

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	25/05/2023 16:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/05/2023 12:18 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	BESIDE PLAZA SINGAPURA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD2000H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YAP TAI SIONG
NRIC No	SXXXX358A
Email Address	charlesongjl@gmail.com
Mobile Phone No	(Phone) +65-96355560
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220073315

DRIVER

Name of Driver	YAP TAI SIONG
NRIC No	SXXXX358A
Date Of Birth	06/02/1982
Occupation	Indoor

Date Of Driving Pass	11/09/2013
Driving experience	9 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96355560
Alt. Phone Number	-
Email Address	charlesongjl@gmail.com
Address	BLK 81 STRATHMORE AVENUE #13-124
Address complement	-
Postcode	141081
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?	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

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	GBL9323Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

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 Authorised 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 The 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

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

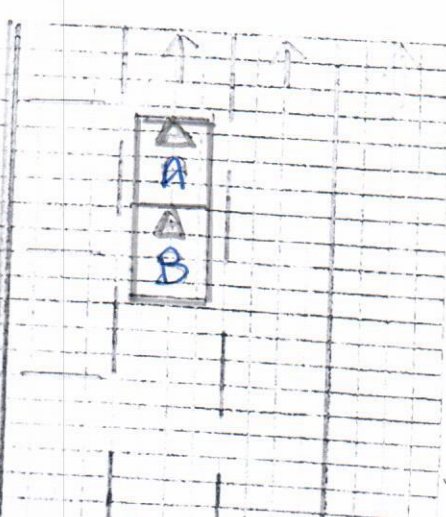
Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A: SGD 2000H

Veh B: GBL 9323Y

Along Orchard Rd beside Plaza Singapura




Describe Circumstances of the Accident

On the above stated date and time I was stationary waiting for the traffic to move, when suddenly I felt an impact from my vehicle rear portion. I alighted and check and find out that Veh B' GBL 9323Y did not manage to stop in time and collided into me.

Declaration

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


25/05/2023
Witnessed by Reporting Centre Personnel



VEHICLE NO: SG D 20004		MAKE & MODEL: Toyota Altis 1.6		AUTO / MANUAL	
DATE OF ACCIDENT		24 / 05 / 03		CC. 1578	
TIME OF ACCIDENT		12.18		AM / (PM)	
LOCATION OF ACCIDENT		Along Orchard Rd beside Plaza Singapura			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT (/ PRIVATE USE) / PRIVATE HIRE			
NAME OF OWNER		Yap Tei Seng			
EMAIL		Charlesongj1@gmail.com		Office.	
NRIC		S82713584		MOBILE 9635 5560	
CLAIM TYPE		OD / (THIRD PARTY) / REPORTING ONLY			
FLEET POLICY		YES / NO?			
INSURANCE CO.		AIG			
TYPE OF COVERAGE		Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.		7220073315			
NAME OF DRIVER		AS ABOVE / IF NO.			
NRIC					
DATE OF BIRTH		06 / 02 / 1982			
ANY PASSENGER		YES / (NO)			
NAME OF PASSENGER					
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		Outdoor / (Indoor)			
DATE OF DRIVING PASS		11 / 09 / 2013			
GENDER		(Male) / Female			
CONTACT NO.		Mobile.		Office.	
EMAIL		Charlesongj1@gmail.com			
ADDRESS		Blk 88 Strathmore Ave #13-124 SC1410911			
DOES DRIVER OWN OTHER VEHICLES?		NO / If yes: Reg No.		INSURER.	
RELATIONSHIP		Employee / (If No. owner)			
WEATHER CONDITION		(Clear) / Raining / Other.			
ROAD SURFACE		(Dry) / Wet / Other.			
ANY INJURIES		(No) / If yes, Who?			
CONVEYED BY AMBULANCE		(No) / If yes, Who?			
POLICE REPORT		(No) / If yes, Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?		(NO) IF YES, WHO?			
VEHICLE B NO.		G B L 9323 Y Any Passenger.			
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 / NO			
WAS THERE ANY AUDIO RECORDED?		YES / NO			
SCENE ACCIDENT PHOTOS TAKEN?		YES / NO			
Who is Reporting		Driver / (Owner) / Both			
Original Language Used		(English) / Mandarin / Others:			
Have you been approached by unknown person soliciting (s) / offering accident claims assistance?		YES / (NO)			



CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : YAP TAI SIONG
Period of Insurance : 29 Jun 2022 To 28 Jun 2024
Engine No. : 1ZR0H96973
Chassis No. : MR2BE3BE200019226

Vehicle No. : SGD2000H
Policy No. : 7220073315
Endorsement No. :
Issued Date : 24 Jun 2022 9:52

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6
Engine Capacity/Tonnage : 1,598.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2022
Insuring with COE/PAF : Yes

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 "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 than 2 years' driving experience.

Age Condition : All Age Condition
Limitation as to use* :
Mileage Condition : Unlimited Mileage

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

* 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 - \$500 Theft - \$0 Flood Cover - \$600

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

YAP TAI SIONG - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188
2. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688

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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

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).

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Hanmush Jernakotin

AIG Asia Pacific Insurance Pte. Ltd.

0504867232

INCHCAPE AUTO TOYOTA - BSTL077

33 LENG KEE ROAD

SINGAPORE 159102

Indemnification by AIG Asia Pacific Insurance Pte. Ltd.