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SN08234R0004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 27/04/2023 12:54 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (27/04/2023 12:54 (SGT))



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 witholding of material facts may allow insurance companies to repudiate

A. 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

27/04/2023 12:54 (SGT) Both Policyholder and Actual Driver 27/04/2023 08:55 (SGT) Fernvale Rd, Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMP6425E

Singapore

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No TOH CHOON HIONG ANDREW

SXXXX218F tohchoonhiong68@gmail.com (Phone) +65-98583418

VEHICLE PARTICULARS

Manufacturer Model

Variant

Honda Shuttle

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to vour vehicle?

Vehicle Category Transmission CC

Employment

No - Claiming third party Private hire

Auto 1496

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. 2070127930-02

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TOH CHOON HIONG ANDREW SXXXX218F 18/07/1968 Outdoor

Date Of Driving Pass 26/07/1991 Driving experience 31 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-98583418 Alt. Phone Number **Email Address** tohchoonhiong68@gmail.com Address BLK 504D YISHUN STREET 51 #09-138 Address complement Postcode 764504 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 Collision - Head to Rear 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) 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 VIVIAN Gender Female 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? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SMR4013M** 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

TOH CHOON HIONG ANDREW Name of injured person Gender Phone No (Phone) +65-98583418 Address Address Complement Post Code Approximate Age Years Old SLIGHT INJURY Injuries Sustained Injured person in which vehicle? SMP6425E Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

INJURED 2

VIVIAN Name of injured person Female Gender Phone No Address Address Complement Post Code Approximate Age Years Old SLIGHT INJURY Injuries Sustained SMP6425E Injured person in which vehicle? Yes Were seat belts worn? Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or wilhholding 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 Police for Investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Contre 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)

Lunderstand, 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 law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Time

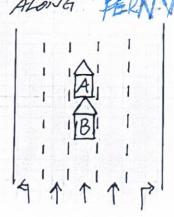
Time Sketch Plan 学俊雄

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

Willessed by Reporting Centre

Personnel

VEH.A-SMP6425E VEH.B-SMR4013M



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5/4/13 5/4/13	w.
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Policyholder's Signature / Date & Time

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

Wiressed by Reporting Centre Personnel



Date of Accident	: 27/04/2023 Accident Time: 0855 (24-HR-Format) FRRY VAL
Accident Place	: ALONG SENGKANG EAST AVENUE PORT
Vehicle, No. (Car Plate No.)	: SMP6425E Make/Model: HONDA SHUTTLE
Insurace Company	: A1G Policy No: 2070127930-02
Owner or Company Name /IC No.	TOH CHOON HIONG ANDREW S6826218F
Owner or Company Contact No.	: 98583418 Owner's Hp Company Tel
DRIVER'S Name / IC No.	SAME AS ABOVE
DRIVER'S Date Of Birth	: 18/07/1968 DRIVER'S License Pass Date 26/07/1991
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ (therx_ownER
DRIVER'S Address	: BLK 504D YISHUN ST. 51 #09-138 5764504
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: TOHCHOONHIONG 68@GMAIL.com
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including	Driver): 02
Was there any video Captured by c Exact purpose for which vehicle w Any Injury (If YES, PIs state):	as being used at the time of accident: Private use (Work purpose)
	Party Driver's Particular (if any)
Vehicle. No: (B) SMR 4013	Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:

VIVIAN- FEMALE



CERTIFICATE OF INSURANCE

RIDE SHARE PRIVATE VEHICLE

Name of Policyholder

: TOH CHOON HIONG ANDREW

Period of Insurance

: 04 Oct 2022 To 03 Oct 2023

Engine No. Chassis No.

: LEB7102658 : GP72001906

Vehicle No.

: SMP6425E

Policy No.

: 2070127930-02

Endorsement No. Issued Date

: 02 Sep 2022 20:10

ABOUT THE COVER

Make/Model

HONDA Shuttle

Engine Capacity/Tonnage . 1,496.00 CC

Sum insured . Market Value

First Year of Registration : 2019

Oriver Restriction

NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*

a) The resignment who is driving on the Policyholder's order or with his her permission.
This Policy will indemnify the Policyholder or any surhorised driver only if he/site meets the specified age condition.

When the Vehicle is used for the carriage of passanger for hire or revend, such authorised driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passangers for hire or reward.

You have to pay an adottional sum of \$550,000 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

Age Condition : All Age Condition

Mileage Condition

: Unlimited Mileage

Limitation as to use*

Use for social domestic, pleasure purposes and business purposes of any person to whom the Vehicle is fixed. Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is fixed. This Policy does not cover.

It uses for driving batton, driving test, racing, pace-making, reliability trial or specifiesting.

The whilst drawing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle; and the other properties of the pr

* Umitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 56 of the Road Transport Act, 1987 (Malaysia) and 1987 (

EXCESS

Fire - \$0 Own Damage - \$1800 Theft - \$0 Flood Cover - \$1800

roperty Damage - \$2000

Windscreen: \$100

Named Driver and Excess (where approache)

TOH CHOON HIONG ANDREW - \$1800 (Own Damage) \$2000 (Property Damage), \$1800 (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 the first registration of the Vehicle in Bingapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident energency hotine at +65 6338 5200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG from Curies or Genetic Plaz." SG" from IT unies or Google Play

IMPORTANT NOTES

If the verticle is used for the certisgs of passenger for fire or reward, such dover must be named under the Policy and registered with an intermediary which facilitates the camage of passengers for hire or reward. Should you decide to include any other driver, please contact us. (Company reserves the right to acceptive of the inclusion of any Named Drivers)

Hire Purchase Company/Employer's Loan: Shun Heng Credit Pte Ltd

17/s hereby certify that the policy to which this Certificate of insurance relates is issued in accordance with the provisions of the Motor Verscles (Third Party Risks and Compensation) Act (Cap. 189), Pert IV of the Ricad Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Verticles (Third Party Risks) Rives, 1950 (Malaysia).

0503982000

KHC HOLDINGS PTE, LTD.

389A BALESTIER ROAD

SINGAPORE 329798

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature

ALGE CANODIL EAPT

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