

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	25/11/2021 15:06 (SGT)
Date of Accident	24/11/2021 22:10 (SGT)
Exact Location of Accident	Boundary Rd, Singapore
Additional Location Information	TURNING TO UPPER SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH219B
-----------------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE KUM HOO
NRIC No	SXXXX432F
Email Address	kumhoo@gmail.com
Mobile Phone No	(Phone) +65-82287117
Alternative Phone No	+65-82287117

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?	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	1800087494-03
Cover Note Number	-

DRIVER

Name of Driver	LEE KUM HOO
NRIC No	SXXXX432F

Date Of Birth	17/10/1983
Occupation	Indoor
Date Of Driving Pass	09/07/2013
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82287117
Alt. Phone Number	+65-82287117
Email Address	kumhoo@gmail.com
Address	BLK 170A PUNGGOL FIELD #14-709
Address complement	-
Postcode	821170
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	JOLENE CHIA
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

I AM CHECKING RIGHT FOR TRAFFIC AS I WANTED TO SWITCH TO THE RIGHT LANE. SUDDENLY, VEHICLE B STOPPED AND I COULD NOT STOP IN TIME AND COLLIDED ONTO VEHICLE B REAR RIGHT PORTION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE SIZE TOO BIG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH7138U
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	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

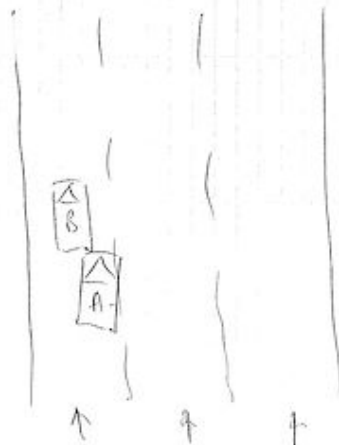
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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 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' 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



SME

Describe Circumstances of the Accident

I am checking right for traffic as I wanted to switch to the right lane, when suddenly vehicle B stopped and I could not stop in time and collided into vehicle B rear right portion.

Declaration

I/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

Witnessed by Reporting Centre Personnel

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) LEE KUM HOO
 VEHICLE NUMBER SJH 2MB
 DATE/TIME OF ACCIDENT 24/11/2021 @ 2310 HRS
 PLACE OF ACCIDENT BOUNDARY RD TURNING TO
UPP SERANGOON RD
 THIRD PARTY VEHICLE (IF ANY) SMH 7135U

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

from Sembawang Camp to Serkeang.

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?

Head to head.

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

No injuries

Name: [Signature]

I Affirmed The Above Information Is Given To My Best Knowledge.













POLICY SCHEDULE

Policy No. : 1800087494-03
 Period of Insurance : 07 Feb 2021 to 06 Feb 2022

Issued Date : 19 Jan 2021

ABOUT THE POLICYHOLDER

Name of Policyholder : LEE KUM HOO
 Address : 170A PUNGGOL FIELD
 #14-709
 SINGAPORE 821170
 Occupation/Nature of Business : Executive/Admin

ABOUT THE VEHICLE

Registration No. : SJH219B
 Chassis No. : MR053HY9305069784
 Seating Capacity : 5
 Make/Model : TOYOTA VIOS
 Hire Purchase Company/Employer's Loan : EFIZZIG CREDIT PTE LTD
 Engine Capacity/Tonnage : 1,497.00 CC
 Engine No. : 1NZX768906
 Body Type : Sedan
 First Year of Registration : 2008

ABOUT THE COVER

Sum Insured : Market Value
 Driver Restriction : NA

Off Peak Car : No
 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 : 35 years old and above
 Mileage Condition : Unlimited Mileage
 Limitation as to use :

Mileage Declaration : km

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.

Other Key Policy Benefits :

Act of God, Loss of Use 1500cc - 1600cc Optional, Strike, Riots and Civil Commotions, Dealer (First 3 years from original registration) + AIG Authorised Workshops, Waiver of Excess, PA Insured- \$50000, In-Car Camera Excess Waiver, Key Replacement Cover- \$600, PA to Authorised Driver / Unnamed Passengers- \$10000

EXCESS

Section 1
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver
 LEE KUM HOO - \$600 (Own Damage), \$600 (Flood Cover)

PREMIUM

Premium	:	\$	956.87
GST (7%)	:	\$	66.98
Total	:	\$	1,023.85

Your Premium includes the following discount(s):
 Online Driver Risk Test Disc_2 - 10.00%, Safe Driver Discount - 5.00%, Loyalty Discount - 5.00%, No Claim Discount - 30%