

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 14/12/2022 17:00 (SGT)
Reported by Driver
Date of Accident 14/12/2022 12:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information JALAN BAHAR
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG8724M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM CHEE BOON
NRIC No SXXXX455Z
Email Address CHEE_BOON_LIM@HOTMAIL.COM
Mobile Phone No (Phone) +65-98628013
Alternative Phone No -

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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 2100486755-05

DRIVER

Name of Driver JIANG WEIWEI
NRIC No SXXXX398D
Date Of Birth 07/11/2014
Occupation Indoor

Date Of Driving Pass	21/06/2017
Driving experience	5 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81125785
Alt. Phone Number	-
Email Address	GINGERWEI25@HOTMAIL.COM
Address	393 BUKIT BATOK WEST AVE 5 #04-464
Address complement	-
Postcode	650393
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Wet

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)	2
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	-

PASSENGER 1

Name	LIM YEH EHN
Gender	Male

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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE7892K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LOVEPRET SINGH
Passport No/FIN	OXXXX9575
Contact Number	(Phone) +65-81839760
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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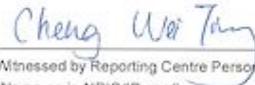
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

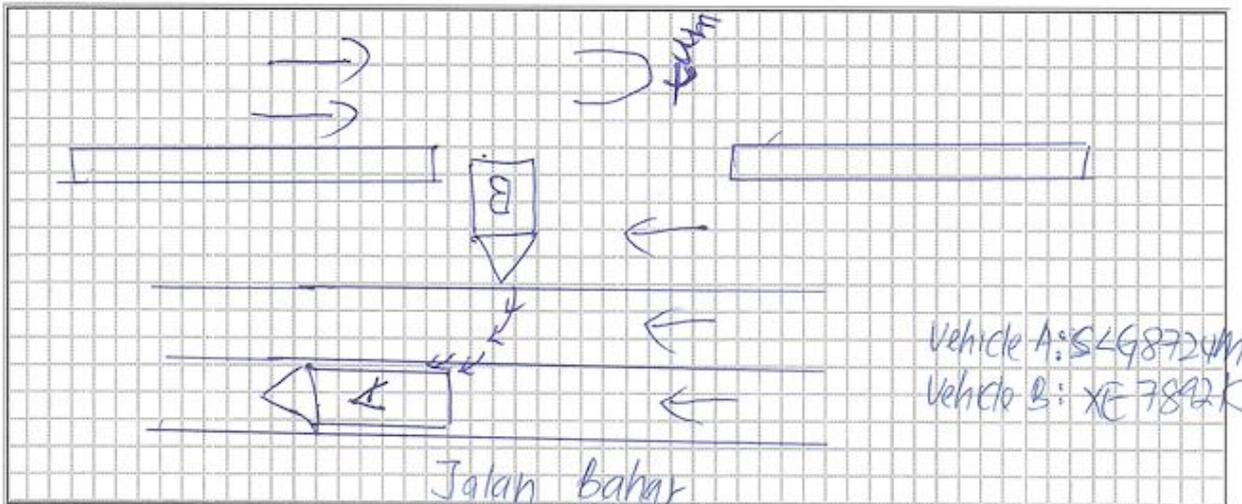
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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



Describe Circumstance of the Accident

I saw the truck doing a U-turn, so I slowed down to have kept my lane discipline moving in the slow lane. After I drove to pass, I heard a bump, then I got hit by the truck at the rear back portion (right), No body is injured.

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)













TOYOTA MOTOR CORPORATION JAPAN
MODEL ZGE20R-HPXNP 1798 mL
ENGINE ZZR-FAE
FRAME IN. JTDGG20W20J005575
COLOR TRIM PLANT OPTION
3B0 FA12 A32 080
TRANS./MILE K311 -02A

















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: _____ Vehicle Registration No: SLG 8724M
 Name (as shown in NRIC): Lim Chee Boon NRIC/FIN/Passport No: S17724552
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 393 Bukit Batok West Avenue 5 # 04-464 Singapore (650392)
 Contact (Tel): 9862 8013 Mobile No.: _____
 Email Address: chee-boon-Lim@hotmail.com
 Date of Accident: 14/12/22 Time of Accident: 1200pm
 Place of Accident: Jalan Bahar
 Insurance Company: AIG

(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:

- 1) Customer wish to claim under third party
- 2) I saw the truck doing a U-turn, so I slowed down and kept my lane discipline in the slow lane. after observing the truck has ~~reversed~~ reversed and stopped, I proceeded cautiously and drive forward. After passing the truck I heard a bang on the rear back ~~portion~~ portion of my car (right side) # No one is injured


 Policyholder / Driver's Signature
 Date: 14-Dec-2022

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

AUTHORIZATION LETTER

Date: 19 Dec 2022

To: _____

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) Lim Chee Boon NRIC No. S17724557
 hereby authorized my/our (relationship) Jiang Wei Wei (full name)
wife NRIC No. S68358268398D 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 SLG8724M 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 : Lim Chee Boon
 Contact No : 98628013



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder	: Lim Chee Boon	Vehicle No.	: SLG8724M
Period of Insurance	: 17 Oct 2022 To 16 Oct 2023	Policy No.	: 2100486755-05
Engine No.	: 2ZR1844220	Endorsement No.	:
Chassis No.	: JTDGG20W20J005575	Issued Date	: 22 Aug 2022 20:33

ABOUT THE COVER			
Make/Model	: TOYOTA NEW WISH	Sum Insured	: Market Value
Engine Capacity/Tonnage	: 1,798.00 CC	First Year of Registration	: 2016
Driver Restriction	: NA	Off Peak Car	: No
Person or Classes of Persons Entitled to Drive*	: Insuring with COE/PARF : Yes		
<small>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</small>			
<small>You have to pay an additional sum of S\$53,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorized Driver (named or unnamed) has less than 2 years' driving experience.</small>			
Age Condition	: 35 years old and above	Mileage Condition	: Unlimited Mileage
Limitation as to use*	: Use only for social, domestic and pleasure purposes and for the Policyholder's business <small>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.</small>		
<small>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, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.</small>			

EXCESS	
Section 1	Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600
Section 2	Property Damage - \$0
Windscreen	: \$100
Named Driver and Excess (where applicable)	
Lim Chee Boon -	\$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)
<small>Approved Reporting Centres/AIG Authorized Repairers (For claims related repairs) Any accident repairs to 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/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. 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.</small>

IMPORTANT NOTES
Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

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).

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.

AIGSGADBLEAPP

78 Shelton Way #09-16 AIG Building S079120 | T: +65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Jiang wei wei
 VEHICLE NUMBER : SLG 8724 M
 DATE/TIME OF ACCIDENT : 14-Dec-2022, 12:00pm
 PLACE OF ACCIDENT : Jalan Bahar
 THIRD PARTY VEHICLE (IF ANY) : XE 7892K

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

start from Bukit Batok west Avenue 5
Intended destination : NTU

* 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?

side collision

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

No

wei wei Jiang
Name:

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