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SN08234R0006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 27/04/2023 16:58 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (27/04/2023 16:58 (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
- 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 27/04/2023 16:58 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 26/04/2023 12:42 (SGT) Exact Location of Accident Ang Mo Kio Ave 5, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKS3540H INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NGIAM HAI SWAN (YAN KAIQUAN) NRIC No SXXXX698H Email Address haiswann2@gmail.com Mobile Phone No (Phone) +65-91297149 Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer Toyota Model Voxy 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

Private use

No - Claiming third party Private car

Auto 1998

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. 1800037006-05

DRIVER

Occupation

Name of Driver NRIC No Date Of Birth

NGIAM HAI SWAN (YAN KAIQUAN) SXXXX698H 11/07/1976 Indoor

Date Of Driving Pass Driving experience	26/08/1996
Gender	26 YEARS AND 8 MONTHS
Mobile Number	Male (Phana) (CE 04007440
Alt. Phone Number	(Phone) +65-91297149
Email Address	haiswann2@gmail.com
Address	BLK 514 SERANGOON NORTH AVENUE 4 #07-269
Address complement	-
Postcode	550514
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	Callinian Handa B
Weather Conditions	Collision - Head to Rear Clear
Road Surface	Dry
	Ыу
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	N.
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
Was any injured conveyed to hospital by ambulance?	Yes 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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	_
CIDCUMOTANGES OF ACCIDENT	
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?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	CLNIACOOF
Vehicle Manufacturer	SLN4608E
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	-
N. Control of the con	Private car
Name of Driver	Private car
Name of Driver Contact Number	Private car

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	NGIAM HAI SWAN (YAN KAIQUAN)
Gender	Male
Phone No	(Phone) +65-91297149
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	2
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKS3540H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



Page 3 of 15

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 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 Traffic Police Department for investigation.
- 6. 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.
- 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")

13

- (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

M

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

BIC 3 35 40

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Sketch Plan

escribe Circumstance of the Accident	
ON THE STATED DATE AND TIME, I WAS	STANUNARY
LIMITING FOR GREEN UGHT.	
OUT OF MOLHERE, I FELT LA HUGE	IMPACT
FROM THE REAL.	
claration	
e declare the foregoing particulars are true in every respect.	

Policyholder's Signature / Date & Time

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

Withessed by Reporting Centre Personnel

(2)

YXCV MAKE & MODEL: TOUGH KOMM VEHICLE NO: SKS 3540H. AUTO/MANUAL DATE OF ACCIDENT 26 1041 C.C. 2.0. TIME OF ACCIDENT 1242 AM PM LOCATION OF ACCIDENT EMPLOYMENT / PRIVATE USE / PRIVATE HIRE EXACT PURPOSE USED AT TIME OF ACCIDENT NAME OF OWNER NGIAM HAI SWAN (YAN KAROUAN) EMAIL HAISWANNZe GMAIL.Con OFFICE: MOBILE: 9129 7149 NRIC 576206984. CLAIM TYPE OD / THIRTY PARTY / REPORTING ONLY FLEET POLICY YES /NO? INCURENCE CO. 116 TYPE OF COVERAGE Comprehensive / Third Party / Third Party Fire & Theft POLICY NO. 1800037006-05. NAME OF DRIVER AS ABOVE / IF NO: 4 NRIC 4 DATE OF BIRTH 1 07 / 76. ANY PASSENGER YES/NO: DRIVER ONCH NAME OF PASSENGER GENDER OF PASSENGER MALE / FEMALE OCCUPATION Outdoor Hindoor DATE OF DRIVING PASS 26 / 09 / 1996. GENDER MALE / FEMALE CONTACT NO. Mobile 912971 49 Office: Home: EMAIL HAISWANNZ e GRAIL. Con ADDRESS 514 SERANGOUN MKTH AVE 4407-269 5 (550\$14). DOES DRIVER OWN OTHER VEHICLES? NO / If yes, Reg No: INSURE: -RELATIONSHIP Employee / If No: SELT-WEATHER CONDITION Clear | Raining | Other: ROAD SURFACE Dry / Wet / Other: ANY INJURIES No / If yes, Who? CONTACT NO. ROLICE REPORT No/ If yes, Where? NOTICE OF INTENDED PROSECUTION? No / If yes, Who? VEHICLE B NO. SLN 4668 C. Any Passenger: UNSUZE NAME CONTACT NO. VEHICLE C NO. Any Passenger: VEHICLE D NO. Any Passenger: VEHICLE E NO. Any Passenger: VEHICLE F NO. Any Passenger: ANY WITNESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? YES AND WAS THERE ANY AUDIO RECORDED? YES INO SCENE ACCIDENT PHOTOS TAKEN? YES (NO DRIVER/OWNER/BOTH WHO IS REPORTING Original Language Used English/ Mandarin/ Others: Have you been approach by unknown person soliciting (s) / offering accident claims YESO NO. assistance?



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: NGIAM HAI SWAN (YAN KAIQUAN)

Period of Insurance Engine No.

: 25 Apr 2023 To 24 Apr 2024 : 3ZRB471695

Chassis No.

: ZRR800076333

Vehicle No.

: SKS3540H

Policy No.

: 1800037006-05

Endorsement No.

Issued Date

: 18 Apr 2023 18:26

ABOUT THE COVER

Make/Model

: TOYOTA VOXY 2.0 [Sedan]

Engine Capacity/Tonnage : 1,998.00 CC Driver Restriction · NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2015

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

The Policyholder
 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 S\$\$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

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 hire or reward, driving futition, driving test, racing, pace-making, reliability that 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.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, 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

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

NGIAM HAI SWAN (YAN KAIQUAN) - \$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 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 Repointing 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 or AIG SG Mobile App. Simply search and download "AIG SG" from Apple App Store or Google Play Store.

IMPORTANT NOTES

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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500656000

COWELL INSURANCE (AGENCY) P L

8 BURN ROAD #09-09 TRIVEY SINGAPORE 369977 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.