

## 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 .....	19/08/2022 17:35 (SGT)
Reported by .....	Driver
Date of Accident .....	17/08/2022 14:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	HILL CRESCENT ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMT2308R
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	BOLT CAR LEASING PTE LTD
Company Reg No .....	201118483H
Email Address .....	JAYSON@BOLTCARLEASING.COM
Mobile Phone No .....	(Phone) +65-97837834
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	AD AVANTE 1.6 GLS (A)
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 .....	1591

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	1220005139

#### DRIVER

Name of Driver .....	GUAN MINGFEI
NRIC No .....	S8179348D
Date Of Birth .....	28/04/1981
Occupation .....	Indoor

Date Of Driving Pass .....	14/11/2007
Driving experience .....	14 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87005958
Alt. Phone Number .....	-
Email Address .....	JAYSON@BOLTCARLEASING.COM
Address .....	BLK 354 ANG MO KIO ST 32
Address complement .....	05-145
Postcode .....	560354
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Change/cross lane
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) .....	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? .....	Yes
Police Station Name .....	Teck Ghee Neighbourhood Police Post
Police Station Address .....	Blk 321 Ang Mo Kio Street 31 Singapore 560321
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

-

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XD5101D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	-
Contact Number .....	(Phone) +65-83691595
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 .....	GUAN MINGFEI
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMT2308R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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**

LICENSE PLATE: 8MT 2308R  
CONTACT NUMBER: 87005958  
LOCATION: Hillcrest Road

ACCIDENT DATE & TIME: 17/8/22 1400  
E-MAIL ADDRESS:

Refer to police report.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

☐ Claim Own Policy ☐ Claim Third Party ☒ Claim Own TP at other workshop ☐ Reporting Only

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

by Reporting Officer

Witnessed by Reporting Centre  
Personnel





# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTO COMPREHENSIVE

Name of Individual Policyholder : BOLT CAR LEASING PTE LTD

Master Policy No./Policy No. : 7990000147 / 1220005139

Period of Insurance : 17 Aug 2022 To 16 Aug 2023

Engine No. : G4FGKU024459

Chassis No. : KMHD841CMLU035107

Vehicle No. : SMT2308R

Endorsement No. :

Issued Date : 17 Aug 2022 14:49

### ABOUT THE COVER

Make/Model : HYUNDAI AVANTE

Engine Capacity/Tonnage : 1591 CC

Driver Restriction : NA

Person or Classes of Persons Entitled to Drive\* :

Any person who is driving on the Policyholder's order or with their permission.  
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2020

Insuring with COE/PAF : Yes

Age Condition : Driver Restriction applies-Refer to T&C

Mileage Condition :

Limitation as to use\* :

Use for social, domestic, pleasure purposes and business purposes of the Policyholders.  
Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.  
Use for the carriage of passengers or goods (other than for reward) by any person to whom the Vehicle is hired.  
This Policy does not cover:  
1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;  
2) use whilst drawing a trailer;  
3) use for the towing of any one disabled mechanically propelled vehicle;  
4) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; and  
5) use for any purpose in connection with Motor Trade.

\* 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 Outside Singapore Cover - \$1000 Own Damage - \$500 Theft - \$0 Theft Outside Singapore Cover - \$1000 Flood Cover - \$500

Section 2

Property Damage - \$0

Windscreens : \$100

Named Driver and Excess (where applicable)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.  
For list of 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

Endorsement Clause 140 applies.  
- Authorised Drivers must be age within 23 to 70 years old with at least 2 years driving experience unless stated otherwise

Hire Purchase Company/Employer's Loan: NA

I/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).

0504576000

ARK INSURANCE AGENCY

3 HOY FATT ROAD

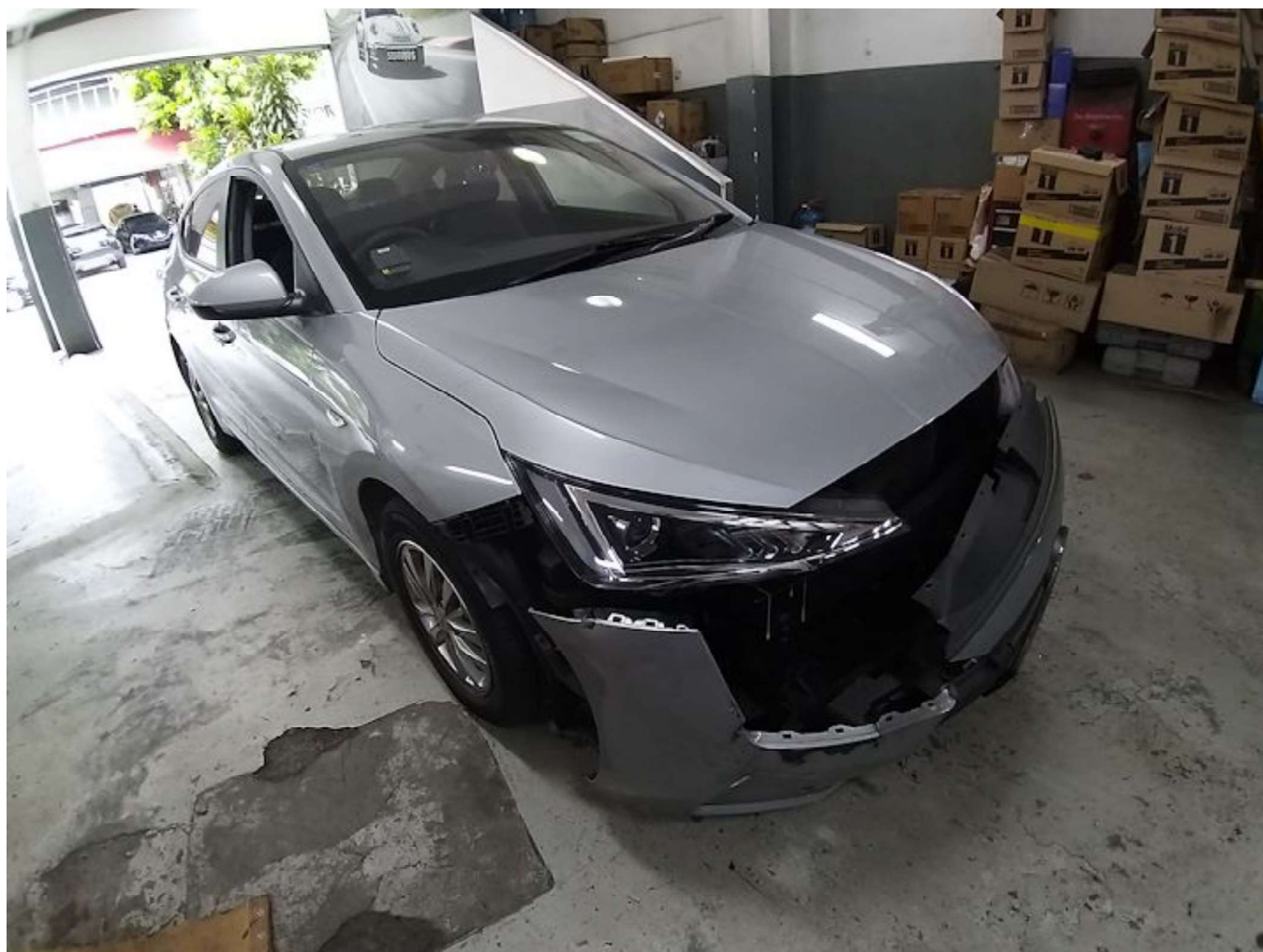
SINGAPORE 159504

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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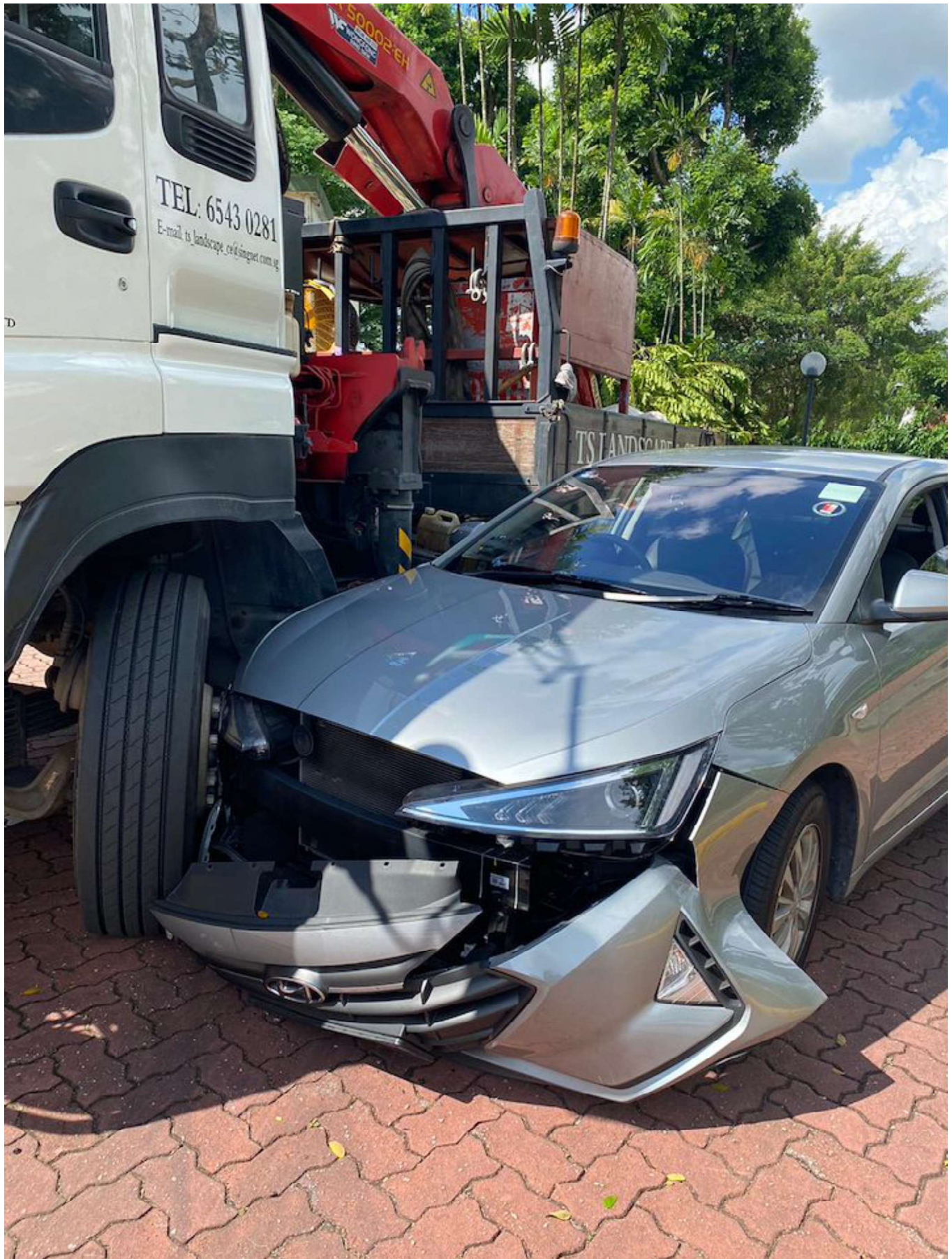
















**SINGAPORE  
POLICE FORCE**



T/20220818/2127

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

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Report No. T/20220818/2127

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/08/2022 22:53	Vide Report No.: E/20220817/0071	Station Diary No.: 24
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**Informant's Particulars**

Name of Informant: GUAN MINGFEI			Address: APT BLK 354 ANG MO KIO STREET 32 #05-145 SINGAPORE 560354	
ID Type/ ID No.: NRIC NO / S8179348D			Contact No.: Home/Office: Mobile: 87005958	
Nationality: CHINESE			Email:	
Sex: Male	Age: 41	Date of Birth: 28/04/1981	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/08/2022 14:00	Type of Location:
Location: HILLCREST ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMT2308R	Car	HYUNDAI	AD AVANTE 1.6 GLS (A)	Silver		0
XD5101D	Lorry	ISUZU	CYZ52R	White		0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220818/2127

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Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

Report No. T/20220818/2127

## CONTINUATION OF REPORT

Driver			
Name	GUAN MINGFEI	ID No.	S8179348D
Related Vehicle	SMT2308R (Car)	Contact No.	87005958
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/08/2022	Date Discharge	17/08/2022
No. of Days granted Medical Leave	05	Degree of Injury	NIL

**Brief Details.**

On 17/8/2022 at about 2pm, I drove my car to fetch my daughter at National Junior College. When I was about to enter the gate, there was a lorry in front of my car. They were doing some works and thus, the security from the security post signal me to overtake the lorry. This is to join the queue with the rest of the cars in front to fetch our children. While I was overtaking the lorry, one of the worker cross the road and signal me to stop. Thus, I came to a stop on the left side of the lorry. Subsequently the lorry moved and collided to the right side of my car. The workers and I came out from the vehicle.

I have to alight from the passenger side door as I am unable to open my door. The right side of the car was badly damaged. I have a front in-car camera and it recorded the whole accident. Later there was disagreement and thus police were called in. When I came back home, I felt pain on my body and also vomitted. I went to the doctor in the evening and was given 5 days of medical leave. I suffered some neck pain.

I would like to state that during school dismissal, the two lanes were being used as a one direction to fetch the students.





**SINGAPORE  
POLICE FORCE**



T/20220818/2127

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Report No. T/20220818/2127

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

F /  
SI MUHAMMAD ALI BIN  
MANSOR

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/08/2022 22:53

Officer In Charge Of Case:  
TP / GIT /  
SI KOH WEI JIE  
Contact No.: 97303412

Classification Of Case:

NP168

