# **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 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.

- 4. The issue and acceptance of this is form by instrained 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 08/06/2023 16:51 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 07/06/2023 18:37 (SGT) Exact Location of Accident Alexandra, Singapore Additional Location Information ALEXANDRA ROAD NEAR UOB ALEXANDRA BUILDING Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

1500

Vehicle Registration Number SJW3511H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHIN JU XIN** NRIC No SXXXX842H Email Address CHINJUXIN@HOTMAIL.COM Mobile Phone No (Phone) +65-96460988 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Toyota Model Vios 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? No - Claiming third party Vehicle Category Private car Transmission Auto

#### **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2070053825

#### DRIVER

CC

Name of Driver **CHIN JU XIN** NRIC No SXXXX842H Date Of Birth 29/11/1982 Occupation Indoor

Date Of Driving Pass 30/08/2002 Driving experience 20 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96460988 Alt. Phone Number Email Address CHINJUXIN@HOTMAIL.COM Address **BLK 12 PAVILION GREEN** Address complement Postcode 658297 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes 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? Yes Police Station Name Clementi Division Headquarters Police Station Phone No (Phone) +65-18007740000 Alt. Police Station Phone No (Fax) +65-67741705 Police Station Address 20 Clementi Avenue 5 Singapore 129858 Was notice of intended Prosecution given? 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 **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMZ1504R

Honda

Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour White Vehicle Category Private car Name of Driver MR CHIA Contact Number (Phone) +65-90121988 Address Address complement Postcode Insurance Company Name **Great American Insurance Company** Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLN2915G Vehicle Manufacturer Tovota Vehicle Model Wish Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver LEE Contact Number (Phone) +65-93392501 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident FRONT OF MY CAR HIT REAR OF THIS CAR No. Of Passenger (Including Driver)

## **INJURED PERSONS DETAILS**

#### INJURED 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.
- Information provided must be as <u>truthful and 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 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.

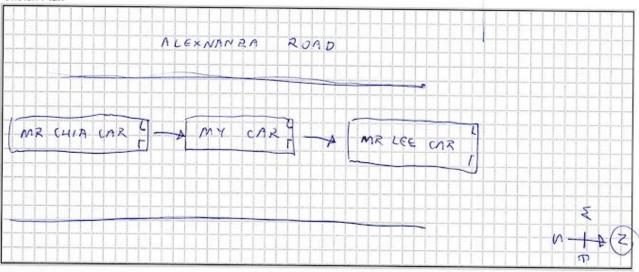
Or ZV

Policyholder's Signature / Date & Time
08 JW 2023 17:55

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

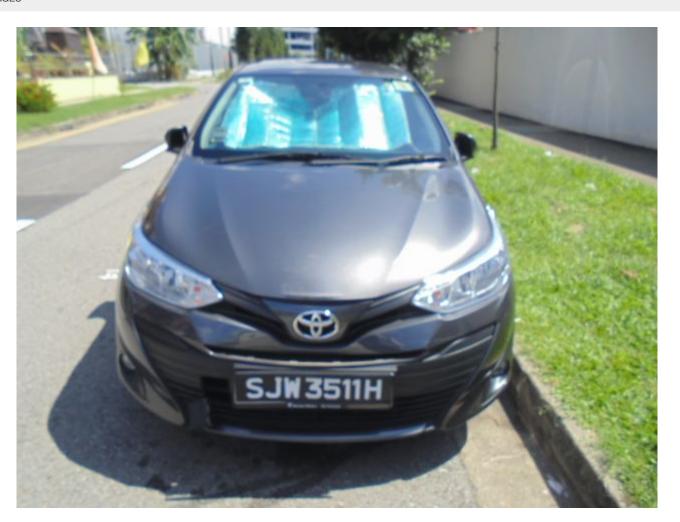
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



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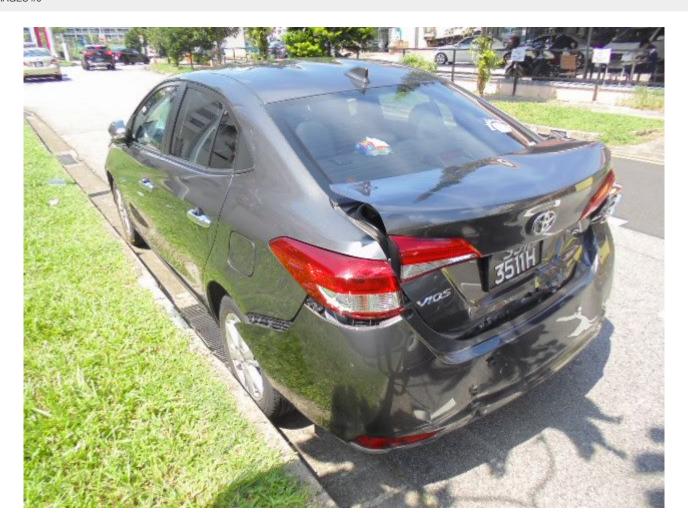


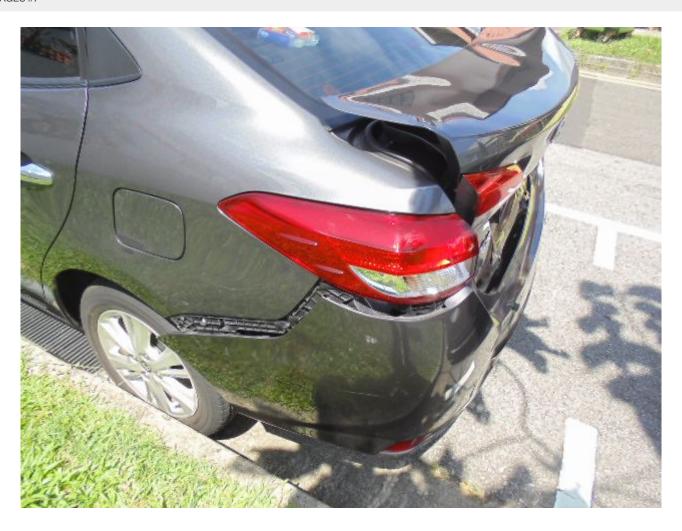




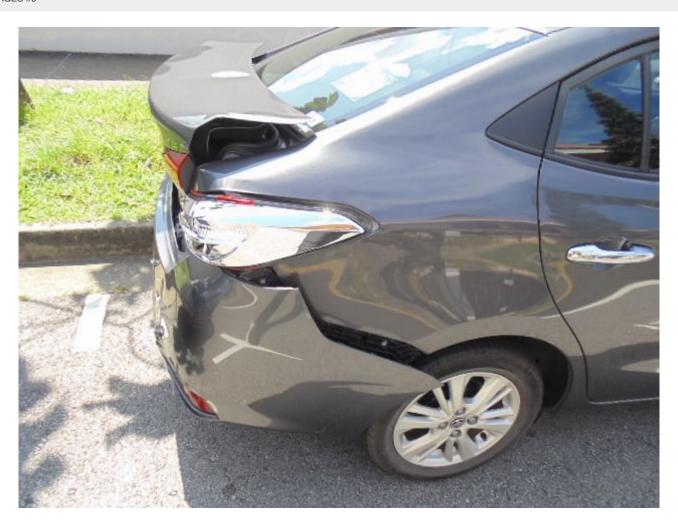




















Report No. D/20230608/7037

# POLICE REPORT (NP299)

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000

Date/Time Report Made 08/06/2023 15:36	Vide Re	port No.		Station Diary No.		
Name Of Informant	Address	3				
CHIN JU XIN	12 PAV	ILION GRE	EN SINGAPORE	658297		
ID Type / ID No. NRIC NO / S8240842H	Contact Home/C	No.	Mobile: 96460988			
Nationality SINGAPORE CITIZEN	Email Address CHINJUXIN@HOTMAIL.COM					
Occupation	Sex	Age	Date of Birth	Race		
Other computer network, infrastructure and platform professionals	Male	40	29/11/1982	Chinese		
Institution/School Name	Languag English	је		-		
Date/Time Of Incident 07/06/2023 18:35 - 07/06/2023 18:40		Of Inciden	7			
Brief details.						

On 7 Jun 2023, I was driving my car (SJW3511H) Northward along Alexandra Road

At about 18:37, I was stopping behind Mr Lee's car (HP 9339 2501 / SLN2915G) Grey Toyota Wish, near the UOB Alexandra Building

Mr Chia's car (HP 9012 1988 / SMZ1504R) White Honda impacted my rear. The force pushed my car forward so that I impacted Mr Lee's car.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/06/2023 15:36
Officer In-Charge Of Case:	Classification Of Case:





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20230608/7037

The force was so great that Mr Chia's front license plate fell off onto the road. The rear of my car was quite badly damaged.

We immediately got out to examine the damage, and took a few photos. I have a video from my car camera at the time of impact, but it is too big to upload into the SPF system.

We then moved to the side of the road to exchange contact info. After that, I left the scene of the accident.

At around 20:30, about 2 hrs after the incident, the back of my head started to feel numb. I also felt slightly dizzy.

At around 10pm, I left for TTSH A&E to check it up. The doctor sent me for a neck xray, and nothing wrong was observed with my neck bones. My movement also seemed normal.

They gave me some medicine for dizziness. They observed me until 8 Jun 01:30, and seeing my symptoms did not progress, they discharged me with 3 days MC. To follow up with Neurology in approximately 2 weeks.

Subjects Involved	
Victim	
Person Name CHIN JU XIN	
Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/06/2023 15:36
Officer In-Charge Of Case:	Classification Of Case:





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20230608/7037

ID Type	NRIC NO	ID No	S8240842H
Gender	Male	Age	40
Race	Chinese	Language	English
Occupation	Other computer network, infrastructure and platform professionals	Address	12 PAVILION GREEN SINGAPORE 658297
Mobile No	96460988	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/06/2023 15:36
Officer In-Charge Of Case:	Classification Of Case:



# MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: CHIN JK XIN
VEHICLE NUMBER	: SJW 3511 M
DATE/TIME OF ACCIDENT	: 07 JUN 2023 18:37
PLACE OF ACCIDENT	: ALEXANDRA ROAD
THIRD PARTY VEHICLE (IF ANY)	5 M 7 1504 R
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THOM SON PLAZA AREA  DID YOU DRINK ANY ALCOHOLIC THE ACCIDENT? IF YES, DID TH ANALYSER TEST ON YOU? IF YES, NO ALCOHOL  WHAT IS THE TYPE OF COLLISIO TO ALL VEHICLES INVOLVED?	E TRAFFIC POLICE CONDUCT ANY BREATHE- WHAT IS THE RESULT?
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I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000



# CERTIFICATE OF INSURANCE

# TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHIN JU XIN

Period of Insurance

: 23 Mar 2023 To 22 Mar 2024

Engine No.

: 2NR5422407

Chassis No.

: MR2B23F3301199084

Vehicle No.

: SJW3511H

Policy No.

: 2070053825-03

Endorsement No.

Issued Date

: 05 Feb 2023 15:26

ABOUT THE COVER

Make/Model

: TOYOTA VIOS 1.5

Engine Capacity/Tonnage: 1,496.00 CC Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2020 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 \$\$\$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 than 2 years' driving experience.

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 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 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)

CHIN JU XIN - \$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/AlG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AlG website www.aig.sg or AlG SG Mobile App. Simply search and download "AlG SG" from Apple App Store or Google Play Store.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

IWe 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 (Mataysia).

0504667237

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INCHCAPE AUTO TOYOTA - BSTL090

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIGSGMOBILEAPP

Accident report SB0K23680004