## SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

- 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 truthful and accurate 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 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 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.

	sent to the archiving of this report at the centre and to copies of the report being made available		
	ACCIDENT STATEMENT		
Date Of Report	02/12/2017 13:20		
Date Of Accident	01/12/2017 17:45		
Exact Location Of Accident	AIRPORT ROAD		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBG409U		
Insured/Policyholder			
Name Of Registered Owner	KIWI ELECTRICAL ENGINEERING PTE LTD		
Co Reg No	A200310767C		
Email Address	KIWIELEC@SINGNET.COM.SG		
Mobile Phone No	(LOCAL) +65-90925686		
Alternative Phone No	Office-67460021		
Vehicle Particulars			
Manufacturer	NISSAN		
Model	NV200-1.5 (A)		
Exact Purpose for which vehicle was being used at time of accident	Working		
Are you claiming under your own insurance policy for repair to your vehicle?	YES		
If No, Please state action to be taken			
Vehicle Category	COMMERCIAL VEHICLE		
Insurance Company			
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	1700007860		
Cover Note Number			
Driver			
Name of Driver	JULIAN CHIA PENG SHIU		
NRIC No	S9306983H		
Date Of Birth	27/02/1993		
Occupation	OUTDOOR		
Date Of Driving Pass	16/06/2014		

3 YEARS AND 5 MONTHS **Driving Experience** 

Gender MALE

Mobile Number (LOCAL) +65-90925686

Fax Number

EMail Address

Contact Number

Address BLK 434 CHOA CHU KANG AVENUE 4, #08-555

JCPS9393@GMAIL.COM

Postcode Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

FY9165X

Insurance Company of Driver's Own Vehicle

NTUC Income Insurance Co-operative Ltd

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? NO

Was any body injured in the Accident? NO YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO soliciting/offering accident claims assistance. 1

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?

NO NO

YES

YES NO

Circumstances of Accident

Refer attachment.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SCF71C Vehicle Make/Model/Colour BMW X3

**Details Of Properties** REAR DAMAGED

FARUK BIN ABDUL KATHER Name of Driver

S7804710J NRIC/Passport Number Contact Number 97924141

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number

**Email Address** 

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 7. 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 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
- (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
- 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.
- 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

(ii) for complying with requirements under any regulations, laws or court orders AUTOLUTION INDUSTRIAL PIE LIL

19 UBI ROAD 4 SINGAPORE 408623 TEL: 6490 9668 FAX: 6846 7483

Policyholder's Signature 2(2/1)

倚侍电器工程私人有限公

estrical Engineering Pte

Date & Time: 1342

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: Yoursah Saled

NRIC/FIN No.:

GIARME SketchPlanForm V3

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I was driving my airport rend tou	verds KPE	CECP) TO	unnet -	-
vehicle B' SCF=	716 was	in frm	+ of me	when
Vehicle B & a f	in Aher	vehicles	suddenly	
Brake hearly. M.	y Vehicle e	vas un	able to s	gotop
in time I as	a result	it hi	t the back	2g-
vehicle B.				
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DECLARATION 工程私人有限。	公司		AUTOLUTION IND	USTRIAL PIE LIL
1/Wit declare the foregoing particulars are tru	e in every respect.		SINGAPORE 4086. FEL: 6490 9666 F	23 'AX: 6846 7400
My.	pon	-	C1-01	7483
Policyholder's Signature Drive	r's Signature		Reporting Centre Personnel's	Signature
Date & Time: 2/12/17 (If dri	iver is not the policyholder & Time:	12/12/19	vame: Hausa	h Saad
GIARMC SketchPlanForm_V3		1342	S01621	434B



## CERTIFICATE OF INSURANCE

## NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : Kiwi Electrical Engineering Pte Ltd

Period of Insurance : 22 May 2017 To 21 May 2018
Engine No. : K9KC400D056518
Chassis No. : VSKYBAM20Z0141054

Vehicle No. Policy No.

: GBG409U : 1700007860

Endorsement No.

Issued Date : 31 May 2017

#### ABOUT THE COVER

Sum Insured : Market Value

Driver Restriction : NA

Off Peak Car

Insuring with COE/PARF : Yes

· No

## Person or Classes of Persons Entitled to Drive\*

at Any person who is driving on the Policyholder's order or soft their permission.

b) This Policy was independy the Policyholder or any authorised driver only if hershe meets the specified age condition.

You have he pay an Additional sum of \$3,000 as "Young and/or inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or sumanised) is under the righ of 23 and/or has lost lost 2 years' driving experience.

Age Condition

: All Age Condition

## Limitation as to use: :

1) Use in connection with the Policybolder's business.
2) Use for the carriage of passenger (other than for him or reward) in connection with the Policybolder's business.
3) Use for social dimension or pleasure purposes. This Policy does not cover a) use for limit or reward, diving toulon, divergises, more passenger, relativity toulor speed desting, and by use while growing a function of the property of the passenger of passenger purposes. This Policy does not cover a) use for limit or reward, diving toulon, divergises, more passenger, and the passenger of the

\* Luminations rendered inaperative by Section 8 of the Motor Vehiclos (Third-Perty Risks and Compensation) Act (Cap. 189) and Section 95 of the Read Transport Act. 1997 (Malaysia), are not to be included under these headings.

#### EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

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

- 1. Tan Chong Motor Sales Add: 913 Bt Tietah Road Singapore 586523 64694091 64694092 64694093 2.TC AutoCheire Add: No 1. Sedi-Lok Yang Road Singapore 628099 62622212 3. Tan Chong Motor Sales Add: 17 Lor 8 Toa Physh Singapore 319254 63570753 63570754 4. AutoNation Industrial Add: 19 Upi Road 4 Singapore 408623 64999646 5.TC AutoCheire Add: 25 Long Kee Road Singapore 159097 67609511 67038512 67038513

For other Approved Reporting Control/AIG Authorised Repairers, please contact our 24-hour accident energency horize at 165 6338 6200. Attensitively, you may refer to AIC website waw, any coming or AIG SG Mobile App. Seriely search and download "AIG SG" from iTunes or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

If We harreby certify that the policy to which this Cortificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Competisation) Act (Cap. 169), Part IV of St. the Road Transport Act, 1987 (Malaynia) and Motor Vehicles (Third Party Risks Rules, 1989 (Malaynia).

0500610546

TAN CHONG CREDIT PTE LTD - OPK 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589622 ANSP-MOTOR Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

78 Shecton Way 907-16 AlG Building S079120 | T+65 6419 3000 | F +65 6415 3723 | www.aig.com.bg

Accesser Number: S 9 3 0 6 9 8 3 H JULIAN CHIA PENG SHIU But Colo 27 Feb 1993 Issue Date 25 Jan 2013

OSBBBB CARS NO. \$9306983H



JULIAN CHIA PENG SHIU

謝华修 CHINESE

27-02-1993 M

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SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 28 Matercyclu == 100 CC
Class 3. Meter cers =< 3100 kg with =< 7 passengers, exclusive of district and material and district and mater tractice/whitelan =< 2500 kg

EFFECTIVE DATE

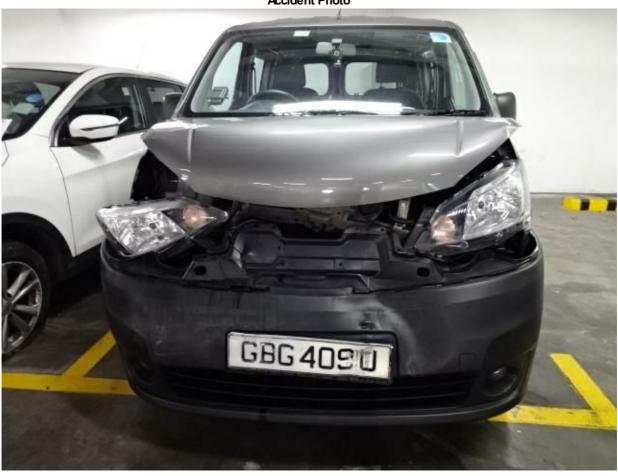
5930698318

S/No. 9000197324

NP 428A

Date of issue 06-11-2012

APT BLK 434 CHOA CHU KANG AVENUE 4 #08-555 SINGAPORE 680434



















GBG 409 TI



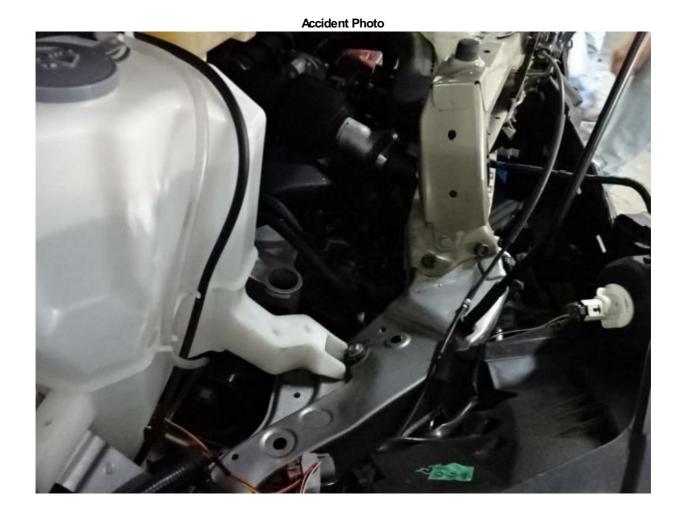


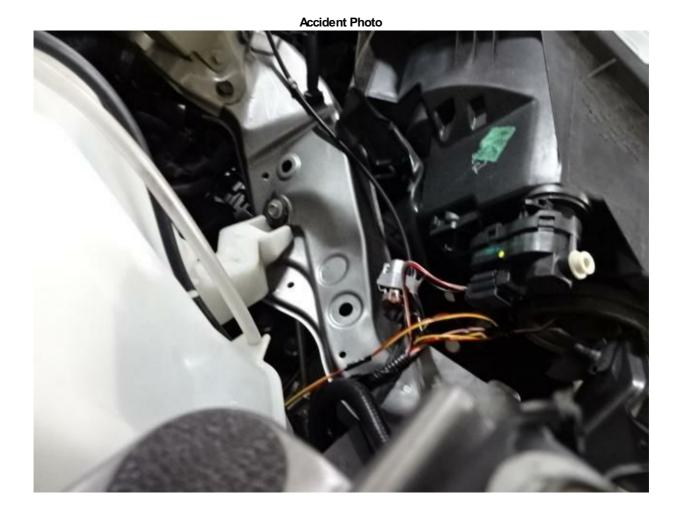






























**Identification Card** 



