

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	26/10/2021 14:26 (SGT)
Date of Accident	26/10/2021 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	At AYE Clementi Avenue 6 Exit 11(towards Tuas)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS4370A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Yeo Lay See
NRIC No	S1284958C
Email Address	NOEMAIL@AIG.COM
Mobile Phone No	(Phone) +65-96485745
Alternative Phone No	+65-96471924

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	3 1.5 SKYACTIV
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	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100409159-06
Cover Note Number	-

DRIVER

Name of Driver	Yeo Lay See
NRIC No	S1284958C

Date Of Birth	22/10/1958
Occupation	Indoor
Date Of Driving Pass	19/11/1984
Driving experience	36 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96485745
Alt. Phone Number	+65-96471924
Email Address	NOEMAIL@AIG.COM
Address	12 Holland Avenue
Address complement	#12-25
Postcode	272012
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Emmaus Tan
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

At about 10 a.m. on Oct 26 2021

I was going to exit at the AYE Clementi Avenue 6 Exit 11 (heading towards Tuas). This is a two-lane exit. I was on the inner lane and the third party was behind me on the outer lane. I proceeded to exit when the adjoining road was clear when the third party car (SJP2134G) came from the right and collided into the right side of my car (SKS4370A). The impact damaged the front right side of my car and the front right wheel. It also damaged the front left side of the third party's car.

ATTACHMENT(S)

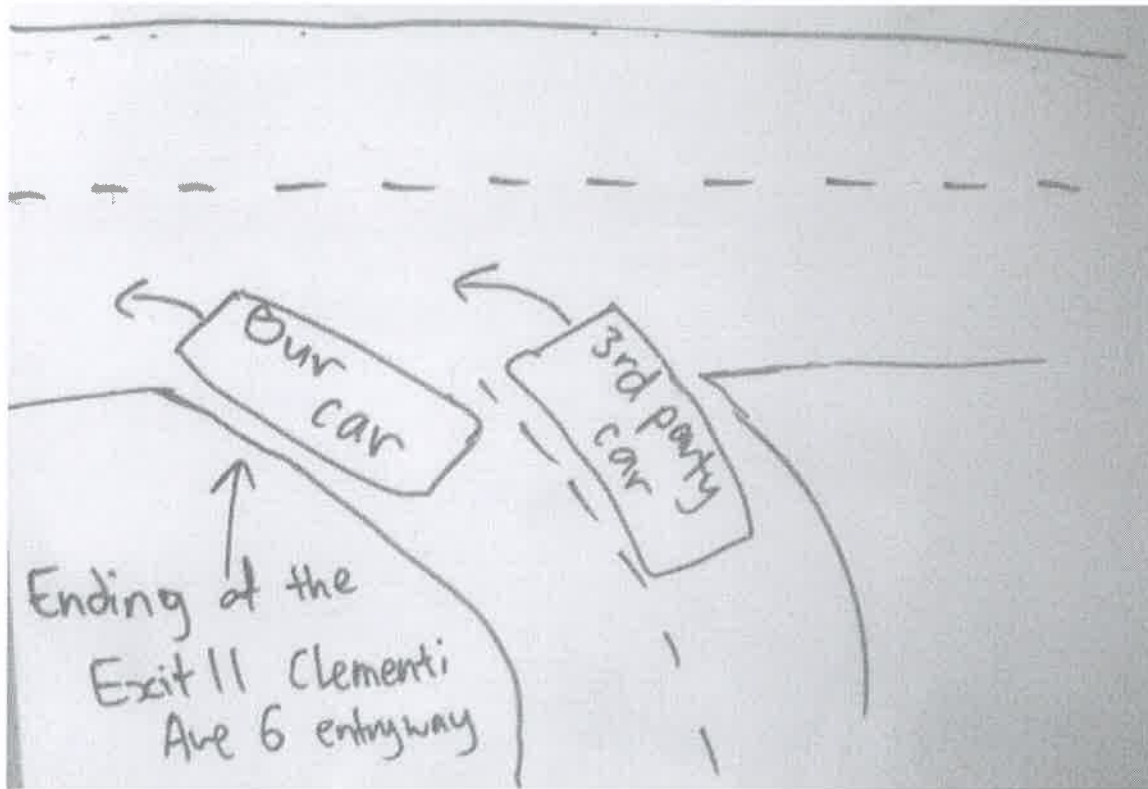
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP2134G
Vehicle Manufacturer	-

Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
Contact Number	(Phone) +65-96609269
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN





CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Yeo Lay See
Period of Insurance : 15 Apr 2021 To 14 Apr 2022
Engine No. : P520273352
Chassis No. : JM6BM42A8G0307573

Vehicle No. : SKS4370A
Policy No. : 2100409159-06
Endorsement No. :
Issued Date : 08 Mar 2021

ABOUT THE COVER

Make/Model : MAZDA 3 1.5 SKYACTIV
Engine Capacity/Tonnage : 1,496.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2015
Insuring with COE/PARF : Yes
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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Yeo Lay See - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Trans Eurokars Pte Ltd Add: 27A Tanjong Penjur, 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.

SSCNFY

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Portrait of a woman

Licence Number: **S1284958C**
Name: **YEO LAY SEE**
Birth Date: **22 Oct 1958**
Issue Date: **13 Oct 2003**

Barcode: 000914545E

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Nov 1984

NP 428A

Licence No: S1284958C

Barcode

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

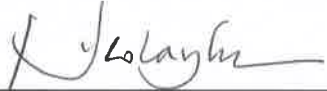
ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

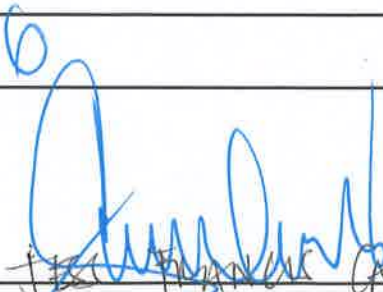
Original Report No: CA0121AD0004 Vehicle Registration No: 5K54370A
Name (as shown in NRIC): YED LAY SEE NRIC/FIN/Passport No: 5XXXX9586
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: 12 HOLLAND AVE #12-25 Singapore (273012)
Contact (Tel): _____ Mobile No.: 9647 1924
Email Address: _____
Date of Accident: 26-10-2021 Time of Accident: 10:00
Place of Accident: AYE CLEMENTI AVE 6 EXIT (TOWARDS TUAJ)
Insurance Company: AIG ASIA PACIFIC

(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:



Policyholder / Driver's Signature
Date: Oct 27, 2021



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

LETTER OF AUTHORISATION

In the matter of an accident involving motor vehicles SKC 4370A and STP 2134G
on 26-10-2021 along AYE CLEMENTI AVE 6 EXIT C
(TOWARDS TUAS)

I/We, YED LAY SEE the owner of vehicle registration number SKC 4370A
at the material time of accident hereby appoint Trans Eurokars Pte Ltd to proceed with the repairs
to the damages caused to my/our vehicle in the above accident in accordance with the
recommendations and advice of the licensed motor surveyor appointed by the insurers or on
my/our behalf.

I/We authorise Trans Eurokars Pte Ltd and/or its representative to submit and make any claims
which I/we may have against the other party/parties or alternatively under the insurance policy
taken up by me/us in respect of the cost of repairs suffered by me/us arising from the accident,
and to receive payment (such payment to be made by way of cheque in favour of Trans Eurokars
Pte Ltd) due to me/us in connection with and arising out of the above claim.

Trans Eurokars Pte Ltd and/or its representative are hereby authorised as my attorney to execute
and/or sign any documents/discharge vouchers regarding the above claim.

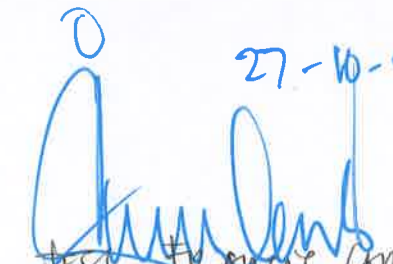
I/We further confirm that the acceptance by Trans Eurokars Pte Ltd of the settlement amount in
respect of such claim shall constitute the full discharge of my/our claim in respect of such loss and
damage.

I/We hereby declare that all acts and documents done by virtue of this Letter of Authorisation on
my/our behalf shall be good valid and effectual to all intents and purposes whatsoever as if the
same had been done or executed by me/us in person.

Dated the _____ day of _____ 2021.



Owner Name and Signature
NRIC No.:

27-10-2021

Witness Name and Signature
NRIC No.:

ACKNOWLEDGEMENT FORM

Accident involving vehicles SKS 4370A and SJP2134G on 26-10-2021

I/We, YEO LAY SEE the owner of vehicle registration number SKS 4370A confirm that I/we have been advised by Trans Eurokars Pte Ltd and fully understand the content of my/our motor insurance claim as specify hereinafter.

TYPE OF CLAIMS

I/We agree to proceed with:

- ☐ Own-Damage claim only.
- ☐ Own-Damage claim for cost of repairs and recover uninsured losses from third party.
- ☐ Claim against third party/insurer for cost of repairs and incidental expenses.

MOTOR ACCIDENT REPORT

Trans Eurokars Pte Ltd will assist me/us to file the motor accident report in the GIA Motor Accident Report database system. All accidents should be reported to insurance companies within 24 hours, or by the next working day.

PRE-REPAIR INSPECTION

For property damage claim to my/our vehicle, Trans Eurokars Pte Ltd will prepare a repair estimates and I/we are required to make available my/our damaged vehicle at Trans Eurokars Pte Ltd to allow the insurers to inspect the damage prior to the repairs being done.

The insurers, upon receipt of the location of my/our damaged vehicle, will conduct a pre-repair inspection within 3-4 working days from the time of the notification. Trans Eurokars Pte Ltd will proceed to carry out the scope and cost of repairs in accordance with the recommendations and advise of the licensed motor surveyor appointed by the insurers and/or on my/our behalf.

DETERMINE LIABILITY

The time taken for insurers to establish which party is at fault and determine the liability to be assumed by each party varies depending on the accident circumstances and statements made by parties involved. Trans Eurokars Pte Ltd will not be able to proceed further with my/our third party claim under the following circumstances:

- Third party insurance company disputes or denies liability or
- Third party owner/driver fails or refuses to report and the insurance company repudiates liability of their insured due to breach of policy terms and conditions.

In which case, I/we will have to decide to claim Own-Damage, Own-Damaged with Uninsured Losses or to pursue the claim with the Financial Industry Disputes Resolution Centre (FIDReC) on my own.

If I/we decided to convert my/our claim for cost of repairs to my/our own insurance policy, I/We shall amend the statement in the GIA Motor Accident Report and submit the own damage claim within 14 days from the date of accident to my/our insurance company. A compulsory policy excess stated in the motor insurance policy taken up by me/us, is applicable for own damage claim.

NO-CLAIMS DISCOUNT (NCD)

My/Our NCD will be deducted when I/we file a claim against my/our own-policy or there is a successful counterclaim file against my policy by the third party.

LOSS OF USE

Loss of Use and Cost of Rental are computed in accordance to the number of days as recommended by the licensed motor adjuster and the Benchmark Rates published in State Courts Practice Directions for Non-injury Motor Accident (NIMA) Claims.

I/We are required to provide Trans Eurokars Pte Ltd applicable rental car invoice and agreement to effect the cost of rental claim. I/We fully understand that the rental car payment would not be in full refund to me/us should I/we collect the rental car before the liability is cleared and repairs approved by third party insurer.

UNINSURED LOSSES

Trans Eurokars Pte Ltd shall assist me/us to put up a Letter of Claim to third party insurer.

ACCEPTANCE AND DISCHARGE

For the avoidance of doubt, the repairs are deemed satisfactorily carried out if no defect is raised upon the collection of the vehicle, or within the next 7 days from date of collection for defects not visibility apparent.

I/We are required to sign the discharge vouchers at the point of vehicle collection to commence the claim and payment action. In the event that I/we are unable to collect the vehicle personally, I/we will need to authorise the collection by way of a letter of authority. Only policy holder must be authorised to sign the Satisfaction/Discharge Vouchers.

SETTLEMENT LEAD TIME

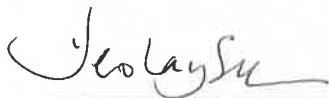
The time span to settle a claim is about six months or longer for complex cases. I/We shall fully co-operate and to undertake without hesitation and reservation all assistance that Trans Eurokars Pte Ltd may require from me/us for the purpose of making the claim, including signing of discharge vouchers and attending to all meetings in connection with my/our claim. Any enquiry shall be directed to the under-mentioned Claims Representative.

INDEMNITY

I/We are fully aware that Trans Eurokars Pte Ltd is assisting me/us in my/our claim against the third-party insurer. Trans Eurokars Pte Ltd shall not under any circumstance be liable for any costs, losses, expenses, and damages whatsoever incurred by me in respect of the said claim.

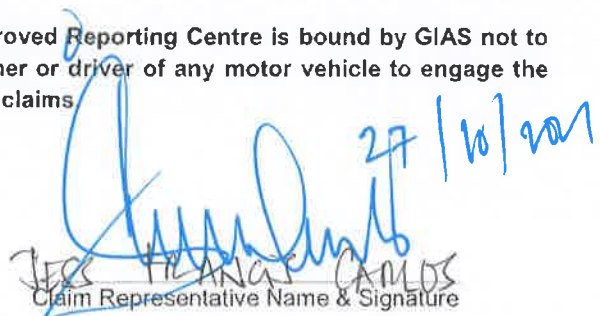
In the event that my/our claims are unsuccessful or partially successful or are dismissed due to failure to execute the discharge vouchers on request, I/we shall pay Trans Eurokars Pte Ltd within 14 days the full repair costs or any portion of the same that cannot be recovered. Failing which Trans Eurokars Pte Ltd reserve the right to levy late payment interest at the rate of 10% per annum from the date of invoice.

Trans Eurokars Pte Ltd being an appointed Approved Reporting Centre is bound by GIAS not to induce, instigate, encourage or procure any owner or driver of any motor vehicle to engage the services of any solicitors to make any third party claims.



Owner Name and Signature

27/10/2021



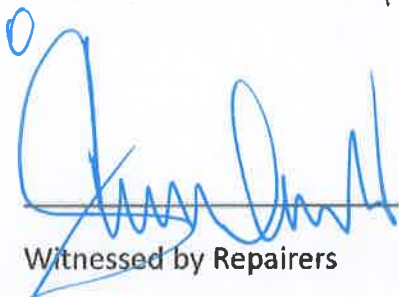
JES FRANCIS CARLOS
Claim Representative Name & Signature



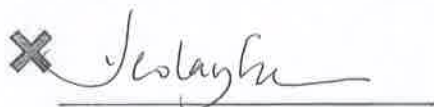
DISCHARGE VOUCHER

I/ We hereby acknowledge having received from the under-mentioned repairers my/our vehicle No: SKS 4370 A which has been repaired to my satisfaction and I/we admit that the payment for such repairs by Trans Eurokars Pte Ltd is in full and final discharge of my claim under policy number: _____ in respect of damage caused to the said vehicle as a result of an accident that occurred on

26-10-2021 at AYE CLEMENTI AVE 6 EXIT C.
(TOWARDS THAS)


Witnessed by Repairers

Date


Signature by Insured

Date



Corporate Head Office

: Trans Eurokars Pte Ltd, Eurokars Centre, 12 Sungei Kadut Ave Singapore 729648
Tel: 6363 3003 Fax: 6369 3003 BRN.199103859N

Showroom & Service Centre :

23 Leng Kee Road Singapore 159095

Sales Hotline : 6603 6118

Service Hotline : 6603 6128

Sales Fax : 6476 7073

Service Fax : 6476 7417

5 Ubi Close Singapore 408605

Sales Hotline : 6395 8888

Service Hotline : 6395 8899

Sales Fax : 6846 1700

Service Fax : 6744 9402