

# 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 .....              | 12/05/2023 15:02 (SGT)          |
| Reported by .....                     | Actual Driver                   |
| Date of Accident .....                | 11/05/2023 13:20 (SGT)          |
| Exact Location of Accident .....      | Upper Bukit Timah Rd, Singapore |
| Additional Location Information ..... | -                               |
| Country/State of Loss .....           | Singapore                       |

## DETAILS OF OWN VEHICLE

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | SLM601E |
|-----------------------------------|---------|

### INSURED/POLICYHOLDER

|                                |                       |
|--------------------------------|-----------------------|
| Is company? .....              | No                    |
| Name Of Registered Owner ..... | Serene Chang Sing Hui |
| NRIC No .....                  | S7876582H             |
| Email Address .....            | singhui27@gmail.com   |
| Mobile Phone No .....          | (Phone) +65-90210612  |
| Alternative Phone No .....     | -                     |

### VEHICLE PARTICULARS

|  |             |
|--|-------------|
| Manufacturer .....   | Honda       |
| Model .....  | Odyssey     |
| Variant .....  | -           |
| 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? ..... | Yes         |
| Vehicle Category .....   | Private car |
| Transmission .....   | Auto        |
| CC .....   | 2356        |

### INSURANCE COMPANY

|   |                                      |
|---|--------------------------------------|
| Name of Insurance Company .....         | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number ..... | 7210005620-02                        |

### DRIVER

|                      |  |
|----------------------|--|
| Name of Driver ..... | Adrian Ng Han Boon (Adrian Huang Hanwen) |
| NRIC No .....        | S7616275A                                |
| Date Of Birth .....  | 31/05/1976                               |
| Occupation .....     | Indoor                                   |

|  |                                  |
|--|----------------------------------|
| Date Of Driving Pass .....   | 13/12/1994                       |
| Driving experience .....   | 28 YEARS AND 5 MONTHS            |
| Gender .....   | Male                             |
| Mobile Number .....  | (Phone) +65-91018642             |
| Alt. Phone Number .....  | -                                |
| Email Address .....  | adriannghanboon@gmail.com        |
| Address .....  | Blk 179 Bishan Street 13 #12-227 |
| Address complement .....   | -                                |
| Postcode .....   | 570179                           |
| 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 .....       | 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? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| 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? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

I was driving on middle lane, light was green. I was behind vehicle SMU 8102Y, the front car had just reached the junction when the light began on the turn amber. She then jammed brakes, I failed to stop in time and hit into the car.

#### 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 ..... | SMU8102Y               |
| Vehicle Manufacturer .....        | Lexus                  |
| Vehicle Model .....               | UX250H                 |
| Vehicle Variant .....             | -                      |
| Vehicle Colour .....              | -                      |
| Vehicle Category .....            | Private car            |
| Name of Driver .....              | Shermay Chua Ling Ling |

|   |                      |
|---|----------------------|
| NRIC No .....                                 | S7429948B            |
| Contact Number .....                          | (Phone) +65-81230060 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | 1                    |

**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.
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 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")

(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

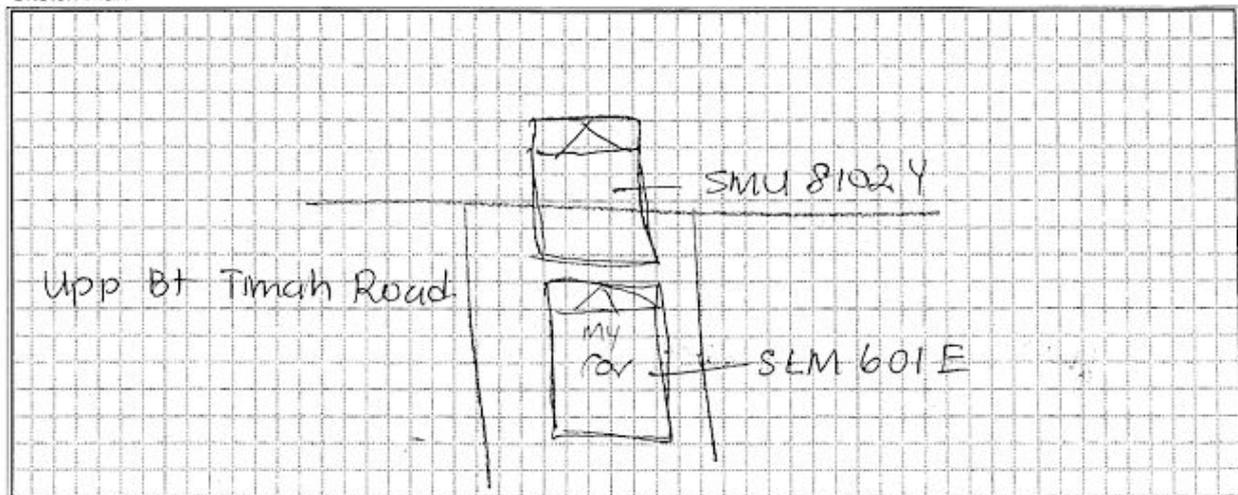
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Ag Singh  
 Policyholder's Signature / Date & Time  
**12 MAY 2023**

Alvin  
 Actual Driver's Signature (if driver is not the policyholder) / Date & Time  
**12 MAY 2023**

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

Sketch Plan



vJun2022

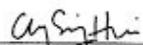
1

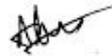
Describe Circumstance of the Accident

I was driving on middle lane, light was green. I was behind vehicle smid 8192 Y, the front car had just reached the Junction when the light began to turn amber. ~~She~~ she then jammed brakes & I failed to stop in time & hit into the car.

Declaration

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

  
Policyholder's Signature / Date & Time  
12 MAY 2023

  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time  
12 MAY 2023

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





















# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

|                             |                              |                        |                     |
|-----------------------------|------------------------------|------------------------|---------------------|
| <b>Name of Policyholder</b> | : Serene Chang Sing Hui      | <b>Vehicle No.</b>     | : SLM601E           |
| <b>Period of Insurance</b>  | : 20 Mar 2023 To 19 Mar 2024 | <b>Policy No.</b>      | : 7210005620-02     |
| <b>Engine No.</b>           | : K24W72013961               | <b>Endorsement No.</b> | :                   |
| <b>Chassis No.</b>          | : JHMRC1890GC209924          | <b>Issued Date</b>     | : 03 Feb 2023 15:40 |

### ABOUT THE COVER

|                                |                          |                     |                |                                   |        |
|--------------------------------|--------------------------|---------------------|----------------|-----------------------------------|--------|
| <b>Make/Model</b>              | : HONDA Odyssey 2.4 EX-S | <b>Sum Insured</b>  | : Market Value | <b>First Year of Registration</b> | : 2017 |
| <b>Engine Capacity/Tonnage</b> | : 2,356.00 CC            | <b>Off Peak Car</b> | : No           | <b>Insuring with COE/PARF</b>     | : Yes  |
| <b>Driver Restriction</b>      | : NA                     |                     |                |                                   |        |

**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 S\$53,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

|                      |                          |                          |                     |
|----------------------|--------------------------|--------------------------|---------------------|
| <b>Age Condition</b> | : 40 years old and above | <b>Mileage Condition</b> | : 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 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.

Loss of Use 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 5 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

#### Section 2

Property Damage - \$0

Windscreen : \$100

**Named Driver and Excess** (where applicable)

Serene Chang Sing Hui - \$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 Reporting 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](http://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

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, 1967 (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.

Puay Khoo Goh