SB0G21C30005 / Borneo Motors Pte Ltd ENTRY DATE & TIME: 03/12/2021 17:49 (SGT) SUBMITTED BY: Ashlyn Chng VERSION: 1 (03/12/2021 17:49 (SGT))

# **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.

- 4. The issue and acceptance of this is form by instrained 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 03/12/2021 17:49 (SGT) Date of Accident 25/10/2021 13:55 (SGT) Exact Location of Accident Singapore Additional Location Information **TOA PAYOH LORONG 1** Country/State of Loss Singapore

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

Vehicle Registration Number SJS47Y

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **NGIAM AH YIN** NRIC No. S0015034G Email Address ngiamahyin@gmail.com Mobile Phone No (Phone) +65-96659906 Alternative Phone No (Home) +65-96659906

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Camry 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 Private car Transmission Auto CC 2000

#### **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2100153923-12 Cover Note Number

### DRIVER

Name of Driver **NGIAM AH YIN** NRIC No. S0015034G

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	19/05/1948 Indoor 02/05/1973 48 YEARS AND 5 MONTHS Male (Phone) +65-96659906 (Home) +65-96659906 ngiamahyin@gmail.com 47 PASIR PANJANG DRIVE - 118934 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe 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 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEME	ENT.
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SJU2096U Hyundai

Private car

Address complement	
C Accident report	SB0G21C30005

Address

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

Postcode	_
nsurance Company Name	_
lature Of Damage	_
Details of property damaged in accident	_
lo. Of Passenger (Including Driver)	_

1 6 -

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 5. 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 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 &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SJu 20964 ( ) SJS474

Describe Circumstances of the Accident

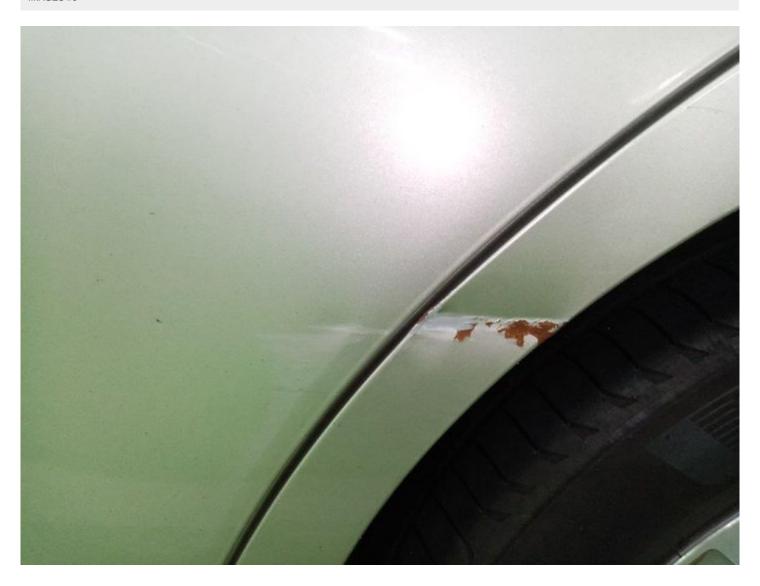
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upon instruction.	from LKK Anto Consultant ptiont.	Ud, I hereby make
the following rep	ont.	· · · · · · · · · · · · · · · · · · ·
25/10/10 B 125	Characteristics and a	
13/10/21 G 13.3	5 pm. I was driving my Can g for CHIT. As I was over I I heard a Knocking Sound, Conlacted the other Car-	- SJS4TY Rlong Toa
payon Lg 1 head (in	g for CHIS. HS ) was over	teking a Can (5 Judo 964)
from its sight our	I heard a Knocking sound	from Coff side of my Car
Ro71 760 dayles 1	STudo 96 er and I slopped in so, but both of us contain the size of a 50% Courself was and side of the	Indle walled
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Declaration		
I/We declare the foregoing particular	s are true in every respect.	
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Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

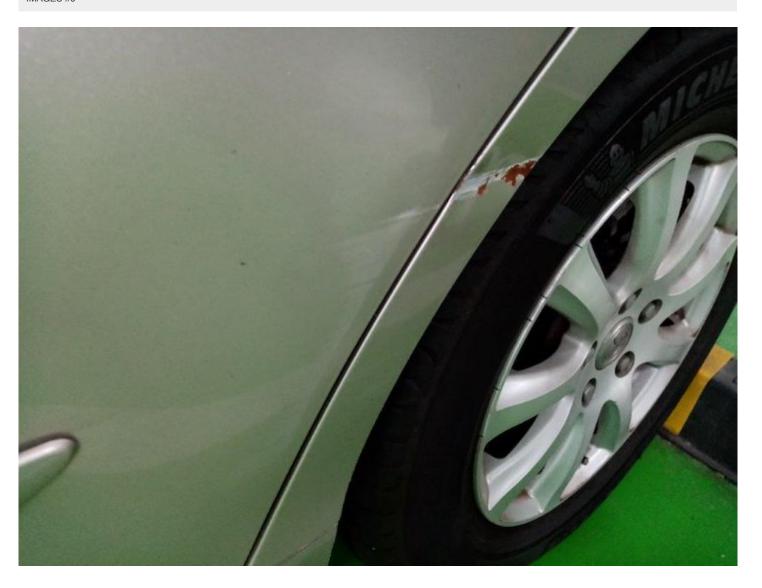






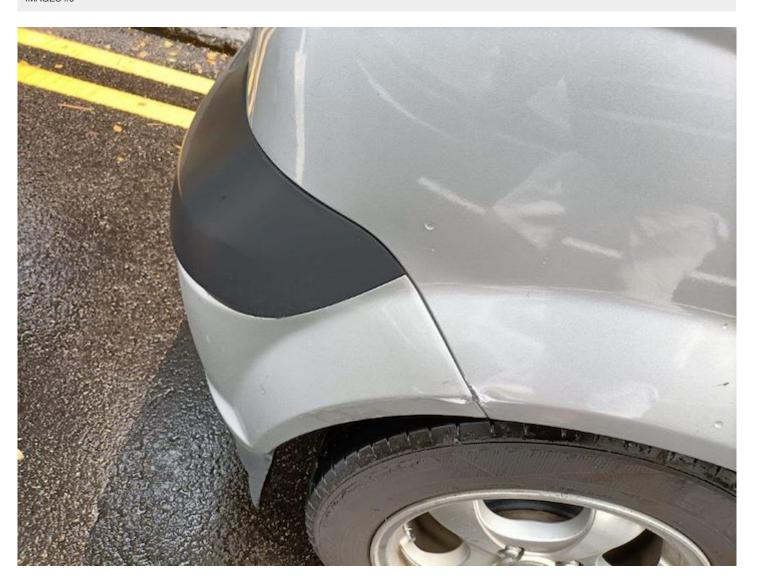
















51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL; (065) 62563561 FAX; (065) 62564315

Our Ref: CC4/AIG21011199/ps3

30 Nov 2021

By Registered Mail (First Reminder)

Ngiam Ah Yin 47 Pasir Panjang Drive Singapore 118934

Dear Sir,

#### ACCIDENT INVOLVING SJS47Y(AIG) AND SJU2096G ON 25/10/2021 @13:55HRS ALONG/ AT LOR 1 TOA PAYOH

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd to settle a THIRD-PARTY claim against you for an accidentwhich happened on the above-mentioned date and location.

Our record shows that to date, you/your driver have not reported the accident to us. We would appreciate it if you could urgently file a report at any of AIG reporting centre. You may refer to your Certificate of Insurance for the list of the reporting centre.

Please note that you had been notified by us via mail by post from our office on 11 Nov 2021.

Please report the accident within fourteen (14) days from date of this letter (by 14 Dec 2021) for us/AIG to look into the matter as soon as possible.

Please be reminded that in accordance with the terms and conditions under your policy, failureof compliance, our principal M/s AIG Asia Pacific Insurance Pte Ltd reserves the right to repudiate liability.

If you need further assistance or clarifications, please contact the undersigned.

Yours faithfully,

CHEW HSIAO TONG Case Handler DID: 6742 3197 FAX: 6741 4108

Email: chewht@lkkauto.com

c.c. AIG Asia Pacific Insurance Pte Ltd (Motor Claims Dept)



## CERTIFICATE OF INSURANCE

## **AUTOPLAN PRIVATE VEHICLE**

Name of Policyholder : Ngiam Ah Yin Period of Insurance : 27 Jul 2021 To 26 Jul 2022

: 1AZE139766 Engine No.

Chassis No. : MR053BK4107046609 Vehicle No. : SJS47Y Policy No.

: 2100153923-12 Endorsement No.

Issued Date : 09 Jul 2021

ABOUT THE COVER

Make/Model : TOYOTA CAMRY 2.0

Engine Capacity/Tonnage : 1,998.00 CC First Year of Registration : 2009 Sum Insured : Market Value Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF Yes

Person or Classes of Persons Entitled to Drive\*:

to the independent who is driving on the Policyholder's order or with his her pentilesion.
This Policy will indemnify the Policyholder or any authorised driver only if he she meets the specified age condition.

Too 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 expensions.

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 him or reward, driving tuition, driving test, racing, pace-making, reliability that or speed testing, the carriage of goods other than samples in connection with any trace 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 Raiks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and 1987

Section 1 Fire - \$0 Own Damage - \$1100 Theft - \$0 Flood Cover - \$1100

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Noism Ah Yin - \$1100 (Own Damage), \$1100 (Flood Cover)

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

Approved Reporting Centreal AIO Authorised Repairers (For claims related repairs)
Any accident repairs to the Vehicle can be carried out at the repairs of Your choice (unless specifically excluded by Us)
For Approved Reporting CentrealAIG Authorised Repairers, please contact our 24-hour accident emergency totalne at +65-6386 6200. Alternatively, you may refer to AIG website www.aig sg or AIG SG Mabble Age; Semply search and download "AIG SG" from Trunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

Whe 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. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030210118

AIG - AUTO DIRECT

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Accident report SB0G21C30005