
Does Driver Own Other Vehicles? .....	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver .....	SDX1935Y
Insurance Company of Other Vehicle Owned by Driver .....	AIG Asia Pacific Insurance Pte. Ltd.

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
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? .....	Yes

#### PASSENGER 1

Name .....	Chin Kok Lin
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 the sketch plan.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBH977R
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	Chang Chee How David
NRIC No .....	S8729162F
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

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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, 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' 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 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' 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 & Time

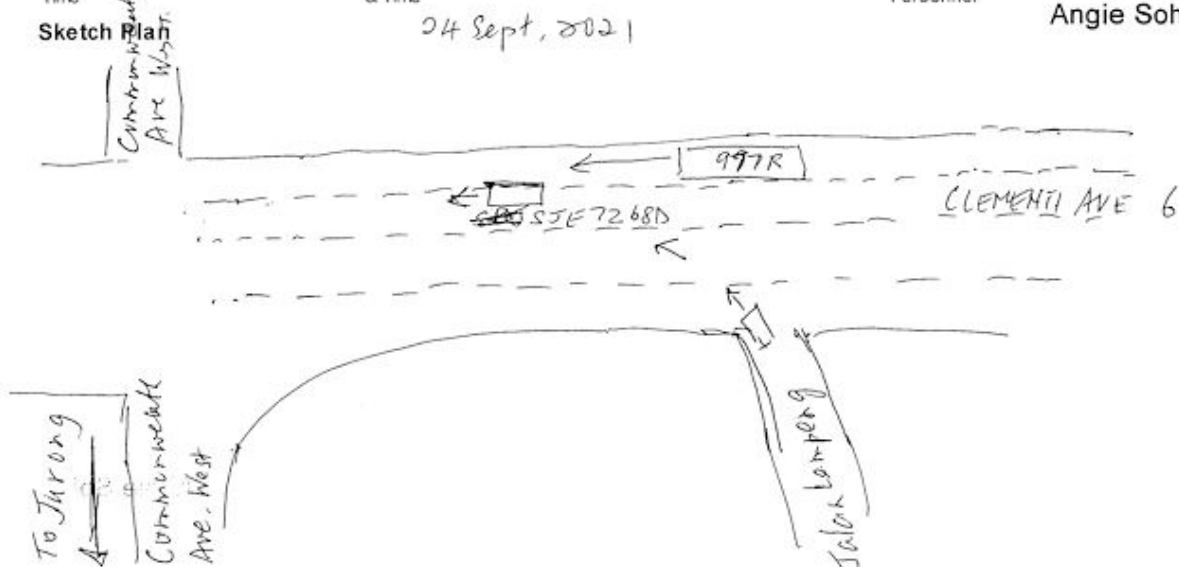
Sketch Plan

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

24 Sept, 2021

Witnessed by Reporting Centre Personnel

Angie Soh



**Describe Circumstances of the Accident**

On 23 Sep 2021 at about 2:45pm. I exited from Jalan Loryery to join Clementi Avenue 6. Having made sure that all was clear on my right I joined Clementi Ave 6 and carefully eased on to the right lane.

Suddenly a Van came very fast on my right side and knocked my car on the right front side. My ~~bumper~~ was as the vehicle impacted me from behind & side - my ~~front~~ front bumper was forced forward.

There was no injuries sustained by me or the driver of the other vehicle. He came out and we took each others particular - NRIC, Driving licence.

The other Vehicle No is GBH977R (Nissan)

" Driver is Chang Chee Hw, David  
NRIC S8729162F

The weather was Sunny and dry

A Man driving a Honda car came by after several minutes to offer assistance regarding repairs and ~~assist~~ insurance. I told him that I did not require his services. He made me sign a copy of the accident detail form and the other party as well.

I have a ~~strong~~ suspicion that this accident may be staged as I was knocked from behind.

202 Sept 21

**Declaration**

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

Sun Hong Zee  
1428

Policyholder's Signature / Date & Time

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

24 Sept 2021

  
Witnessed by Reporting Centre Personnel  
Angie Soh

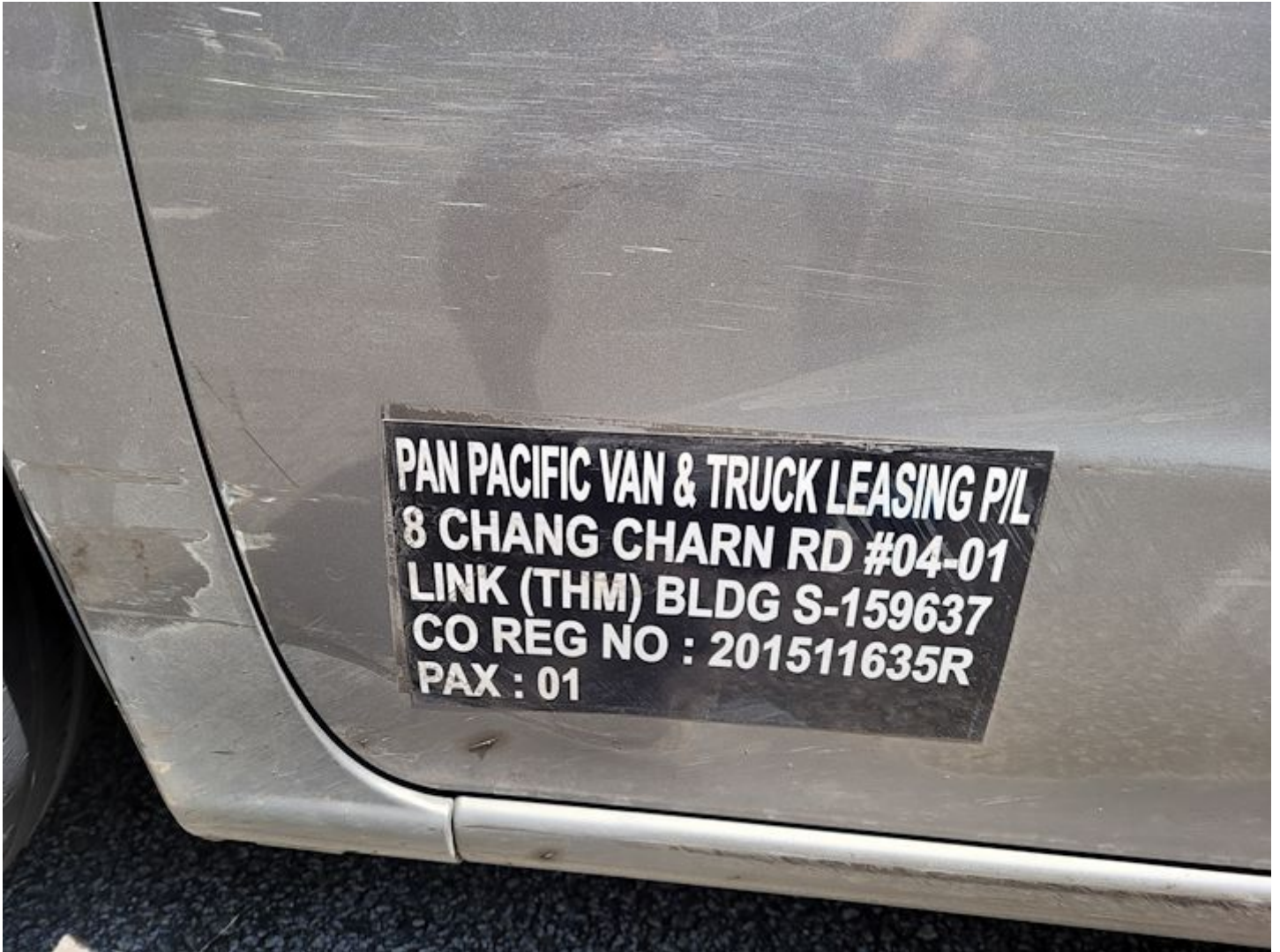
















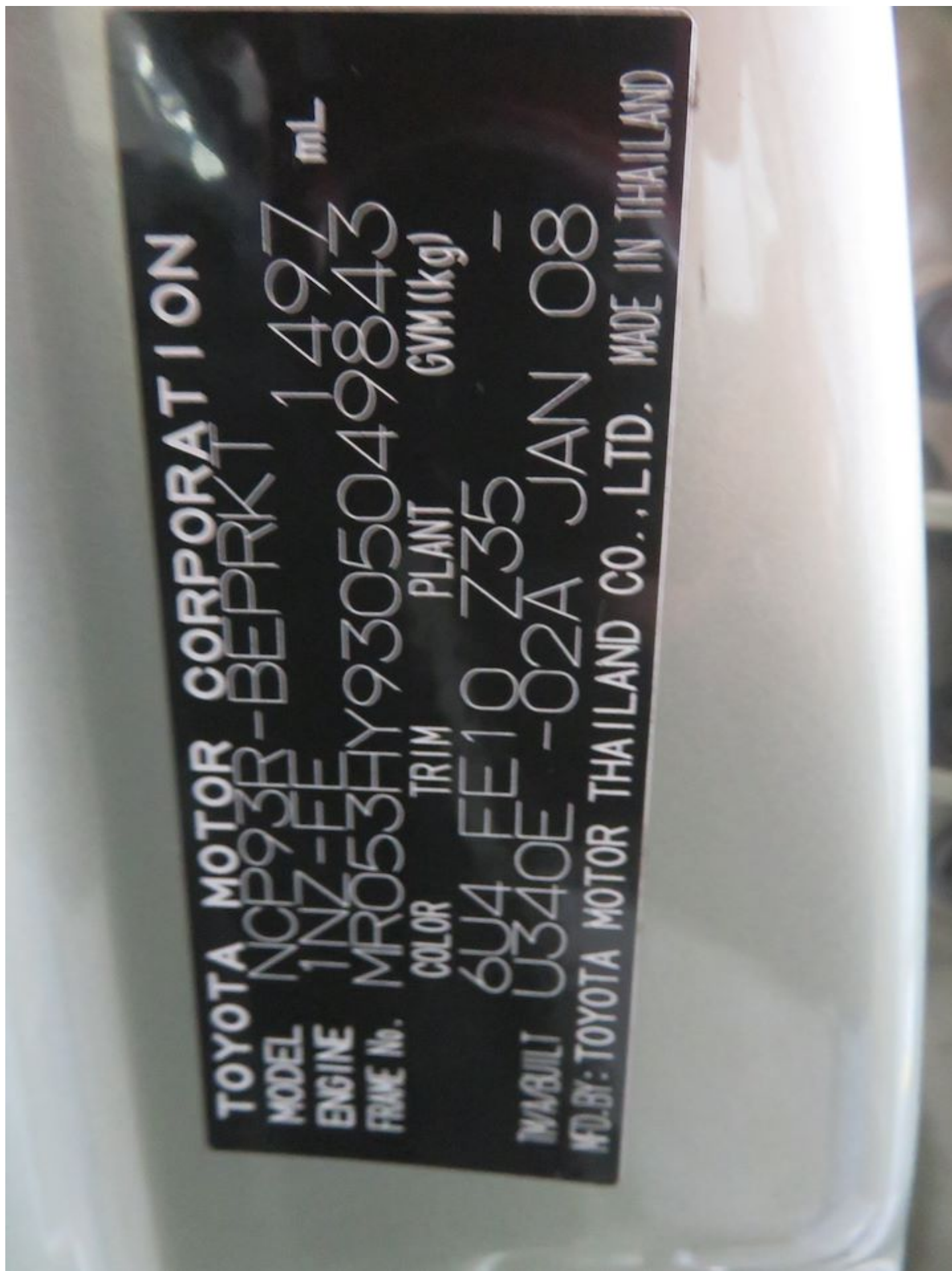














# CERTIFICATE OF INSURANCE

## AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Su Hong Wan  
 Period of Insurance : 06 May 2021 To 05 May 2022  
 Engine No. : 1NZX692783  
 Chassis No. : MR053HY9305049843

Vehicle No. : SJE7268D  
 Policy No. : 2100075932-13  
 Endorsement No. :  
 Issued Date : 12 Apr 2021

### ABOUT THE COVER

Make/Model : TOYOTA VIOS  
 Engine Capacity/Tonnage : 1,497.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2008  
 Insuring with COE/PAFF : Yes

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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above  
 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 - \$3100 Theft - \$0 Flood Cover - \$3100

Section 2  
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Su Hong Wan - \$3100 (Own Damage), \$3100 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)  
 Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).  
 For 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: NA

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).

0692106000

WONG YONG SENG MICHAEL

371 ALEXANDRA ROAD #06-02 AIA ALEXANDRA  
 SINGAPORE 159963 SP-TANKENGLU-PG

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.




This computer generated document does not require a signature.

YONG SENG MICHAEL WONG


2.45 PM

### ACCIDENT DETAIL FORM

Fill out this form at the scene of the accident if you or the other party is making an insurance claim.

Details of Accident	
Date: 23/09/21	Time: 1500HRS
Exact Location: CLEMENTI AVE 6	
Vehicle Details	
Vehicle A	
Car Plate: 4BH 977R	Contact Number: 9702 7406
Name: DAVID CHANG HEE HON	NRIC/Passport: S8729126
Insurance Company:	Signature: 
Vehicle B	
Car Plate: 5JE7268D	Contact Number: 90505824
Name: Mr SU	NRIC/Passport: 5008325013
Insurance Company: AIG	Signature: 
Vehicle C (Fill up if applicable)	
Car Plate:	Contact Number:
Name:	NRIC/Passport:
Insurance Company:	Signature:
Witness Details (if applicable)	
Name / Contact Number:	
Photo Checklist	
<input type="checkbox"/>	Road intersection and direction of traffic
<input type="checkbox"/>	Damages of all vehicles capturing carplate number
<input type="checkbox"/>	All drivers' NRIC
<input type="checkbox"/>	Surrounding areas of the accident
Others	
Remarks: Draw a sketch of the accident when impact occurred at the back of this form.	
	

Each driver to keep a copy.  
 \*This is not an admission of blame/liability, but a summary of identities and facts.


**PAN PACIFIC**  
 VAN & TRUCK LEASING  
 LEASING REDEFINED