

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 23/05/2022 14:22 (SGT)
Date of Accident 22/05/2022 14:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information LORNIE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFX1777M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LAW KAH LAY
NRIC No S1821881Z
Email Address STANLAW@SINGNET.COM.SG
Mobile Phone No (Phone) +65-90621112
Alternative Phone No (Home) +65-96969627

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210051338
Cover Note Number -

DRIVER

Name of Driver LAW XUAN YUN CHERYL
NRIC No S9721636C

Date Of Birth	18/06/1997
Occupation	Indoor
Date Of Driving Pass	09/06/2021
Driving experience	11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96969127
Alt. Phone Number	-
Email Address	CHERYLLXY@OUTLOOK.COM
Address	BLK 643 CHOA CHU KANG ST 64 #11-57
Address complement	-
Postcode	680643
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	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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 ATTACHED SKETCH PLAN AND STATEMENT.

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	GBH7399M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

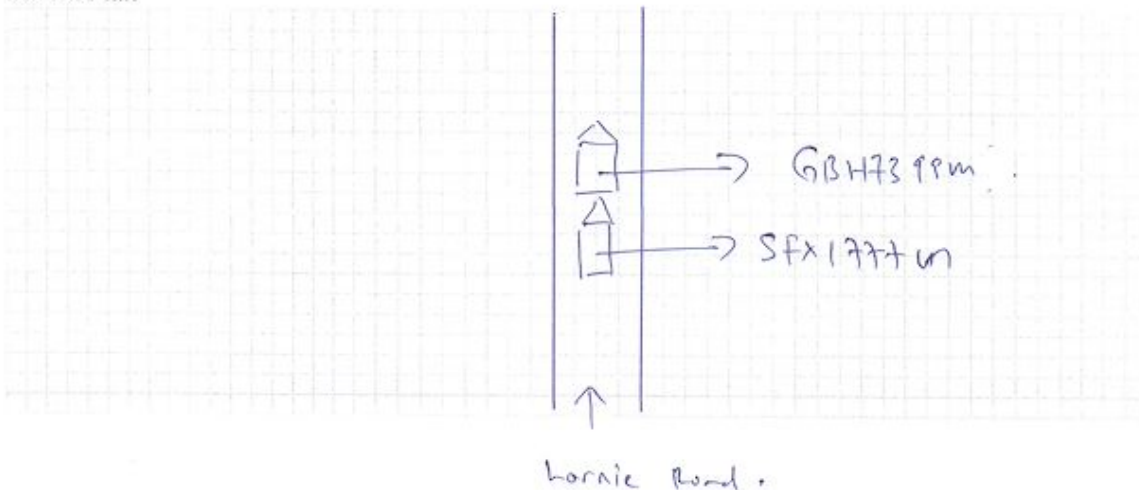
SKETCH PLANIMPORTANT NOTICE

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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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On 22 May 2022, I was on the way to Bismah Park - while exiting the expressway at 70B Lorne Road, the vehicle in front of me (G6H 73 99M) suddenly halted and I couldn't stop in time, leading to the crash.

Declaration

We declare the foregoing particulars are true in every respect.

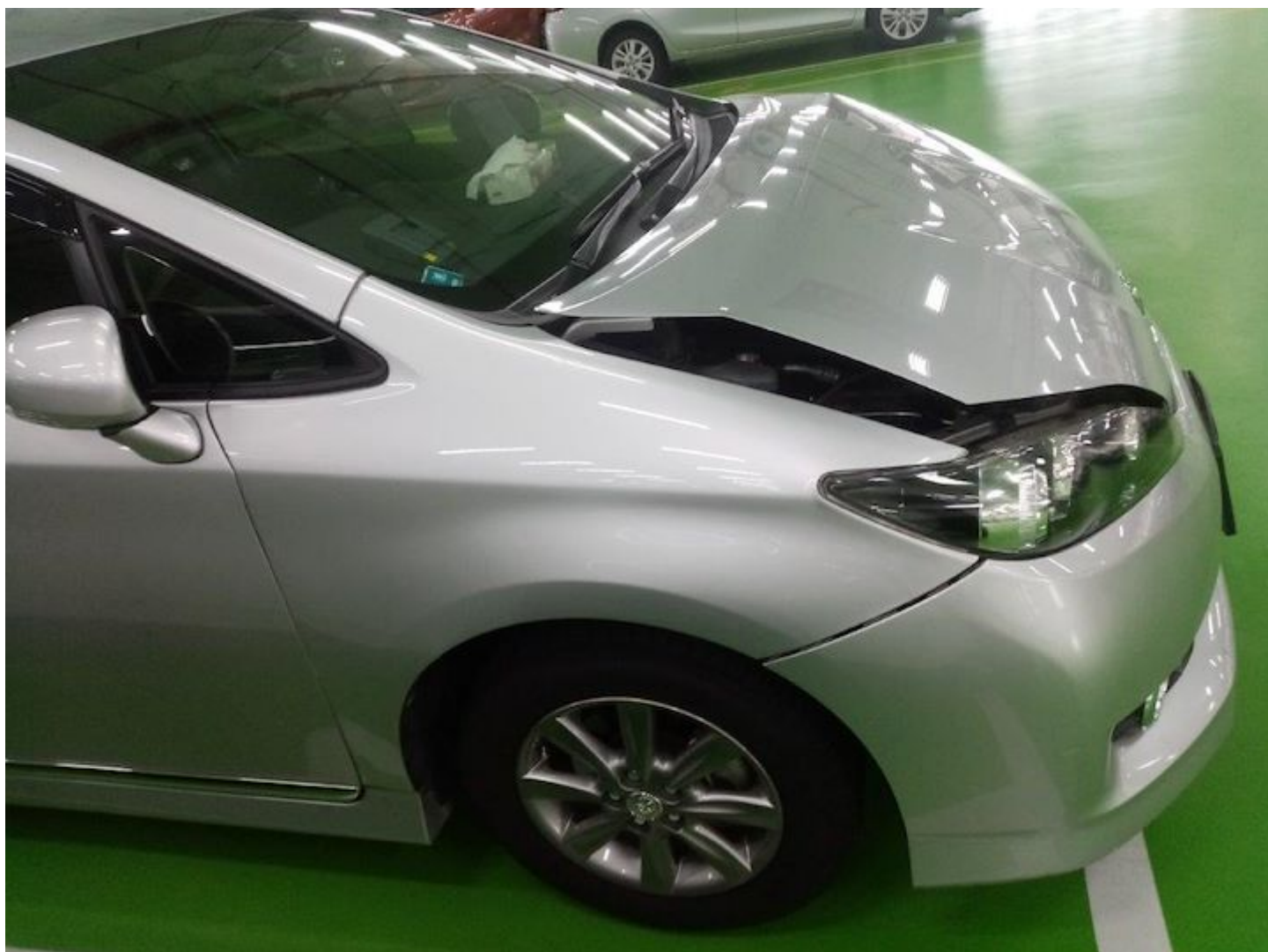
Policyholder's Signature / Date & Time

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Witnessed by Reporting Centre Personnel









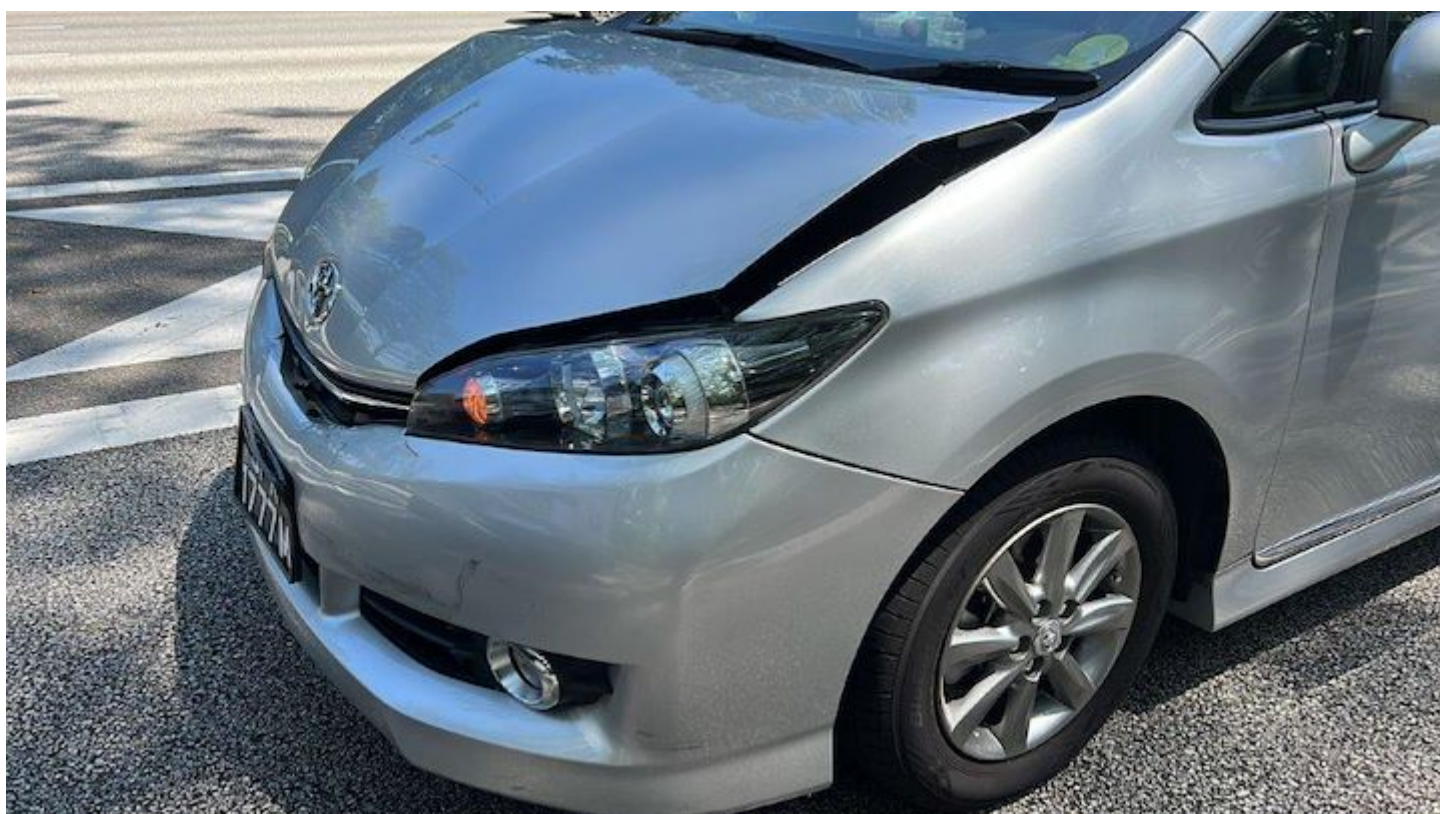


















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SB0G225N0009 Vehicle Registration No: SFX 1777m
 Name (as shown in NRIC): Law Kah Lay NRIC/FIN/Passport No: SXXXX 8812
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 643 Choa Chu Kang Street 64 # 18-57 680643 Singapore ()
 Contact (Tel): _____ Mobile No.: 90 621112
 Email Address: Stanlaw@singnet.com.sg
 Date of Accident: 22/5/2022 Time of Accident: 14:00 pm
 Place of Accident: Cornie Road
 Insurance Company: Azh Asia Pacific Insurance

(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:

to Upload Authorization letter.

 Policyholder / Driver's Signature
 Date:

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

AIG		ENDORSEMENT SCHEDULE		
AUTOPLUS PRIVATE VEHICLE				
Policy No.	: 7210051338	Endorsement No.	: 000000000425554	
Period of Insurance	: 03 Jul 2021 to 03 Jul 2022	Issued Date	: 14 Dec 2021	
ABOUT THE POLICYHOLDER				
Name of Policyholder	: Law Kay Lay			
Address	: 643 CHOA CHU KANG STREET 64 11-57 SINGAPORE 680643			
Occupation/Nature of Business	: Manager/Director/Management			
ABOUT THE VEHICLE				
Registration No.	: SFX1777M	Engine Capacity/Tonnage	: 1,798.00 CC	
Chassis No.	: JTDGG20W90J007324	Engine No.	: 2ZR1970861	
Seating Capacity	: 7	First Year of Registration	: 2017	
Make/Model	: TOYOTA WISH 1.8		Body Type	: MPV
Hire Purchase Company/Employer's Loan	: NA			
ABOUT THE COVER				
Sum Insured	: Market Value	Off Peak Car	: No	
Driver Restriction	: NA	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 \$853,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are at 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 Declaration	: km	
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.				
Other Key Policy Benefits :				
Act of God, Dealer (First 3 years from original registration) + AIG Authorised Workshops, Waiver of Excess, PA to Authorised Driver / Unnamed Passengers- \$10000; Windscreen / Windows, PA Insured- \$50000; Key Replacement Cover- \$800; NCD Protector, Medical Reimbursement- \$500; Strike, Riots and Civil Commotions, In-Car Camera Excess Waiver, Solar Film Optional- \$1150; Loss of Use 150Days - 1600cc Optional				
ENDORSEMENT REMARK				
Policy expiry date is changed from 02/07/2022 to 03/07/2022. Subject otherwise to the Terms, Exclusion and Conditions of this Policy.				
Endorsement effective from: 14-Dec-2021. All other terms and conditions remain unchanged.				



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : LAW XUAN YUN, CHERYL

VEHICLE NUMBER : SFX 1777M

DATE/TIME OF ACCIDENT : 22 MAY 2022, 2pm

PLACE OF ACCIDENT : LOKIE RD

THIRD PARTY VEHICLE (IF ANY) : GBH 7399m

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

Start: Block 643, CHOR CHU KANG ST 64. END: SIGHAN PARK.

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?

Rear-end collision - DENTED.

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

NO.


Name: Cheryl Law

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

AUTHORIZATION LETTER

Date: 23/5/2022

To: APL Asia Pacific

Cc: Borneo Motors (S) Pte Ltd

Attn: To Whom It May Concern

Dear Sir / Madam,

RE: Authorization to Act on Behalf for Insurance Claims Documentation

I/we, (full name) Law Kah Lay NRIC No. S1821881Z

hereby authorized my/our (relationship) Daughter (full name)

Law Xuen Yea Cheryl NRIC No. S9721616C to drive my

vehicle at time of accident.

He / She is also authorize to exercise and execute to sign all / any necessary transaction documentation pertaining to my registration vehicle number Sfx 1777m as I am

currently having tight official business schedules / away from Singapore on duty oversea travel.

Please do not hesitate to contact me should you require any further clarification on the above.


Thank You

Yours truly,

Signature :

Name :

Contact No :


Law Kah Lay
90621112