

# 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 .....	10/07/2023 13:58 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	08/07/2023 20:06 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JUNCTION OF TAMPINESE ST 12 & TAMPINES AVE 4
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKL8691J
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	YIONG HOI LIONG
NRIC No .....	SXXXX645I
Email Address .....	HLYIONG@PTCON.COM.SG
Mobile Phone No .....	(Phone) +65-96882755
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Rav4
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
CC .....	2000

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	7210024529-02

### DRIVER

Name of Driver .....	YIONG HOI LIONG
NRIC No .....	SXXXX645I
Date Of Birth .....	04/02/1968
Occupation .....	Indoor

Date Of Driving Pass .....	04/07/1988
Driving experience .....	35 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-96882755
Alt. Phone Number .....	-
Email Address .....	HLYIONG@PTCON.COM.SG
Address .....	BLK 237 TAMPINES STREET 21 #08-563
Address complement .....	-
Postcode .....	520237
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 .....	LIM SIEW HIAN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REF ATTACH / POLICE REPORT

#### 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 .....	SFJ3139R
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	HUANG MIAOJUAN
NRIC No .....	SXXXX387E
Contact Number .....	(Phone) +65-91996873
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 .....	YIONG HOI LIONG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKL8691J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	LIM SIEW HIAN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKL8691J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

## IMPORTANT NOTICE

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## 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.

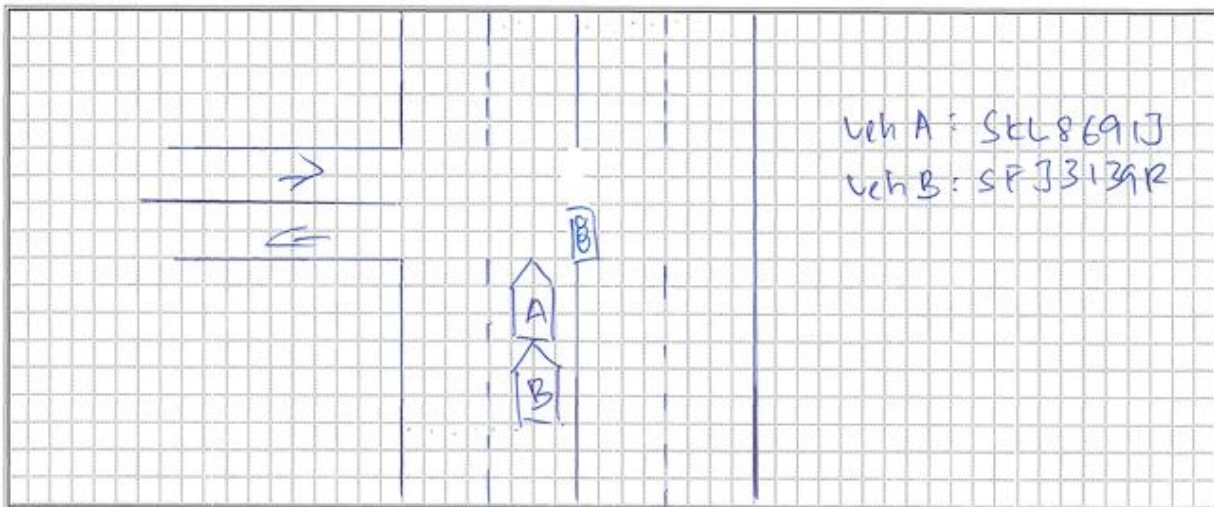
*af*  
10/7/2023 10:20am

Policyholder's Signature / Date & Time

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

*Cheng Wei Ping*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

## Sketch Plan



Describe Circumstance of the Accident

REFER TO POLICE REPORT NO T/20230709/7000

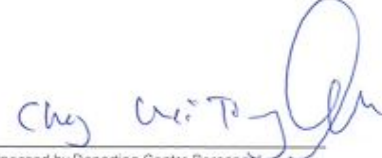
## Declaration

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

  
10/7/2023  
10:30am

Policyholder's Signature / Date &amp; Time

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

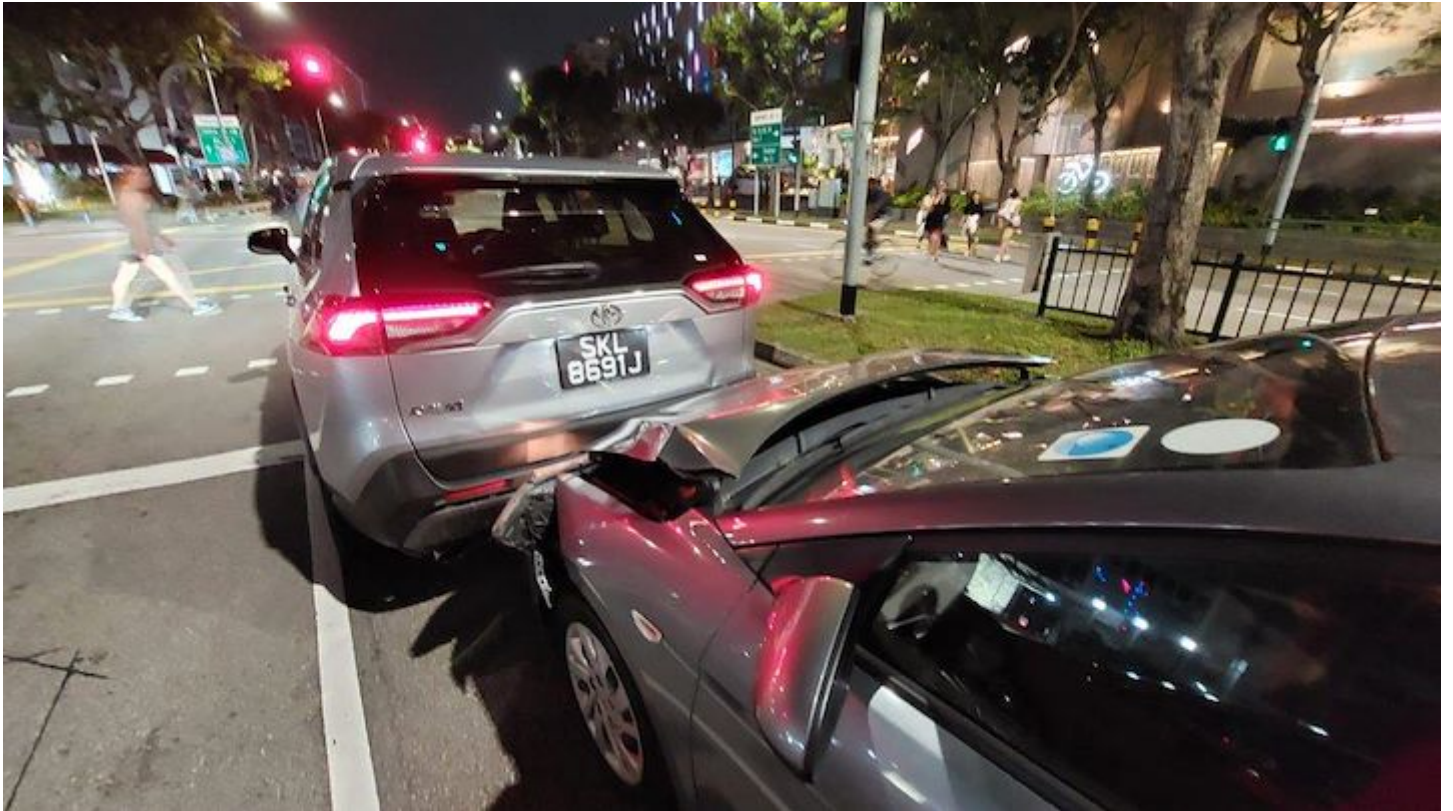
  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



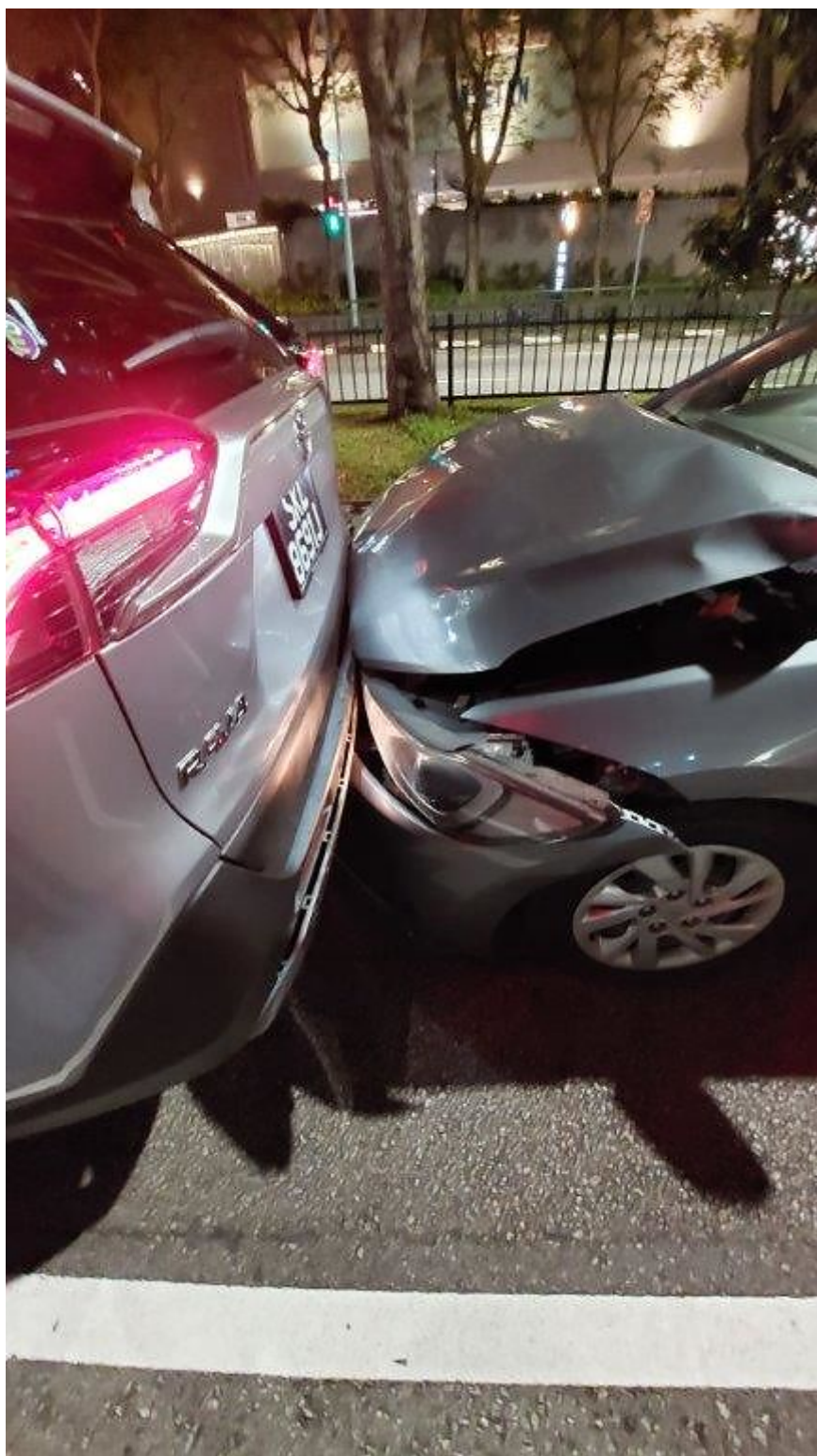


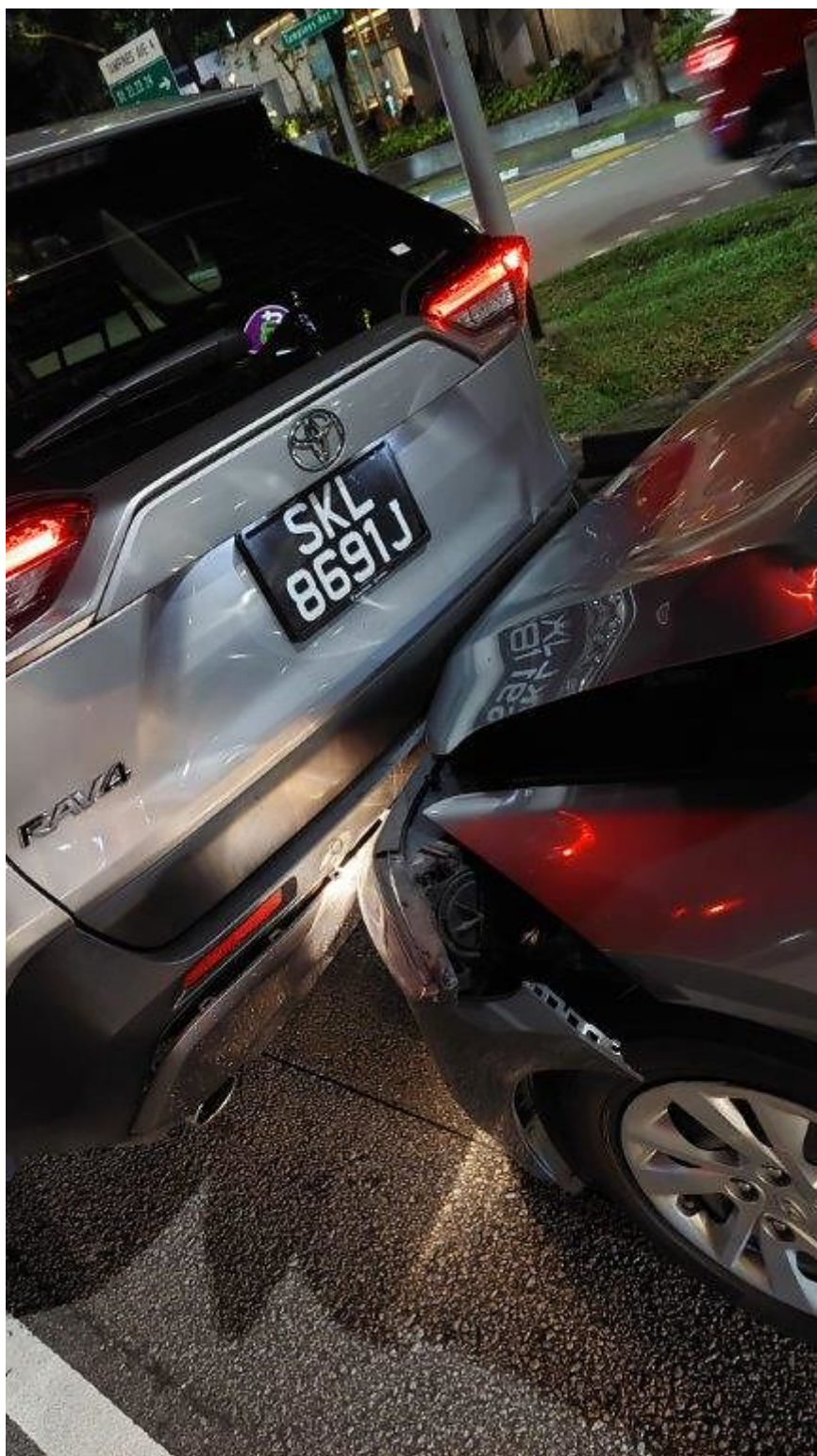




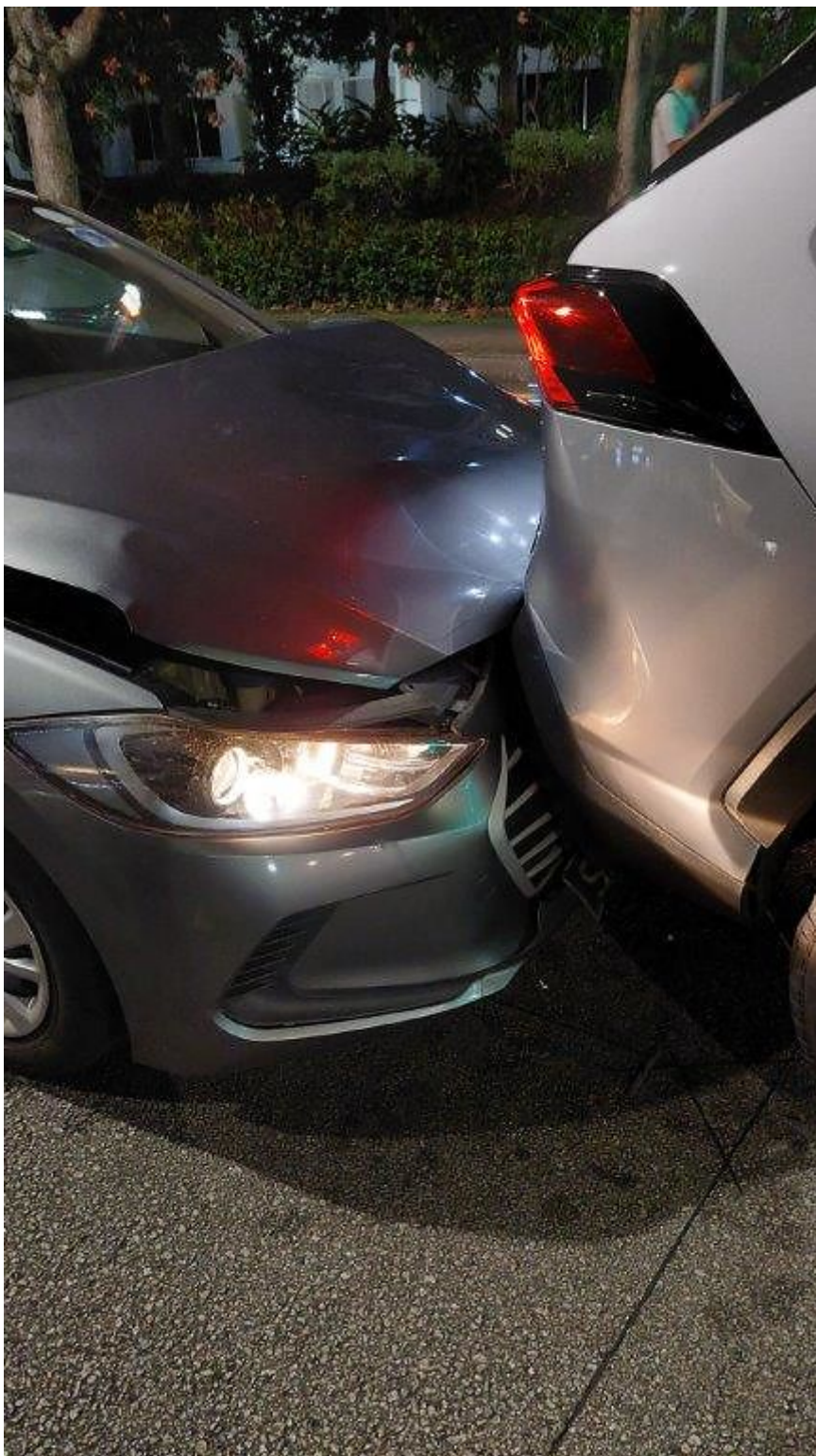


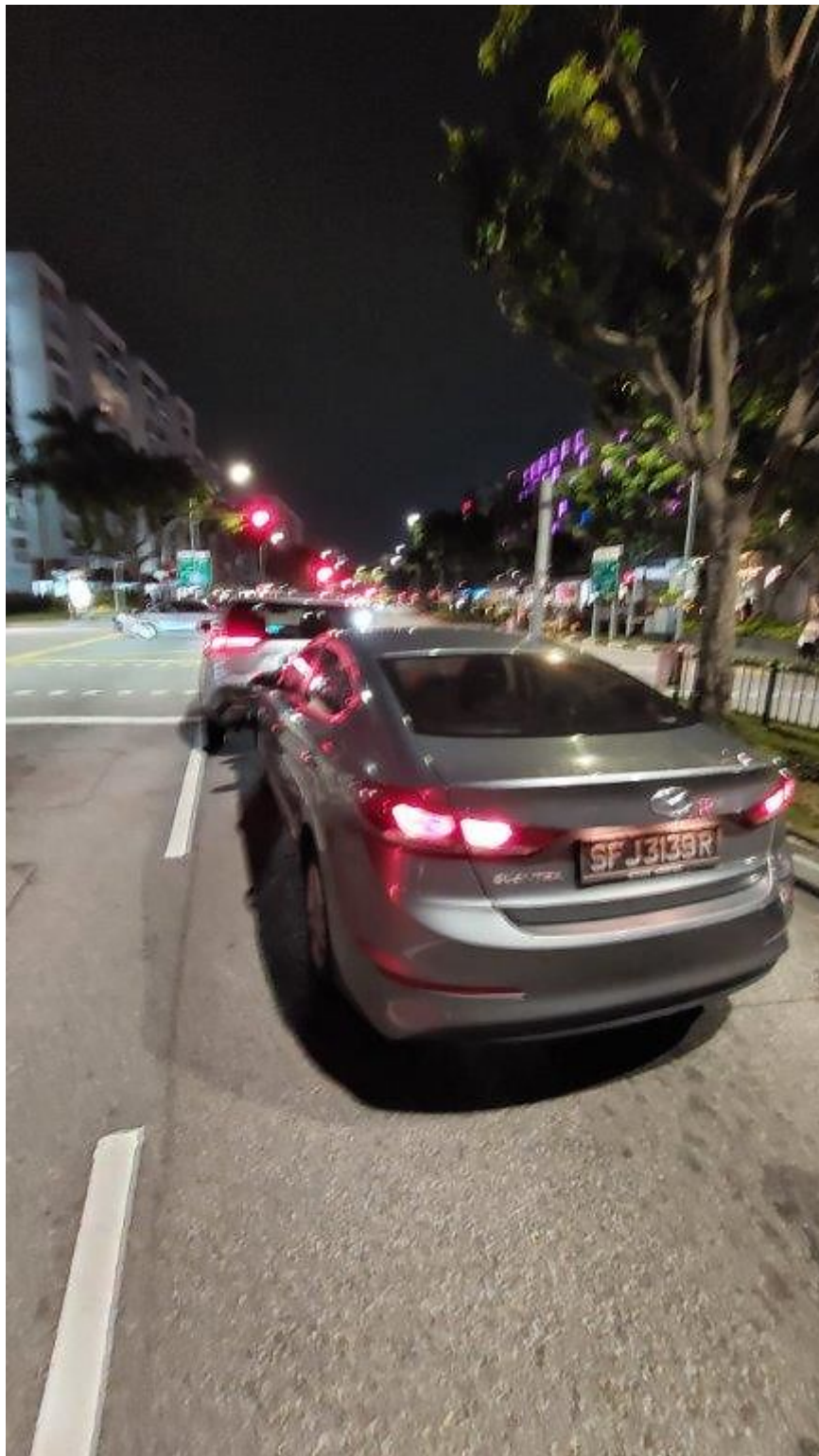














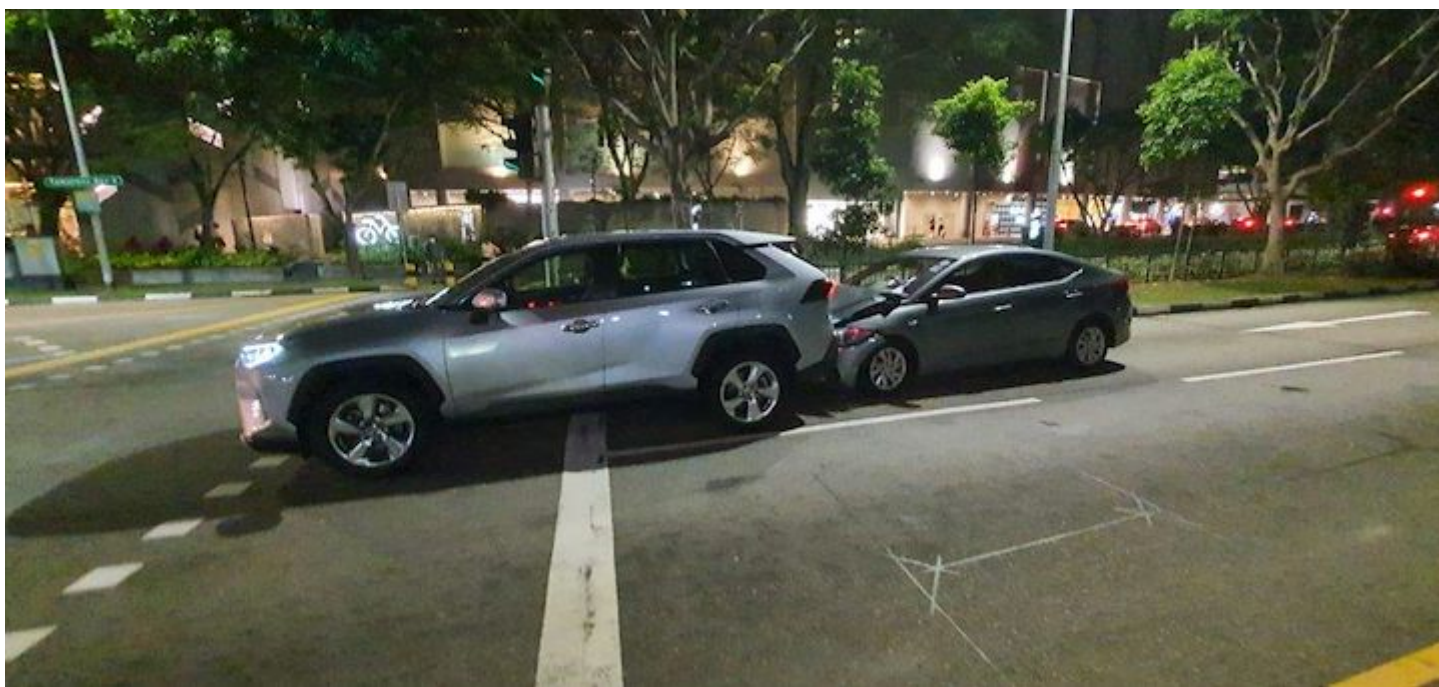
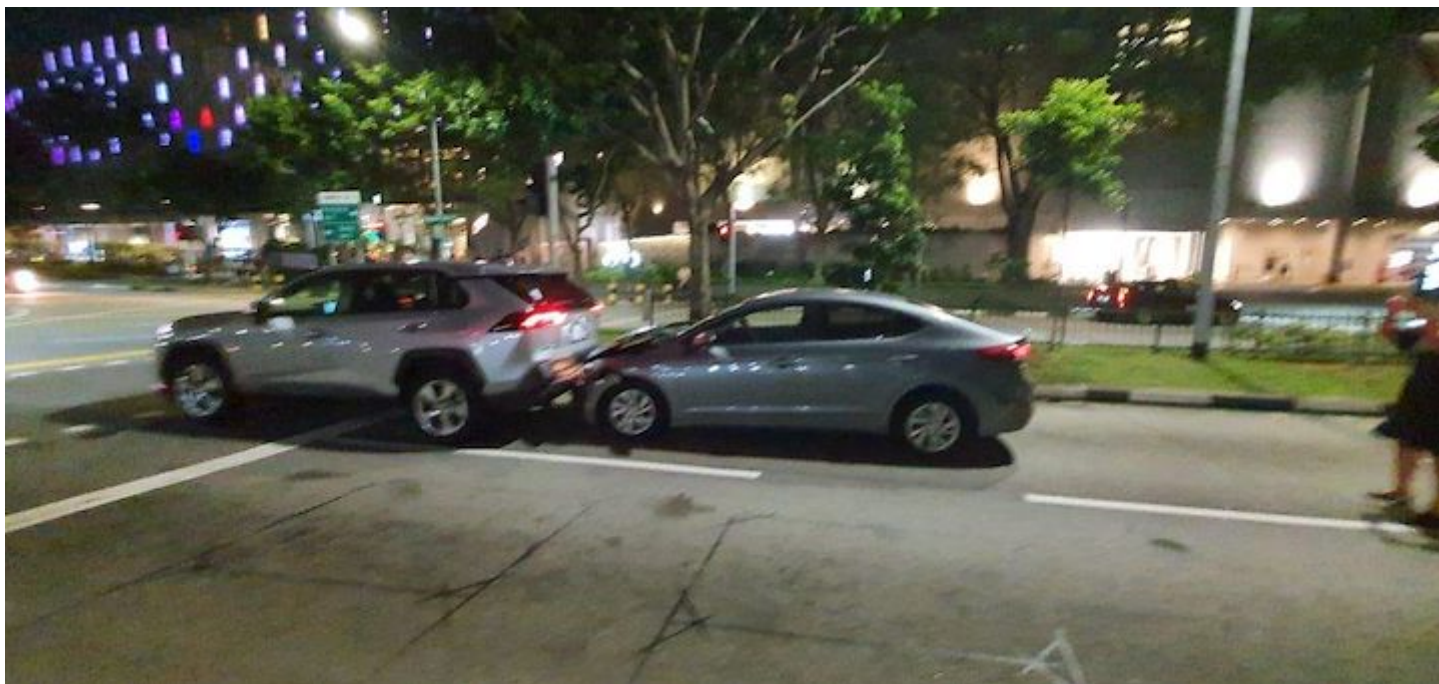






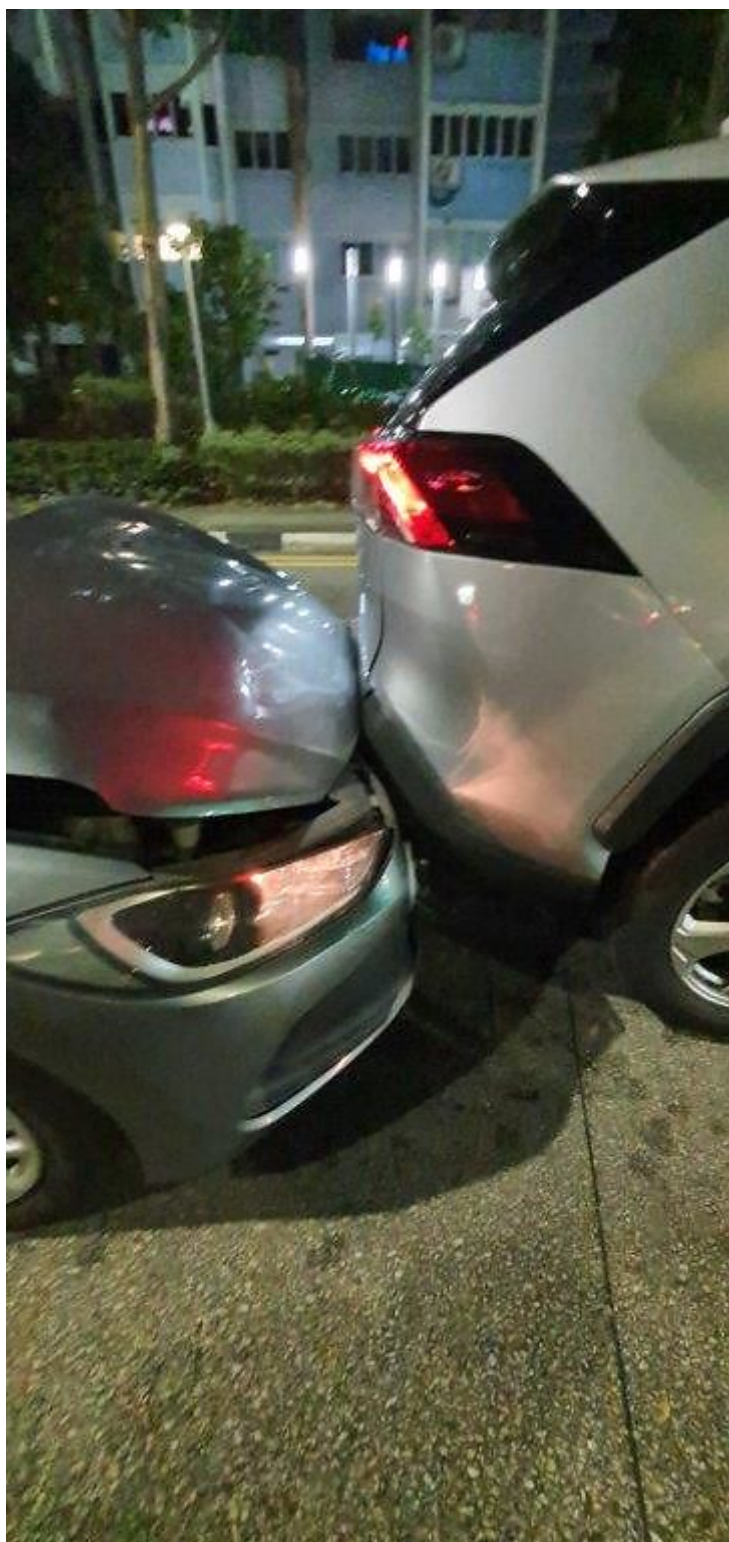






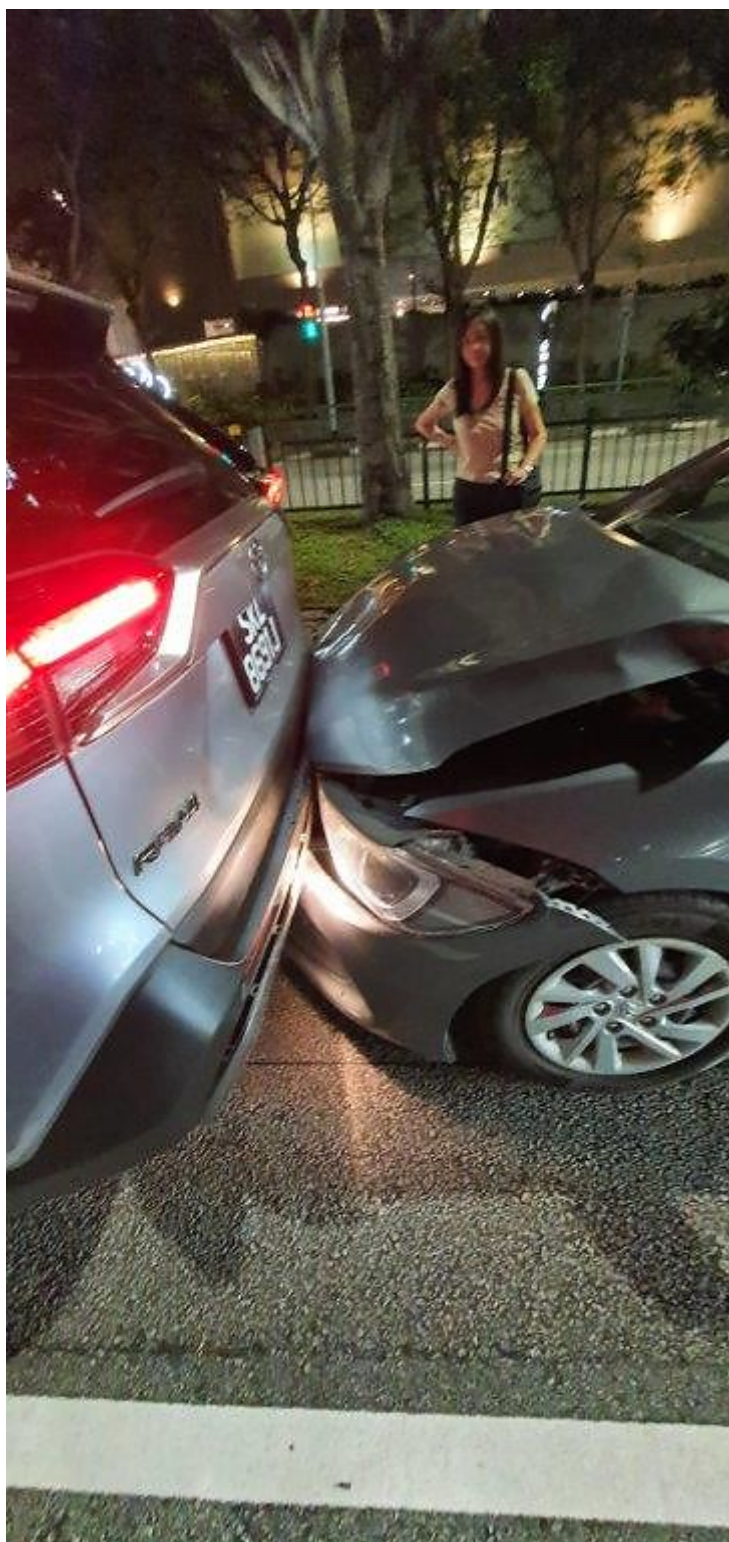


























































































**SINGAPORE  
POLICE FORCE**



T/20230709/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20230709/7000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2023 03:34		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: YIONG HOI LIONG		Address: 237 TAMPINES STREET 21 #08-563 SINGAPORE 520237		
ID Type / ID No.: NRIC NO / S68046451		Contact No.: Home/Office: Mobile: 96882755		
Nationality: SINGAPORE CITIZEN		Email: PATRICK.YONG@GMAIL.COM		
Sex: Male	Age: 55	Date of Birth: 04/02/1968	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Civil engineer		Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/07/2023 20:06	Type of Location: T-Junction
Location:  TAMPINES AVENUE 4				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFJ3139R	Car					0
SKL8691J	Car	TOYOTA	RAV4 2.0 PREMIUM SUV (AUTO) (2WD)	Silver		1





**SINGAPORE  
POLICE FORCE**



T/20230709/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230709/7000

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKL8691J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210024529-02	17/03/2023	16/03/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	YIONG HOI LIONG		ID No.	S6804645I
Related Vehicle	SKL8691J (Car)		Contact No.	96882755
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	09/07/2023		Date	09/07/2023
No. of Days granted Medical Leave	03	Degree of	NIL	
Passenger				
Name	LIM SIEW HIAN		ID No.	S6847732H
Related Vehicle	NIL		Contact No.	97533648
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	09/07/2023
No. of Days granted Medical Leave	04	Degree of	NIL	
Driver				
Name	HUANG MIAOJUAN		ID No.	S7278387E
Related Vehicle	NIL		Contact No.	91996873
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	



SINGAPORE  
POLICE FORCE



T/20230709/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230709/7000

CONTINUATION OF REPORT

Brief Details.

On 08/07/2023 at 8.06pm, I was driving my car along Tampines ave 4 with one passenger and had stopped at the traffic light located at the T junction of Tampines ave 4 and Tampines st 12.

After a few seconds, I felt an impact from the rear and surge slight forward, I came out and noticed it was an accident involving 2 vehicles including my vehicle as the first vehicle.

The driver of the said vehicle admitted that it was her mistake and we left after exchanging particulars.

On 09/07/2023 midnight, both me and my passenger seek medical attention at Changi General hospital and I received a total of 3 days MC whereas my passenger received a total of 4 days MC due to the pains we sustain from the accident.

I do have CCTV camera installed in my vehicle and it was working during that point of time when the accident occurred.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20230709/7000

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Report No. T/20230709/7000

CONTINUATION OF REPORT

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: 09/07/2023 03:34
Officer In Charge Of Case: TP / TP1B / NUR HAFIZAH BINTE NORIZAN Contact No.: 96189347	Classification Of Case:
This report is lodged at Tampines NPC Kiosk 1 NP168	



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Yong Hoi Long  
 VEHICLE NUMBER : SKL 8691J  
 DATE/TIME OF ACCIDENT : 8/7/2023 8.06 pm  
 PLACE OF ACCIDENT : Tampines Ave 4 & Tampines St 12 (T-Junction)  
 THIRD PARTY VEHICLE (IF ANY) : SFJ 3139R

\*\*\*\*\*

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Home to Suntec

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

REAR END

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

YES

[Signature]  
 Name: .....

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	: Yiong Hoi Liong	Vehicle No.	: SKL8691J
Period of Insurance	: 17 Mar 2023 To 16 Mar 2024	Policy No.	: 7210024529-02
Engine No.	: M20AV268719	Endorsement No.	:
Chassis No.	: JTMV43FV00D516699	Issued Date	: 16 Jan 2023 18:16

#### ABOUT THE COVER

Make/Model	: TOYOTA RAV 4 2.0	Sum Insured	: Market Value	First Year of Registration	: 2021
Engine Capacity/Tonnage	: 1,987.00 CC	Off Peak Car	: No	Insuring with COE/PARF	: Yes
Driver Restriction	: 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 \$853,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition	: 40 years old and above	Mileage Condition	: Unlimited Mileage
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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 - \$1000 Theft - \$0 Flood Cover - \$1000

##### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Yiong Hoi Liong - \$1000 (Own Damage), \$1000 (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 1088

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, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia).

9504667237

INCHCAPE AUTO TOYOTA - BSTL090

33 LENG KEE ROAD

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.