

## 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 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 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.
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 Report	18/12/2017 11:27
Date Of Accident	15/12/2017 13:00
Exact Location Of Accident	ANG MO KIO AVE 8 TOWARDS AMK HUB
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY4917P
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#### Insured/Policyholder

Name Of Registered Owner	HY-RAY PRIVATE LIMITED
Co Reg No	200502767D
Email Address	RON.FOO@HYRAY.COM.SG
Mobile Phone No	
Alternative Phone No	Office-62532277

#### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	GOODS VEHICLE
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	GOODS VEHICLE

#### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	0100521551-12000
Cover Note Number	

#### Driver

Name of Driver	TENG XUN FEI
NRIC No	G2411486X
Date Of Birth	06/10/1989
Occupation	OUTDOOR
Date Of Driving Pass	11/08/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97808309
Fax Number	
Contact Number	
EMail Address	DANIELAZ@GMAIL.COM
Address	

Postcode  
Was driver an employee of the Insured's Company YES  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
-  
Insurance Company of Driver's Own Vehicle -  
-  
-

#### 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  
Was any other material or property damaged? YES  
I have been approached by unknown person(s)  
soliciting/offering accident claims assistance. NO  
Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? NO  
If Yes, Please state which Police Station  
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  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLD8171Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver ALICIA YANG  
NRIC/Passport Number S8339570B  
Contact Number 98751898  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address

# Sketch Plan

## SKETCH PLAN

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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 "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
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time:

18 DEC 2017

*[Handwritten Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

18 DEC 2017

Reporting Centre Personnel's Signature

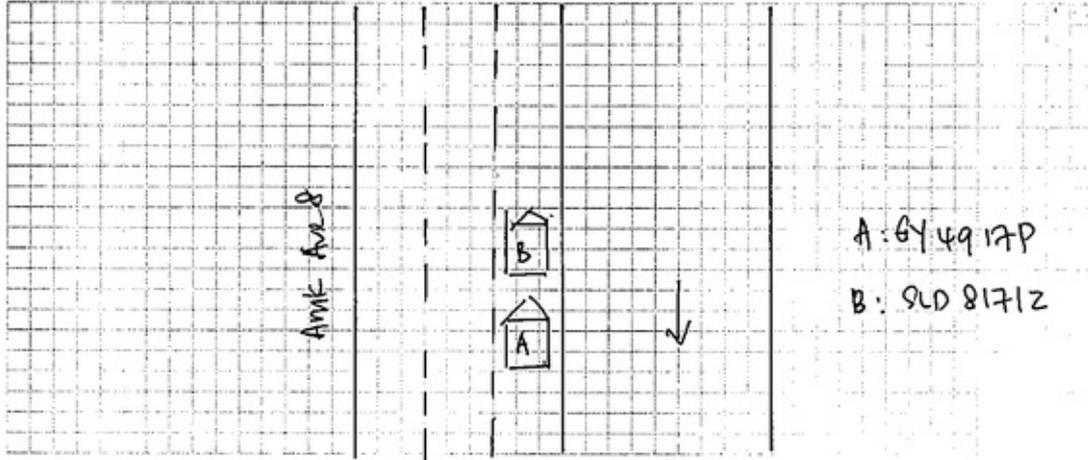
Name:

Poh Kwee Choo

NRIC/FIN No.:

S6840583A

SKETCH PLAN

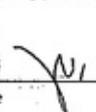


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

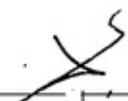
I was driving along Amk Ave 8, traffic light changed amber, vehicle B stopped. I can't stop in time and hit the rear of vehicle B.  
 Date of Accident = 15/12/2017  
 Time of Accident : 1pm

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time:  
 18 DEC 2017  
GRA/PMC SketchPlanForm\_173

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:  
 18 DEC 2017

  
 Reporting Centre Personnel's Signature  
 Name:  
 Poh Kwee Choo  
 NRIC/FIN No.:  
 S6840583A



HOTLINE TEL: (65) 6415 3000  
FAX: (65) 6415 3333

### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

M.Z.300

COMMERCIAL AUTOPLAN (TPFD)	OWN DAMAGE EXCESS	NA
CERTIFICATE NO. 0100521551-12000	WINDSCREEN EXCESS	NA
	SUM INSURED	Market Value
1) VEHICLE REGISTRATION NO.	INSURING WITH COE/PARF	Yes
2) NAME OF INSURED	GY4917P	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	HY-RAY PRIVATE LIMITED	
4) DATE OF EXPIRY OF INSURANCE	25 Apr 2017	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *	24 Apr 2018	
* Any person who is driving on the Insured's order or with their permission.		

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

**6) LIMITATION AS TO USE \***

- Use in connection with the Insured's business.
- Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
- Use for social, domestic or pleasure purposes.

The Policy does not cover:

- Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
- Use whilst towing a trailer except the towing of any one disabled mechanically propelled vehicle.

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

- Comfordelgro Engng - 205 Braddell Rd (Tel: 63837118)
- Egnoz - 30 Bukit Batok Cres (Tel: 66547777)
- DPS Body & Paint (Subsidiary of C&C) - 209 Pandan Gardens (Tel: 65684501)
- Kan Fook Sing Motor - 61 DeLu Lane 12 (Tel: 67479560)
- Lai Hui (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64526110)
- Mova Automotive - 1068 Bukit Merah Lane 3 (Tel: 62723692)
- Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)
- SME Motor - 1 Kall Bahu Ave 6 Blk D (Tel: 67476106)

LOSS OF USE: Not Included

NAMED DRIVER: NA

HIRE PURCHASE COMPANY: NA  
EMPLOYER'S LOAN: NA

*Limitations rendered Inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.*

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore: 14 Mar 2017

AIG Asia Pacific Insurance Pte. Ltd.

508616-124  
TAN CHONG CREDIT PTE LTD - GHL  
911 BUKIT TIMAH ROAD  
TAN CHONG MOTOR CENTRE  
SINGAPORE 599422

AUTHORISED REPRESENTATIVE

ORIGINAL

ISSUE

Form No. 78 (Special) (Rev. 07/10) (Successor 07/12/0)

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AIG Asia Pacific Insurance Pte. Ltd.

DRIVER NRIC & DRIVING LICENCE

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G 2 4 1 1 4 8 6 X**

Name: **TENG XUN FEI**

Birth Date: **06 Oct 1989**

Issue Date: **11 Aug 2014**

Valid Till: **10 Aug 2019**

002333755C




**EMPLOYMENT PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer: **HY-RAY PRIVATE LIMITED**

Name: **TENG XUN FEI**

Occupation: **SALES EXECUTIVE**

FIN: **G2411486X**

Date of Application: **25-07-2016**

Date of Issue: **11-08-2016**

Date of Expiry: **11-08-2018**

L7104350






**YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class	Vehicle Description	EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	11 Aug 2014
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	11 Aug 2014

NP 428A

Licence No: G2411486X



**VISIT PASS**  
Immigration Regulations

Name: **TENG XUN FEI**

Date of Birth: **06-10-1989**

Sex: **M**

Nationality: **MALAYSIAN**

FIN: **G2411486X**

Date of Issue: **11-08-2016**

Date of Expiry: **11-08-2018**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER

CHASSIS NO: JN1MG4E25Z0-712836

U.L.W : 1500 KGS

M.L.W : 3100 KGS

P. CAP : F: 1 DRIVER, 2 OTHER

R: 00

TYRE SIZE : F: 195R x 15 8PLY

R: 195R x 15 8PLY(S)