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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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 witholding 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 Reported by Date of Accident Exact Location of Accident

Additional Location Information Country/State of Loss

27/10/2022 17:34 (SGT) Both

21/10/2022 08:10 (SGT) Clementi Rd, Singapore OUTSIDE MAJU CAMP Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJN2833H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No Email Address

Mobile Phone No

Alternative Phone No

No

LOW POH SENG SXXXX324H

stanlylow@gmail.com (Phone) +65-97730906

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category

Transmission

CC

Toyota

Vios

Private use

No - Claiming third party

Private car

Auto 1497

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. 2100119236-13

DRIVER

Name of Driver

NRIC No

Date Of Birth Occupation

LOW HOCK MENG

SXXXX069I 08/04/1996

Indoor



Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

stanlylow@gmail.com
BLK 17A TELOK BLANGAH CRESCENT #30-270
091017

21/12/2015

Male

6 YEARS AND 10 MONTHS

(Phone) +65-97730906

091017 No Child No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear Clear 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) 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?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes Clementi Division Headquarters (Phone) +65-18007740000 (Fax) +65-67741705 20 Clementi Avenue 5 Singapore 129858

No

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT D/20221021/7041

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

SMZ7312M

5

-

Vehicle Colour	140
Vehicle Category	Private car
Name of Driver	3.5
Contact Number	•
Address	
Address complement	
Postcode	520
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	LOW HOCK MENG
Gender	Male
Phone No	(Phone) +65-97730906
Address	10.00
Address Complement	
Post Code	
Approximate Age Years Old	F 175
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJN2833H
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.
- information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regudiate 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.
- 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.
- 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 aforesald.
- 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' travyers/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:
- (iii) Investigating the accident and/or my claims;

2.1

- (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 tawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

- t			de	1110/0012
Policyholder's Signature / Date & Ti	& Time	lignature (if driver is not the policyholder) / Date Witnessed by Rep (Name as in NRK	orting Contre Personnel (MD card)
Sketch Plan	(LEMENT)	edgy outside	MAJU C	mp.
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				B 1 Smz 7312 m
				10 9 31/12 10(-11)

W 20/ 1/2022

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Declaration

I/We declare the foregoing particulars are true in every respect.

Policyhalder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)



D/20221021/7041

1 of 2

Report No. D/20221021/7041

POLICE REPORT (NP299)

Subjects Involved

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000

Date/Time Report Made 21/10/2022 19:58	Vide Report No.		Station Diary No.	
Name Of Informant LOW HOCK MENG	Address 17A TELOK BLANGAH CRESCENT #30-270 SINGAPORE 091017			
ID Type / ID No. NRIC NO / \$9612069I	Contact No. Home/Office: Mobile: 97730906			
Nationality SINGAPORE CITIZEN	Email Address Stanlylow@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Marine engineer	Male	26	08/04/1996	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 21/10/2022 08:10 - 21/10/2022 08:15	Location Of Incident 435 CLEMENTI ROAD # SINGAPORE 599873			
Brief details.			JII SIII C	11 E 033070

My car and the other party's car was at the traffic light when I suddenly felt a bump from the back. I alighted from the car and saw that the car behind have collided into the rear of my car.

Person Name	LOW HOCK MENG		
ID Type	NRIC NO	ID No	S9612069I
Signature Of Officer Recording The Report: Not applicable		The	nature Of Informant: identity of the person making this ort has been authenticated by Singpass signature is required.
Signature Of Interpreter: Not applicable			e/Time: 0/2022 19:58
Officer In-Charge Of Case:		Clas	sification Of Case:





POLICE REPORT (NP299) CONTINUATION OF REPORT

Report No. D/20221021/7041

Gender	Male	Age	26
Race	Chinese	Language	English
Occupation	Marine engineer	Address	17A TELOK BLANGAH CRESCENT #30-270 SINGAPORE 091017
Mobile No	97730906	Is Informant A Victim?	Yes

Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/10/2022 19:58
Officer In-Charge Of Case:	Classification Of Case:



Personal Particulars of Owner & Driver (Vehicle A)

	/(dd/mm/yy)		IU (24-HN-FORIVIAT)
	Vehicle Make & Mode	TOYOTA VIOS	
*Transmission : o Manual		:1497	
	CLEMENTI ROAD OUTSI		45 AND TO SEE THE SEE
	LOW POH SENG		S1808324H
	ss:STANLYLOW@GMAIL		
Driver's Name:	LOW HOCK MENG	NRIC/FIN/REG No.:	S9612069I
	STANLYLOW@GMAIL.CO		
Driver's Contact No.:	97730906	Company Contact No	(If any):
Date of birth: 08/04/1996	Driv	ving Pass Date: 21/12/2015	
	A TELOK BLANGAH CRESCENT, #3		
Insurance Company:	AIG		
	9236-13 Type of Cov	erage Comprehesive/ Third F	Party /Third Party, Fire & Theft
	ner & Driver: (Please CIRCLE one		
	Friend / Parents / Sibling / Relati		hers specify:
		ve / cimployee / times of or	
What do you wish to claim			V_ W
o Own Insurance / Other	Vehicle (The one you want to cla	im against)/ o Reporting (For Record Purpose)
Tyce of Accident			
	To Rear o Side Swipe o Other		
Occupation (nature job)	indoor / o Outdoor *N	o. of Passengers / Includin	g Driver): 1
*Passenger Name:		Gen	der: Male / Female
Weather condition & Road	conditions? (On the day of accid	lent)	
Clear & Dry / o Raining &	& Wet / o After-Rain & Wet / o D	rizzling & Wet / Others:	
Was there any video captu	red by your car Car camera? O	res LarNo	1 1 .6
Any Injuries: Ves / o No	o (If YES) Injured Person' Name:	LOW POH SENG	low Hock I'll
Injuries Sustain: BC	DDY Injur	ed Person in Which Vehicle	LOW POH SENG
Police Report field: Mes /	o No (If YES) Which Police Static	n: CLEMENTI DIVISION	но
	The Other Part	v (S) Details:	
1. Driver's Name / IC No: _			No: SMZ7312M
Driver's Contact No:		Insurance Company :	
2. Driver's Name / IC No (I	f Any):	Vehicle No:	
Driver's Contact No:		Insurance Company :	
*Independent Witness (If	Any):	Contact No:	
Proferred Workshop Nam	e: MY CAR CONSULTANT PTE LT	Contact No:	83447681



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Low Poh Seng

Period of Insurance

: 11 Feb 2022 To 10 Feb 2023

Engine No. Chassis No. : 1NZX869143

: MR053HY9305101222

Vehicle No.

: SJN2833H

Policy No.

: 2100119236-13

Endorsement No.

Issued Date

: 04 Jan 2022

ABOUT THE COVER

Make/Model

: TOYOTA VIOS

Engine Capacity/Tonnage : 1,497.00 CC Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : Yes

First Year of Registration : 2009

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 ha/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 expension.

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 him or revent, driving batt, recing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples 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, 1967 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Low Poh Seng - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ ASG Authorised Repairers (For claims related repairs)

Any socident repairs to the Vehicle must be carried out by one of our Authorised 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/ASG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 8200. Alternatively, You may refer to AIG website 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: CITIBANK SINGAPORE

I/We hereby certify that the policy to which the Certificate of insurance relates is usued 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 Perty Risks) Rules. 1959 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE PL

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

A-GSGVGBILEAFP

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

324H

Vehicle Details

Vehicle No.:

SJN2833H

Vehicle to be Exported:

Yes

Intended Deregistration

26 Oct 2022

Date:

Vehicle Make:

TOYOTA

Vehicle Model:

VIOS J AUTO

Primary Colour:

Red

Manufacturing Year:

2009

Engine No.:

1NZX869143

Chassis No.:

MR053HY9305101222

Maximum Power Output:

80.0 kW (107 bhp)

Open Market Value:

\$11,696.00

Original Registration Date:

11 Feb 2009

First Registration Date:

11 Feb 2009

Transfer Count:

Actual ARF Paid:

\$51.00

Intended PARF Rebate Details

PARF Eligibility:

Forfeited

PARF Eligibility Expiry Date:

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

10 Feb 2029

COE Category:

A - Car (1600cc & below)

COE Period(Years):

10

PQP Paid:

\$25,727.00

COE Rebate Amount:

\$16,190.00

Total Rebate Amount:

\$16,190.00

The information contained herein is correct as at 26 Oct 2022

OK