

# 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 Actual 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 ..... 21/07/2022 13:18 (SGT)  
Reported by ..... Both  
Date of Accident ..... 13/07/2022 18:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... WCEGA TOWER CARPARK GANTRY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDS6258L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM KIAN HIN  
NRIC No ..... S1697990B  
Email Address ..... JAMESLIMKIANHIN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96614461  
Alternative Phone No ..... -

### 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 ..... 2500

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... 7210120672

### DRIVER

Name of Driver ..... LIM KIAN HIN  
NRIC No ..... S1697990B  
Date Of Birth ..... 22/07/1965  
Occupation ..... Indoor

|  |                                |
|--|--------------------------------|
| Date Of Driving Pass .....   | 05/05/1983                     |
| Driving experience .....   | 39 YEARS AND 2 MONTHS          |
| Gender .....   | Male                           |
| Mobile Number .....  | (Phone) +65-96614461           |
| Alt. Phone Number .....  | -                              |
| Email Address .....  | JAMESLIMKIANHIN@GMAIL.COM      |
| Address .....  | BLK 421 CLEMENTI AVE 1 #27-369 |
| Address complement .....   | -                              |
| Postcode .....   | 120421                         |
| 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 - Major/Minor Rd |
| 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  |
| Translator's name .....   | -   |
| Translator's ID .....   | -   |
| Translator's phone number .....   | -   |
| Translator's email .....  | -   |
| Original language used in the statement .....   | -   |

#### 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  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

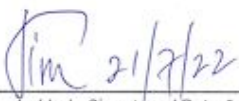
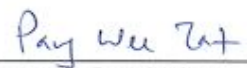
|                                   |             |
|-----------------------------------|-------------|
| Vehicle Registration Number ..... | SMV4520U    |
| Vehicle Manufacturer .....        | Audi        |
| Vehicle Model .....               | -           |
| Vehicle Variant .....             | -           |
| 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 ..... -  
No. Of Passenger (Including Driver) ..... -

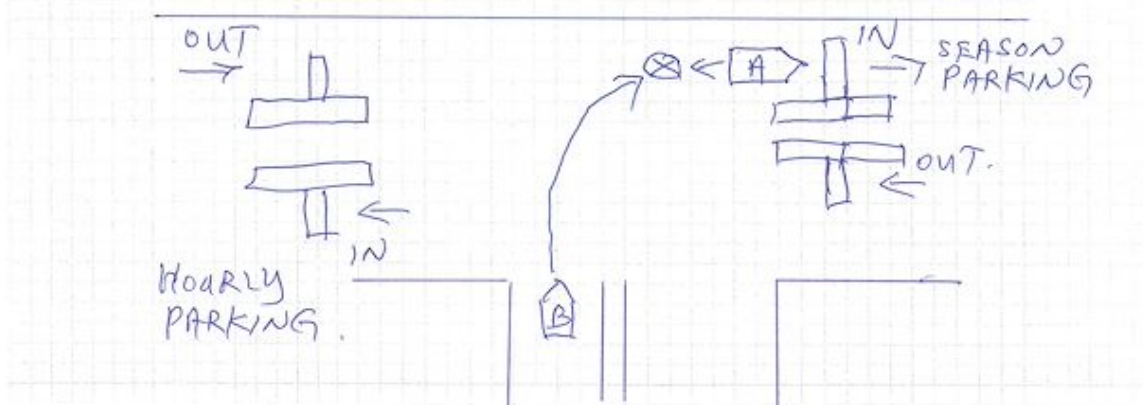
## SKETCH PLAN

## IMPORTANT NOTICE

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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.

11.00 A.M.  
  
 Policyholder's Signature / Date & Time  
 Driver's Signature (if driver is not the policyholder) / Date & Time  
  
 Witnessed by Reporting Centre Personnel

## Sketch Plan



CAR A - SD56258L

CAR B - SMV4520U

Describe Circumstances of the Accident

Refer to Attachment

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature / Date & Time

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

*Pang Wei Tat*

Witnessed by Reporting Centre Personnel

On 13th July 2022 , as I was about to enter the car park gantry at WCEGA tower for dinner with friends .

Suddenly I noticed that I was on wrong gantry which was for season parking. I checked my car rear view mirror and both side mirrors to make sure there's no car behind me and also turn my head back to confirm there's no car behind me then I stepped on my brakes and engaged reverse gear . As I was about to release my brakes pedal to reverse my car suddenly I felt something hit my back bumper. I stopped and got out my car to check then realised a car behind me.,SMV4520U hit my back bumper. We examined both cars and found no damages nor any bodily injury sustained. The driver of SMV4502U then ask me to move on. That's the reason for not making my accident reporting or make any 3rd party claims against him.

11:11























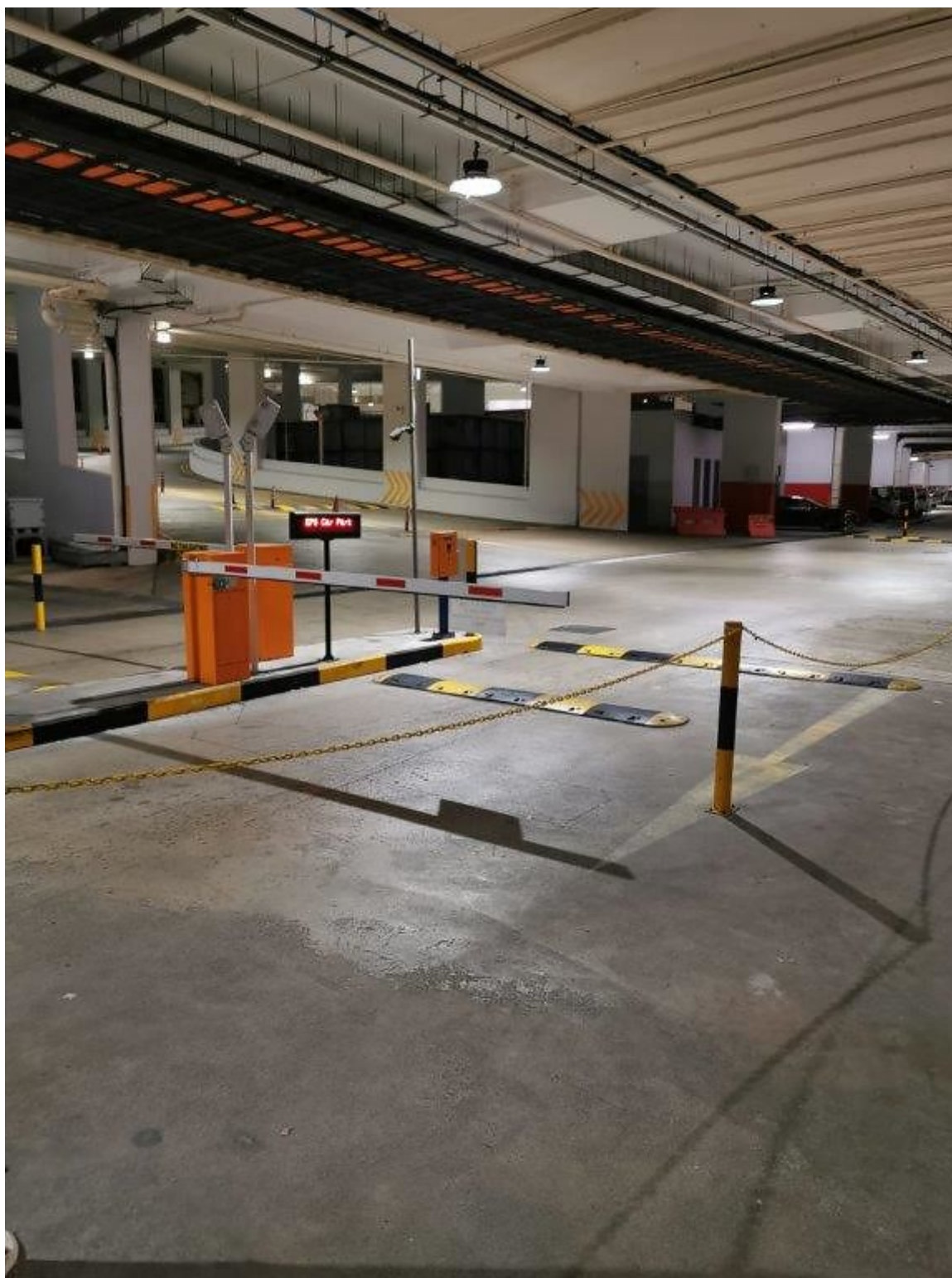




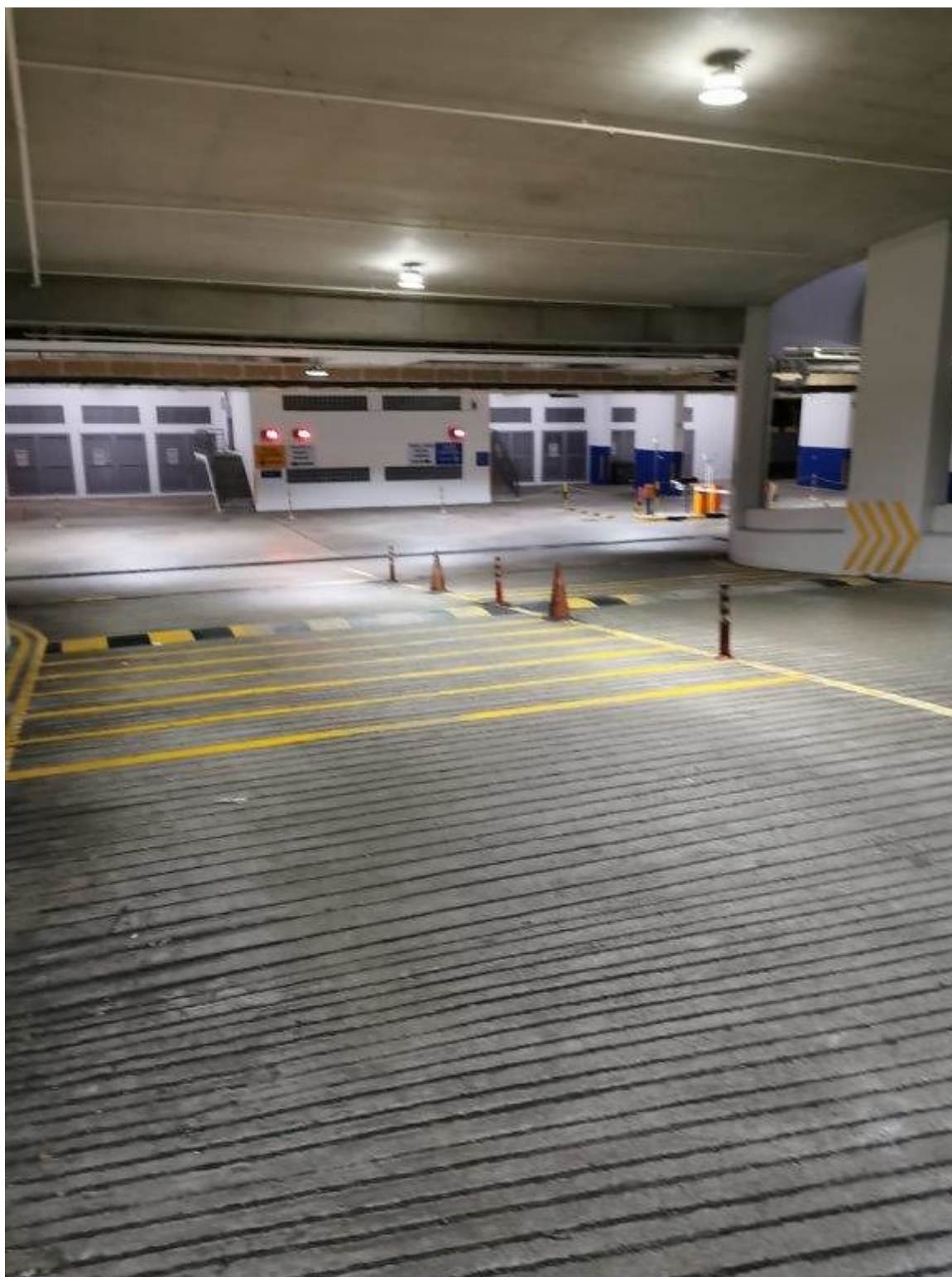




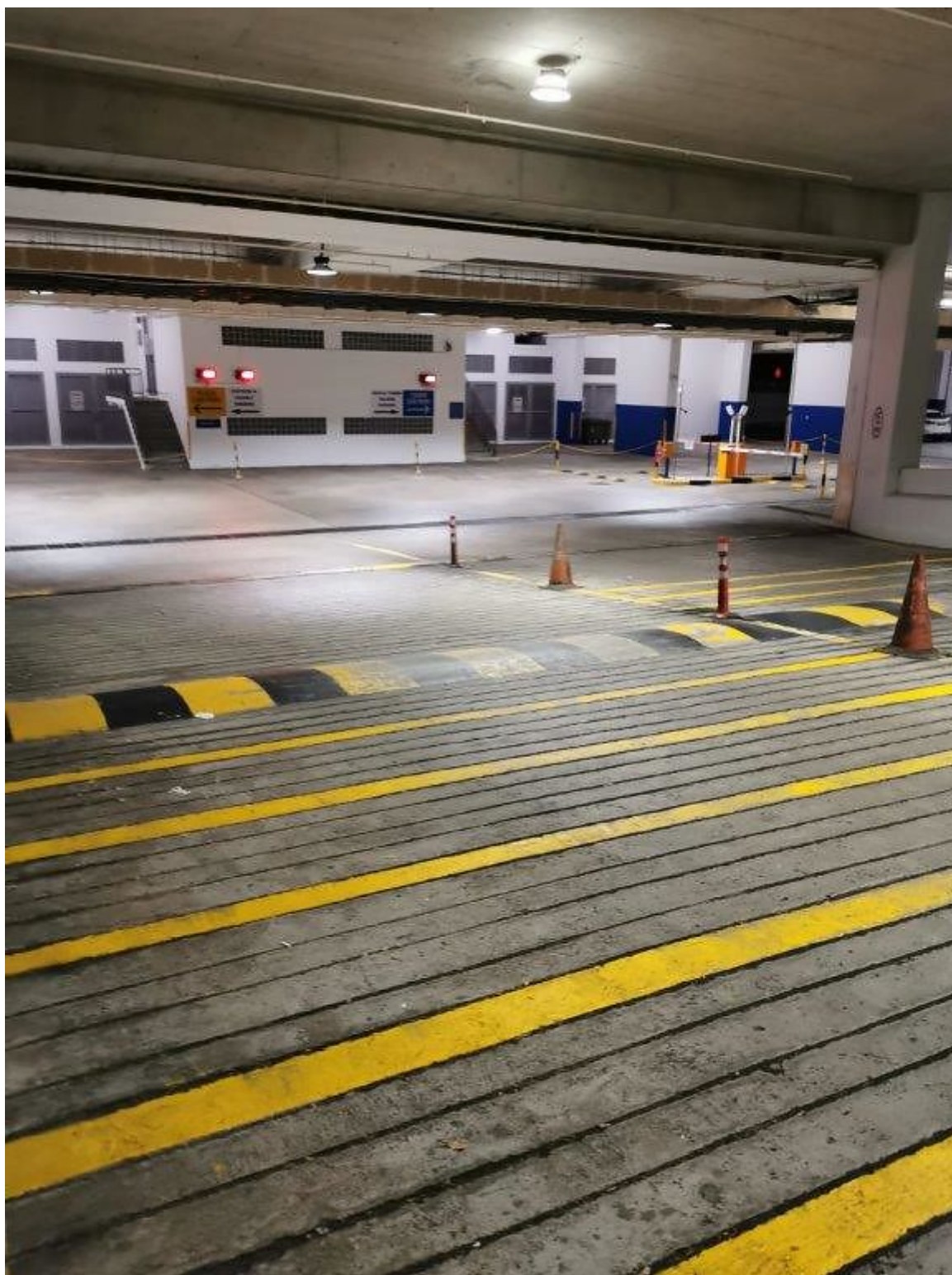


















## COVER NOTE

## TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

|                             |                              |                        |               |
|-----------------------------|------------------------------|------------------------|---------------|
| <b>Name of Policyholder</b> | : LIM KIAN HIN               | <b>Vehicle No.</b>     | :             |
| <b>Period of Insurance</b>  | : 05 Oct 2021 to 04 Oct 2022 | <b>Cover Note No.</b>  | : 7210120672  |
| <b>Engine No.</b>           | : A25A0954550                | <b>Endorsement No.</b> | :             |
| <b>Chassis No.</b>          | : JTNB23HK203105756          | <b>Issued Date</b>     | : 05 Oct 2021 |

## ABOUT THE COVER

|                                |   |                     |                |                                   |        |
|--------------------------------|---|---------------------|----------------|-----------------------------------|--------|
| <b>Make/Model</b>              | : TOYOTA Camry Hybrid 2.5 (Standard/Elegance) | <b>Sum Insured</b>  | : Market Value | <b>First Year of Registration</b> | : 2021 |
| <b>Engine Capacity/Tonnage</b> | : 2,487.00 CC                                 | <b>Off Peak Car</b> | : No           | <b>Insuring with COE/PAF</b>      | : Yes  |
| <b>Driver Restriction</b>      | : NA  |                     |                |                                   |        |

**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 "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.

|                              |                     |                          |                     |
|------------------------------|---------------------|--------------------------|---------------------|
| <b>Age Condition</b>         | : All Age Condition | <b>Mileage Condition</b> | : Unlimited Mileage |
| <b>Limitation as to use*</b> | :                   |                          |                     |

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

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

## EXCESS

**Section 1**  
Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$1000

**Section 2**  
Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)  
LIM KIAN HIN - \$1000 (Own Damage), \$1000 (Flood Cover)

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

1. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188  
2. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688  
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](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: Toyota Financial Services Singapore Pte Ltd

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.  
We hereby certify that this Cover Note 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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0504667220  
INCHCAPE AUTO TOYOTA - B8TL040  
33 LENG KEE ROAD  
SINGAPORE 159102  
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
This computer generated document does not require a signature.

Hasee Jun Jeanine Ang

78 Shenton Way #09-16 AIG Building S079120 | T: +65 6419 3000 | [www.aig.sg](http://www.aig.sg)

AIG Asia Pacific Insurance Pte. Ltd.

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