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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
  2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
  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	25/01/2023 17:31 (SGT)
Reported by	Both
Date of Accident	20/01/2023 18:00 (SGT)
Exact Location of Accident	Keppel Rd, Singapore
Additional Location Information	TOWARDS WEST COAST HIGHWAY
Country/State of Loss	Singapore

Additional Location Information Country/State of Loss	TOWARDS WEST COAST HIGHWAY Singapore
DETAILS OF	F OWN VEHICLE
Vehicle Registration Number	SML1668A
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No GOH HAN XIONG SXXXX286G winson_tingwei@hotmail.com (Phone) +65-90660978
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	Lexus Es250 - Private use

The state of the s	LOXUS
Model	Es250
Variant	-1
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	2487

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070068840-02

#### DRIVER

Name of Driver	GOH HAN XIONG
NRIC No	SXXXX286G
Date Of Birth	14/10/1986
Occupation	Indoor

Date Of Driving Pass 09/03/2006 Driving experience 16 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-90660978 Alt. Phone Number Email Address winson\_tingwei@hotmail.com Address BLK 296A BUKIT BATOK STREET 22 #16-60 Address complement Postcode 651296 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Yes Reasons for not uploading a video of the accident WITH OWNER **DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number	SLX8842R
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LENG CHEE MENG

NRIC No	0\/\/\/
Contact Number	SXXXX683Z
A 1.1	-
Address samely	-
The state of the s	-
Postcode Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
and the description (metading briver)	

# DETAILS OF OTHER VEHICLE PROPERTY 2

WWW AND STORY OF	
Vehicle Registration Number Vehicle Manufacturer	YQ8466B
Vehicle Model	Mitsubishi
Vehicle Variant	Fuso
Vehicle Colour	*
Vehicle Category	•
Name of Driver	Commercial vehicle
Passport No/FIN	PALANIAPPAN SURIYA PHAKASH
Contact Number	GXXXX160Q
Address	-
Address complement	-
Postcode	-
Insurance Company Name	·
Nature Of Damage	i.e.
Details of property damaged in accident	<u></u>
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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
- (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

Witnessed by Reporting Centre Personnel

Sketch Plan

A SML 1668A

helicle B SLX 8842R

uehicle C YQ 8466B

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Describe Circumstance of the Accident	
On 20/01/2023 about 18.00 pm. I was driving also	15
lane I and traffic was slow. In front which slow &	own
and stop so I follow slow down and stop, suddenly wehice	le B
"SLX 8842 R" collided ando my near car portion with in	
very heavy and badly. I come down and notice is chain	
collision accident. volicle C" YR 84668" collided onto	Yehicle
B" SLX 8842K" Rear and whick B" SLX 8842R"	collided
orto my rear car portion. I have video footige recorded the a	ccidant
There is no one introd during the accident.	
,	
	15

Declaration

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

Policyholder's Signature ; Date & Time

Drivet's Signature of driver is not the policyholder. Date 8 Time.

Weesed by Reporting Centre Fersonnel



CCIDENT DATE & LOCATION	
	Date: 20/01/2023 Time: 18:00 pm/24 hr format)
xact Location of Accident *	Keppel Rund towards west coast
SERVICE CONTRACTOR OF THE SERVICE CONTRACTOR	Highway
SURED / POLICY HOLDER / VEHICLE PARTICULA	11 1 1 1 1 1
ehicle Registration Number	SML 1668 A Make & Type: Lexus Es 250
anne of Registered Owner"	God HAN xiong
RIC/FIN/Passport/Co Regn No.*	(86312869
Contact Number *	9066 0978 Email/Fax No: Winson_tingweilhotmail. (s
yact Purpose for which vehicle	Private Usage /   Commercial or Company's Usage
as being used at Time of Accident	
ze you claiming under your own	Yes / Wo If No. Please state action to be taken
nsurance policy for repair to your vehicle?*	☐ Third Party Claim (SYH / Other workshop?) / ☐ Reporting Only
NSURANCE COMPANY (OWN VEHICLE)	China / EQ / Etiga / MSIG / Tokio Marine/ Great American (7)
lame of Insurance Company *	Comprehensive / Third Party / Third Party Fire & Theit
Type of Policy *	
Policy No. (Certificate No.) / Cover Note No.	2070068840-02
DRIVER	Gonder Fraile / Female
Name of Driver *	Cruh HAN Koong Gender Male Tremale
KRIC/FIN/Passport Number*	The same of the sa
Date of Birth *	14/(0/ 1986 (dd/mm/yyyy)
Occupation *	Øndoor / □ Outdoor
Date of Driving Pass (Pass Date) *	09/03/2006
Contact Number*	9066 0978
Address	BIK 296A Bukit Butok street 22 #16-60 5 (6512)6
Email Address / Fax Number *	Email: Winson - tingwei @ htms: 1. Con Fax: -
	Owner / Employee / Spouse / Friend / Others:
Does Driver Own any Vehicle, if YES pls indicate	Veh No: 1) 2) 3)
Vehicle Number & Insurance Company *	Veh No: 1)     2)     3)       Ins Co: 1)     2)     3)
Vehicle Number & Insurance Company * GENERAL INFORMATION OF THE ACCIDENT	Ins Co: 1) 2) 3)
Vehicle Number & Insurance Company * GENERAL INFORMATION OF THE ACCIDENT Type of Collision	Chain Collision / Side-Swipe / Front to Rear / Others:
Vehicle Number & Insurance Company * GENERAL INFORMATION OF THE ACCIDENT Type of Collision Weather Conditions *	Chain Collision / Side-Swipe / Front to Rear / Others:  Clear / Raining / Others:
Vehicle Number & Insurance Company * GENERAL INFORMATION OF THE ACCIDENT Type of Collision Weather Conditions * Road Surface *	Chain Collision / Side-Swipe / Front to Rear / Others:
Vehicle Number & Insurance Company * GENERAL INFORMATION OF THE ACCIDENT Type of Collision Weather Conditions * Road Surface * OTHER INFORMATION	Chain Collision / Side-Swipe / Front to Rear / Others:  Clear / Raining / Others:  Web / Dry / Others:
Vehicle Number & Insurance Company * GENERAL INFORMATION OF THE ACCIDENT Type of Collision Weather Conditions * Road Surface * OTHER INFORMATION Was anybody Injured in the accident? *	Ins Co: 1) 2) 3)  Chain Collision / Side-Swipe / Front to Rear / Others:  Clear / Raining / Others:  Web / Dry / Others:  PNo / Dyes (Police Report required)
Vehicle Number & Insurance Company* GENERAL INFORMATION OF THE ACCIDENT Type of Collision Weather Conditions* Road Surface* OTHER INFORMATION Was anybody Injured in the accident?* Was any injured conveyed to hospital	Chain Collision / Side-Swipe / Front to Rear / Others:  Clear / Raining / Others:  Web / Dry / Others:
Vehicle Number & Insurance Company* GENERAL INFORMATION OF THE ACCIDENT Type of Collision Weather Conditions* Road Surface* OTHER INFORMATION Was anybody Injured in the accident?* Was any injured conveyed to hospital by ambulance?	Ins Co: 1) 2) 3).  Chain Collisign / Side-Swipe / Front to Rear / Others:  Clear / Raining / Others:  Web / Dry / Others:  PNo / Dyes (Police Report required)  PNo / Dyes
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Vehicle Number & Insurance Company* GENERAL INFORMATION OF THE ACCIDENT Type of Collision Weather Conditions* Road Surface* OTHER INFORMATION Was anybody Injured in the accident?* Was any injured conveyed to hospital by ambulance? Was any foreign vehicle involved in this accident?* Number of vehicles involved in the accident Was there any witness? Was any other VEHICLE / Property involve /damage?* Was there any video captured by Car Camera? DETAILS OF POLICE ACTION Was the Accident Reported to the Police?* Was Notice of intended Prosecution given?*	Ins Co: 1)   2)   3)   Chain Collisign / Side-Swipe / Front to Rear / Others:   Clear / Raining / Others:   Web / Dry / Others:   Who / Dry / Others:
Vehicle Number & Insurance Company* GENERAL INFORMATION OF THE ACCIDENT Type of Collision Weather Conditions* Road Surface* OTHER INFORMATION Was anybody Injured in the accident?* Was any injured conveyed to hospital by ambulance? Was any foreign vehicle involved in this accident?* Number of vehicles involved in the accident Was there any witness? Was any other VEHICLE / Property involve /damage?* Was there any video captured by Car Camera? DETAILS OF POLICE ACTION Was the Accident Reported to the Police?*	Ins Co: 1) 2) 3)  Chain Collisign / Side-Swipe / Front to Rear / Others:  Clear / Raining / Others:  Web / Dry / Others:  Who / Dry / Others:  Who / Dry s (Police Report required)  Who / Dry s Veh No:  Veh Category:  ( 0 3 )  Who / Dry s  DNo / Dry s  If Yes, Please state which Police Station  No / Dry s  If Yes, Capanet which Police Station

Vehicle Registration Number *	1) 3000 SLX 6847 B	121 YO &4660
Vehicle Make / Model / Colour	MARDA 3 HAtch Rock	Grey Mitsubishi Fuso cantel
Damage to Vehicle/Property? Vehicle Category*	Transce of the same of the sam	/ Grey Mitsubishi Fuso contac
Name of Driver	Leng thee mens	PALANIAPPAN SURIYA PHAY
NRIC/Passport Number	517986827	G 261 3160 Q
Contact Number	3:110 003 2	9 261 5163 Q
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		



# CERTIFICATE OF INSURANCE

### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Goh Han Xiong

Period of Insurance : 29 Apr 2022 To 28 Apr 2023

Engine No.

: A25A5137796

Chassis No.

: JTHB11B1602007944

Vehicle No.

: SML1668A

Policy No.

: 2070068840-02

Endorsement No.

**Issued Date** 

: 18 Apr 2022

### ABOUT THE COVER

Make/Model : LEXUS ES250 2.5

Engine Capacity/Tonnage: 2,487.00 CC

Sum Insured : Market Value

First Year of Registration : 2019

Driver Restriction

: NA

Off Peak Car : No

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 he/she meets the specified age condition.

You have to pay an additional sum of SS\$3,000 as "Inexperienced Driver Excess" ("IDR") If You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience

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.
This Policy does not cover use for hire or reward, driving fultion, 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.

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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Goh Han Xiong - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of Repairers, please contact our 24-hour accident emergency holline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download \*AIG

#### **IMPORTANT NOTES**

Hire Purchase Company/Employer's Loan: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502263000

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOUGANG ST 21 #04-207

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPHAW

78 Shanton Way #09-16 AIG Building S079120 | Ti+65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.