





# 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	02/08/2022 15:56 (SGT)
Reported by	Both
Date of Accident	01/08/2022 15:04 (SGT)
Exact Location of Accident	10 Lor 18 Geylang, Singapore 398793
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1947B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SEE GUAT KIAW
NRIC No	SXXXX150I
Email Address	chiewjoo79ers@gmail.com
Mobile Phone No	(Phone) +65-91508450
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

## INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070091948-02

## DRIVER

Name of Driver	LIM CHIEW JOO (LIN QIU YU)
NRIC No	SXXXX454J
Date Of Birth	08/05/1979
Occupation	Outdoor

Date Of Driving Pass	26/11/1996
Driving experience	25 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96907161
Alt. Phone Number	-
Email Address	chiewjoo79ers@gmail.com
Address	BLK 760 YISHUN STREET 72 #06-324
Address complement	-
Postcode	760760
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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 SKETCH PLAN

#### 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	FBC2116Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNE9022K
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	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LIM CHIEW JOO (LIN QIUYU)
Gender	Male
Phone No	(Phone) +65-96907161
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG1947B
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.
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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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  
(Name as in NRIC/ID card)

Sketch Plan

NO: 10 LOR 18 GEYLANG

Vehicle A - GBG 1947 B  
Vehicle B - FB C 2116 Y  
Vehicle C - SNE 9022 K  
10 Lor 18 Geylang

Describe Circumstance of the Accident

On the stated date and time  
my vehicle was parked stationary. Suddenly  
I felt a huge impact coming from the  
rear portion of my vehicle. When I got down  
of my vehicle, I saw vehicle B lying  
under my vehicle. Vehicle C collided into  
vehicle B and the impact cause vehicle B  
to collide into my rear portion.

I wish to state that before the accident  
I got neck strain and the impact cause it  
worse. When I wake up the next morning, I  
felt numbness on  
the legs and stiffness on my neck. I felt  
dizziness too.

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  
(Name as in NRIC/ID card)



Email: sm@idac.com.sg Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 01/08/22 (dd/mm/yy) Time of Accident: 15 : 04 (24-HR-FORMAT)  
Vehicle No.: GBG 1947 B Vehicle Make & Model / Engine (cc): Toyota Dyna 2982 Private Hire: ( Y / N )

Exact location of Accident: 10 Lor 18 geylang road

Policyholder's Name / IC No.: See Guat Kiaw

S0836150I

Driver's Name / IC No.: Lim Chiew Joo (Lin QiuYu)

S7912454J

(As Above) ☐

Driver's Contact No.: 9690 7161

Company Contact No / Owner Contact No: 9150 8450

Driver's Address: Apt Blk 760 Yishun Street 72 #06-324 S760760

Owner Email address: chiewjoo79ers@gmail.com

Insurance Company: AIG

Driver Email address: chiewjoo79ers@gmail.com

2/5/1979

26/11/1996

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Children

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle  
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

\*No. of Passengers (Including Driver): 1

\*Passanger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

\*Passanger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: Neck, Leg, dizziness Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: FBG 21167

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: SNE 9022K

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_





# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : SEE GUAT KIAW  
Period of Insurance : 23 Jun 2022 To 22 Jun 2023  
Engine No. : 1KD2000358  
Chassis No. : UTFATT35Y00K207916

\$1314.18

20%

Vehicle No. : Q8G1947B  
Policy No. : 2070091948-02  
Endorsement No. : 1  
Issued Date : 01 Jun 2022 15:00

### ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.8 ton (Lorry)  
Engine Capacity/Tonnage : 1.8 Tonnage  
Driver Restriction : 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 authorized driver only if he/she meets the specified age condition.  
You have to pay an additional sum of \$553,000 as "Young and/or inexperienced Driver Excess" ("YIDR") if you are or Your Authorized Driver (named or unnamed) is under the age of 23 and/or has less than 7 years' driving experience.  
Age Condition : All Age Condition  
Limitation as to use\*  
1) Use in connection with the Policyholder's business.  
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.  
3) Use for social, domestic or pleasure purposes. This Policy does not cover all use for hire or reward, driving tuition, driving test, racing, sports, racing, velocity, trial or speed testing, to use whilst driving whilst except the towing (other than for reward) of any one business mechanically propelled vehicle and (c) use for any purpose in connection with Motor Trade.  
Loss Of Use (10 Days) Commercial Auto  
\* Limitations rendered imperative by Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 188), Section 90 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Enforcement) Act 2019, are not to be included under these headings.

### EXCESS

Section 1  
Fire - \$0 Own Damage - \$5000 Theft - \$0 Third Cover - \$0  
Section 2  
Property Damage - \$0  
Windscreen - \$100  
Named Driver and Excess (where applicable)  
SEE GUAT KIAW - \$500 (Own Damage)

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

Any accident repair in the vehicle must be carried out by one of our Authorized Repairers. Within the first 3 years of the first registration of the vehicle in Singapore. You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 9338 9200 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 Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan : Damier Financial Services Africa & Asia Pacific Ltd

We hereby certify that the policy to which this Certificate of Insurance refers is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 188), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Enforcement) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

KHC