SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

Address

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policyliability 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 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

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	ACCIDENT STATEMENT
Date Of Report	18/11/2017 11:38
Date Of Accident	18/11/2017 04:25
Exact Location Of Accident	BUKIT PANJANG SLIP RD TWDS BKE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GW1466D
Insured/Policyholder	
Name Of Registered Owner	SEVENSEAS FISHERIES PTE LTD
Co Reg No	200405172Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62656382
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150D
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	2100313598
Cover Note Number	
Driver	
Name of Driver	GOH SEOK TEE
NRIC No	S1220630E
Date Of Birth	29/09/1956
Occupation	OUTDOOR
Date Of Driving Pass	20/03/1978
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81470822
Fax Number	

NOEMAIL

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 this accident?

Was any body injured in the Accident?

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC1062D

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver MR CHUA

NRIC/Passport Number

Contact Number 97725125

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address



CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY FIRE AND THEFT COMMERCIAL VEHICLE

Name of Policyholder : Sevenseas Fisheries Pte Ltd : 25 Sop 2017 To 24 Sep 2018 Engine No. : 5L5310794 Chassis No. : JTFUF34Y203000976

Vehicle No. : GW1466D Policy No. 2100313598-05

Endorsement No.

Issued Date : 18 Aug 2017

ABOUT THE COVER

Make/Model TOYOTA DYNA 150D 2 ton [Lorry]

Engine Capacity/Tonnage ; 2 Tennage Sum Insured : Market Value First Year of Registration 2003 Driver Restriction NA Off Peak Cor : No Insuring with COE/PARE Yes

Person or Classes of Persons Entitled to Drive"

us Arts demindrant who in distingtion the Evertains data bridge or cital time persessions.

18. Take Medica with incommodiy the Matchinster or any auditorined driven every beginning ments the specified was confident.

Age Condition ... : All Age Condition

Limitation as to use

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Wordscreen , NA

Named Driver and Excess (wher apply alies

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

IMPORTANT NOTES

Him Purchase Company/Employer's Loan: MayBank

We thank a promptly start the many to remain the forms and introduce that the stand or accomplance with the prompters of the Many and the Modern of the Many and the Many and

J0429003000

HING DEE MONG DIMOUNT FAIR ROAD #02-07 SHALKHOUSE NASHOO SIX LAWRE NOTIFE Underwitten by AIG Asia Pacific Insurance Pre. Ltd.

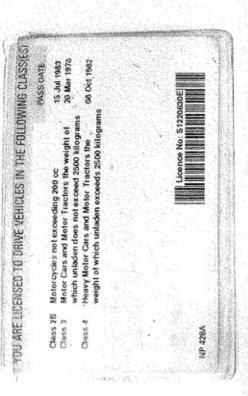
AlG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPROSENTATIVE

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

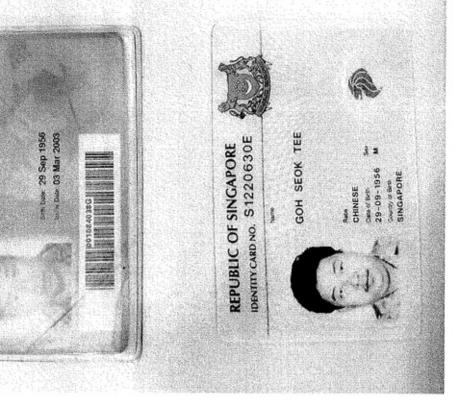
NAME (DRIVER)	: GOH SEOK TEE
VEHICLE NUMBER	: GW 1466D
DATE/TIME OF ACCIDENT	: 18/11/2017 04:25 AM
PLACE OF ACCIDENT	: Bukit Panjang Do sup eD TOOS BKE.
THIRD PARTY VEHICLE (IF ANY)	: SHC 1062 D.
********	************
REFORE THE ACCIDENTS	me. Pulcit Pani my
To: 5.	enoko.
	DRINKS BEFORE YOU DRIVE ON THE DAY OF THE IC POLICE CONDUCT ANY BREATHE-ANALYSER TEST LT?
VEHICLES INVOLVENO	AND THE EXTENSIVENESS OF THE DAMAGES TO ALL
WERE YOU OR YOUR PASSENGER/S TAKEN TO THE TRAFFIC POLICE FOR	INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU R INVESTIGATION?
GOH SCO LTER Name:	

I Affirmed The Above Information Is Given To My Best Knowledge.



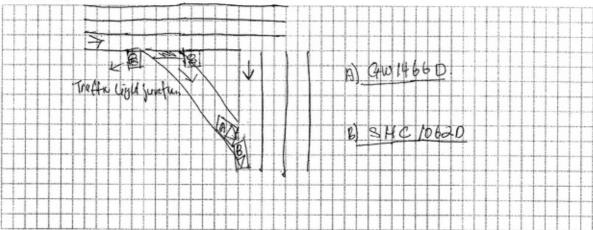
S1220630E

GOH SEOK TEE.





SKETCH PLAN



While Exiting the slip RD from Dukil Pers	Jung stur	os BKE Veh SHC1062D
Make a sudden stop Just Offer the Bill and	I Vou	GW 14660 unable to
stop on hime and bury onto his Rear bump	w.	
Vey StlC 1062D Damage only to its REDR BU	upg2 - 10	O injuries to the Driver.
yel (40 14460 prinage I to the FROT R	GH PER	ciano Do jujuvier
	-	kul
		4-14-4-1
		- Reporting Only
ou have been advised by the workshop that in the event that you wish to		- Reporting Only - Claim OD
mportant: Tou have been advised by the workshop that in the event that you wish to laim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.		

DECLARATION

I/WE the foregoing particulars are true in every respect.

Policyholder's signature Date & Time

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

Reporting Centre Personnel's Signature

Name: HASBULLAH

Nric/Fin No.

SKETCH PLAN

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- By the lodgment 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 aforesald.
- 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:

 (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

7.3

Policyholder's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

610 (III) for complying with requirements under any regulations, laws or court orders.

Reporting Centre Personnel's Signature

NRIC/FIN NO... HASBULLAH

schiller, decembershier, VI

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company 200405172Z

Owner ID Type:

Company

Owner Name:

SEVENSEAS FISHERIES PTE LTD

Registered Address:

567 THOMSON ROAD SINGAPORE 298183

Mailing Address:

Birth Date:

Vehicle Particulars

Vehicle No.:

GW1466D

Previous Vehicle No.:

Effective Date of

Ownership:

13 May 2011

Original Regn Date:

25 Mar 2003

Registration Date:

25 Mar 2003

Year of Manufacture:

2003

Vehicle Type:

Goods (Open) Lorry (Metal Body)/Pickup

Vehicle Scheme:

Vehicle Attachment 1:

With Hood

Vehicle Attachment 2:

Vehicle Attachment 3:

Vehicle Make:

TOYOTA

Vehicle Model:

DYNA 150 D

Primary Colour:

Blue

Secondary Colour:

Passenger Capacity:

Chassis No.:

JTFUF34Y203000976

Engine No.:

5L5310794

Engine Capacity/Power

Rating:

2986 cc/-

Maximum Power

Output:

Propellant:

Diesel

Max Unladen Weight:

1500 kg

Maximum Laden

3500 kg







Accident Photo













Accident Photo









Accident Photo



Accident Photo

