

NATIONAL ASSOCIATION OF CERTIFIED STATIONERS

SN0821060000

Date: 06/12/2021 16:06

Ref No: 1138/1102101232014

Ref No: SFM 12280

Date: 06/12/2021 19:09

(1) Reporting Only

TP Insured

Insured Vehicle / NO. of Vehicle / AWI

TP Insured / Driver

Owner / Driver

Policy No

PA 7900L

NO

/ Non-NO

Continued by

Date

Time

Insured / Driver Liability

% (NO. of claims) (NO. of claims) P1 21.79% P1 80.100%

Year of Registration

Warranty / YRS

Excess (\$)

Loss limit \$1,000

( ) Within Coverage / Customer's information only / Confidential & subject to NO. of report

( ) Total Loss / Case / to central insurer URGENTLY

Driver-In

/ Covered-In

/ Involvement

/ NO

/ Towage cost

1) Apply for / Transport Allowance

2) OO Check / Post Repair Inspection

3) Upload Repair Photo (Repair cost > \$3,000)

Injured

1138/1102101232014

Driver / Owner

Continued No

Continued Portion

OO Checked by (Engineer / Officer / Driver)

1) All documents / (NO)	NO (NO)
2) OO Check / (NO)	\$100
3) Transport Allowance	\$100
4) Transport Allowance / (NO)	\$100
5) Transport Allowance / (NO)	\$100
6) Transport Allowance / (NO)	\$100
7) Transport Allowance / (NO)	\$100
8) Transport Allowance / (NO)	\$100
9) Transport Allowance / (NO)	\$100
10) Transport Allowance / (NO)	\$100
11) Transport Allowance / (NO)	\$100
12) Transport Allowance / (NO)	\$100
13) Transport Allowance / (NO)	\$100
14) Transport Allowance / (NO)	\$100
15) Transport Allowance / (NO)	\$100
16) Transport Allowance / (NO)	\$100
17) Transport Allowance / (NO)	\$100
18) Transport Allowance / (NO)	\$100
19) Transport Allowance / (NO)	\$100
20) Transport Allowance / (NO)	\$100



## 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	06/12/2021 16:06 (SGT)
Date of Accident	04/12/2021 19:09 (SGT)
Exact Location of Accident	Queensway, Singapore
Additional Location Information	TURNING INTO ALEXANDRA ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFM1228P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	EE CHYE HENG
NRIC No	SXXXX193A
Email Address	eerunming@gmail.com
Mobile Phone No	(Phone) +65-91478147
Alternative Phone No	+65-90461869

### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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 - Claiming third party
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	7210032393
Cover Note Number	-

### DRIVER

Name of Driver	EE RUNMING, BENJAMIN (YU RUNMING)
NRIC No	SXXXX447Z

Date Of Birth	02/01/1991
Occupation	Indoor
Date Of Driving Pass	11/09/2020
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90461869
Alt. Phone Number	-
Email Address	eerunming@gmail.com
Address	14 JALAN KERAYONG
Address complement	-
Postcode	759311
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	TOH XIAO MIN
Gender	Female

#### PASSENGER 2

Name	SEOW GEK SOO
Gender	Female

#### PASSENGER 3

Name	EE RUNHUA MICHELLE
Gender	Female

#### PASSENGER 4

Name	EE CHYE HENG
Gender	Male

#### 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 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	PA7900L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	EE RUNMING, BENJAMIN (YU RUNMING)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SFM1228P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### INJURED 2

Name of injured person	EE CHYE HENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SFM1228P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### INJURED 3

Name of injured person	SEOW GEK SOO
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SFM1228P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### INJURED 4



Name of injured person	TOH XIAO MIN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SFM1228P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	EE RUNHUA MICHELLE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SFM1228P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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' 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

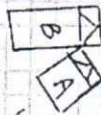
Witnessed by Reporting Centre Personnel

### Sketch Plan

Queensway  
turning into  
Alexandra Road

A → SFM 1228 P

B → PA 7900 L



**Describe Circumstances of the Accident**

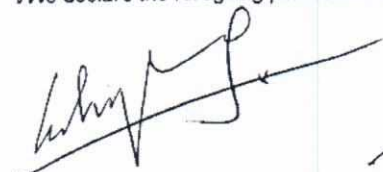
On the stated time & date, I was traveling in my vehicle A, (SFH 1228 P).

As I was turning right into my lane, a bus, (PA 7900 L) was also turning but failed to keep in his lane and collided on to the front left portion of my vehicle.

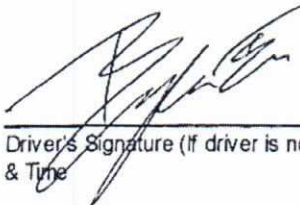
We exchanged particulars and I decided to proceed with insurance claims.

**Declaration**

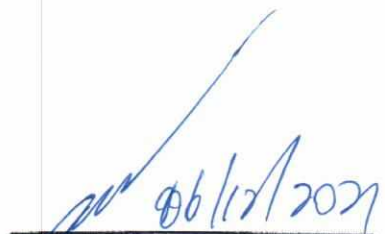
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



# ACCIDENT REPORTING

Accident Date: (4 / 12 / 2021) (DD/MM/YYYY)

Time: (19 : 09) (HH:MM)

Location: Queensway turning into Alexander Road

## 1. Accident Details

- Type Of Accident: Hit to side
- Weather Condition: (Clear / Raining / Others: \_\_\_\_\_)
- Road Surface: (Dry / Wet / Others: \_\_\_\_\_)
- Are You Claiming Under Your Own Insurance? (Yes / No)  
If No, Please State: (Third Party Claim / Reporting Only)
- Was Any Foreign Vehicle Involved In An Accident? (Yes / No)  
If Yes, Please State Vehicle No: \_\_\_\_\_
- Were You Been Approached By Unknown Person(s) Soliciting/Offering Accident Claims Assistance? (Yes / No)
- Was The Accident Reported To The Police? (Yes / No)  
If Yes, Police Station Name: \_\_\_\_\_
- Was Notice Of Prosecution Given?  
If Yes, Against Whom?: \_\_\_\_\_

## 2. Details Of Own Vehicle

- Vehicle Registration No: SFM 1228 P
- Vehicle Category: Private Use
- Vehicle Manufacturer: Mazda 3 Vehicle Model: \_\_\_\_\_
- Transmission: Manual / Auto CC: 1496
- No. Of Passengers (Including Driver) 5
  - Passenger Name: TOH LIAO MIN (Female / Male)
  - Passenger Name: SEOW ECK SOD (Female / Male)
  - Passenger Name: EE RUNMING MICHELLE (Female / Male)
  - Passenger Name: EE CHYE HENG (Female / Male)

## 3. Own Vehicle Policy

- Handling Insurer: AIG (7010032393)
- Coverage Type: (ACT / Comprehensive / Third Party / Third Party, Fire & Theft)
- Fleet Policy? (Yes / No)
- Owner Name: EE Chye Heng (Female / Male)
- ID Type: Solo 293A (UEN / NRIC / Passport Or Fin / Work Permit)
- Email: eerunming@gmail.com Mobile: 9147 8147
- Alt No. Type: (Home / Office / Not In List) : 9147 8147

## 4. Driver's Information

- Is The Driver The Policyholder? (Yes / No)
- Driver Name: EE Runming Benjamin (Yu Runming) (Female / Male)
- ID Type: S9100472 (UEN / NRIC / Passport Or Fin / Work Permit)
- Date Of Birth: 02 Jan 1991
- Driving Pass Date: 11.09.2020
- Email: eerunming@gmail.com Mobile: 9046 1869
- Address: 14 Jalan Kera Yang
- Postal Code: 759 311
- Occupation: (Indoor / Outdoor)
- Driver Owner Relationship: Father/son Does Driver Own Other Vehicles: (Yes / No)  
If Yes, Please Provide Vehicle Registration No: \_\_\_\_\_ Handling Insurer: \_\_\_\_\_



## ACCIDENT REPORTING

### 5. TP Vehicle Or Property

- a) Was There Any Other Vehicle Or Property Damaged? (Yes / No)

If Yes, Please Provide:

Vehicle Registration No: 1A 7900L

Vehicle Category: \_\_\_\_\_ Vehicle Model: Bus

No.Of Passengers (Including Driver) unknown

Vehicle Registration No: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

Vehicle Registration No: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

Vehicle Registration No: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

Vehicle Registration No: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

### 6. Injured Person's Details

- a) Was Anyone Injured In The Accident? (Yes / No)

- b) Any Injured Conveyed To Hospital By Ambulance? (Yes / ~~No~~)

If Yes, Please Provide:

Name: EE RUNHUA (Female / Male) EE CHYE HENG (male)

Vehicle Registration No: SFM 1228P

Name: TEH XIAOMIN (Female / Male) SEOW GEK SOO (Female)

Vehicle Registration No: SFM 1228P

Name: EE RUNMING (Female / Male)

Vehicle Registration No: SFM 1228P

### 7. Witness Details

- a) Was There Any Witnesses? (Yes / ~~No~~)

If Yes, Please Provide:

Name: \_\_\_\_\_ (Female / Male)

Witness Contact: \_\_\_\_\_

### 8. Files

- a) Are Accident Photos Available For Attachment? (Yes / ~~No~~)

- b) Was There Any Video Captured? (Yes / ~~No~~)

- a) Was There Any Audio Captured? (Yes / ~~No~~)





# CERTIFICATE OF INSURANCE

## MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Ee Chye Heng  
Period of Insurance : 13 Apr 2021 To 12 Apr 2022  
Engine No. : P520727395  
Chassis No. : JM6BP2SAAM1107125

Vehicle No. : SFM1228P  
Policy No. : 7210032393  
Endorsement No. :  
Issued Date : 03 May 2021

### ABOUT THE COVER

Make/Model : MAZDA 3 1.5 SKYACTIV  
Engine Capacity/Tonnage : 1,496.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2021  
Insuring with COE/PAF : 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 "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.

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 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 - \$1100 Theft - \$0 Flood Cover - \$1100

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Ee Chye Heng - \$1100 (Own Damage), \$1100 (Flood Cover)

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

1. Trans Eurocar Pte Ltd Add: 27A Tanjong Pagar, Singapore 069042 63310608

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 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: HONG LEONG FINANCE LTD

(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

ARE (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.

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