

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 | 06/01/2018 12:21 |
| Date Of Accident | 05/01/2018 19:15 |
| Exact Location Of Accident | PIE TURN ADAM ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBF6548S |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|----------------------|
| Name Of Registered Owner | S B AIR-CON SERVICES |
| Co Reg No | 53116482M |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | Office-98352883 |

Vehicle Particulars

| | |
|--------------|---------------|
| Manufacturer | TOYOTA |
| Model | HIACE-3.0 (A) |

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 | PRIVATE CAR |
|------------------|-------------|

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 2100500032 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LIM SIONG BEE |
| NRIC No | S1582247C |
| Date Of Birth | 05/09/1963 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 18/03/1985 |
| Driving Experience | 32 YEARS AND 9 MONTHS |

| | |
|----------------|----------------------|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98352883 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 478 PASIR RIS DRIVE 4 #08-421 |
| Postcode | 510478 |
| 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 ON COLLISION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | 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 | SHD65Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Accident Sketch Plan

SKETCH PLAN

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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.
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.

SB AIR-CON SERVICES

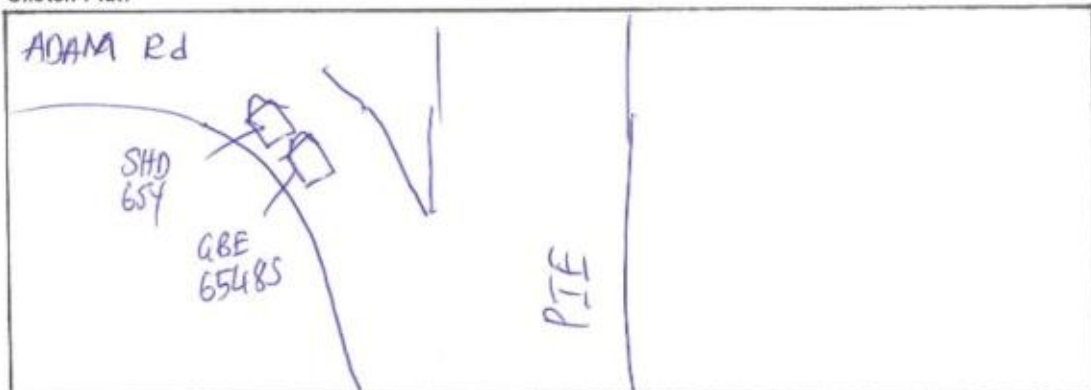
(ROB No: 53118422M)
105 Sims Avenue • Bridge Complex,
#05-11 • 157429
Hp: 9835 2883 • 0341 0970

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





ERIC TAN

HOTLINE TEL: (65) 6419-3000
FAX: (65) 6413-3723**COVER NOTE**

| | | | |
|--|-------------------------------------|------------------------------|------------------------|
| Cover Note No. 2100500032 | | Date 6 Feb 2017 | |
| The following risk described in the Schedule is hereby HELD COVERED in the terms of the applicable Company's policy issued to the Policyholder. | | | |
| SCHEDULE | | | |
| Policyholder | S B Air-Con Services | | |
| Age Condition | NA | Registration No. | |
| Policy Type | TOYOTA COMMERCIAL AUTO PROTECTOR | Make/Model | TOYOTA HIACE |
| Effective Date | 6 Feb 2017 | CC/Tonnage | 1.00 |
| Expiry Date | 5 Feb 2018 | Engine No | 1KD2680681 |
| Excess | S\$800.00 | Chassis No | JTFHT02P600214938 |
| | | Year of Registration | 2017 |
| | | Hire Purchase Company | HONG LEONG FINANCE LTD |
| <p>This policy is subject to driver's age condition. The policy will indemnify the insured or any authorised driver only if he/she meets the age condition. Please refer to policy terms and conditions.</p> <p>In addition to the Policy Excess, a Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00 (before GST) will apply to You or Your Authorised Driver who is below the age of 23 (in case of All Age Condition policies) and/or has less than 2 years' driving experience. The YIDR Excess is not applicable to Named Driver policies.</p> <p>Usage of vehicle only for the following purposes:</p> <ol style="list-style-type: none">1. Use only for social, domestic and pleasure purposes and for the Policyholder's business.2. Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business and use for social, domestic or pleasure purposes. <p>Please note that acceptance of the risk is subject to our final acceptance and terms and conditions applicable to the policy. Should you require any change to the insurance, please contact us immediately. Otherwise, any change will not be covered under the policy.</p> <p>The Company may cancel this cover by notice in writing and the insurance will be terminated and a proportionate part of the annual premium for the insurance will be charged for the time the Company has been on risk.</p> | | | |
| MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA) | | | |
| CERTIFICATE OF INSURANCE | | | |
| I/We hereby certify that this cover note 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 in SINGAPORE

AIG Asia Pacific Insurance Pte. Ltd.

IMPORTANT NOTICE

THIS COVER NOTE IS VALID FOR
60 DAYS FROM THE FIRST DAY OF
THE POLICY PERIOD. APPLICABLE
TO CORPORATE POLICIES ONLY.

AUTHORISED REPRESENTATIVE

ORIGINAL

IASCHL

Co. Reg. No. 20110340409

Nric And Driving Licence

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc 20 Dec 1984
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg 18 Mar 1985

NP 428A

Barcode
Licence No: S1582247C



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Scene Photo



Accident Scene Photo



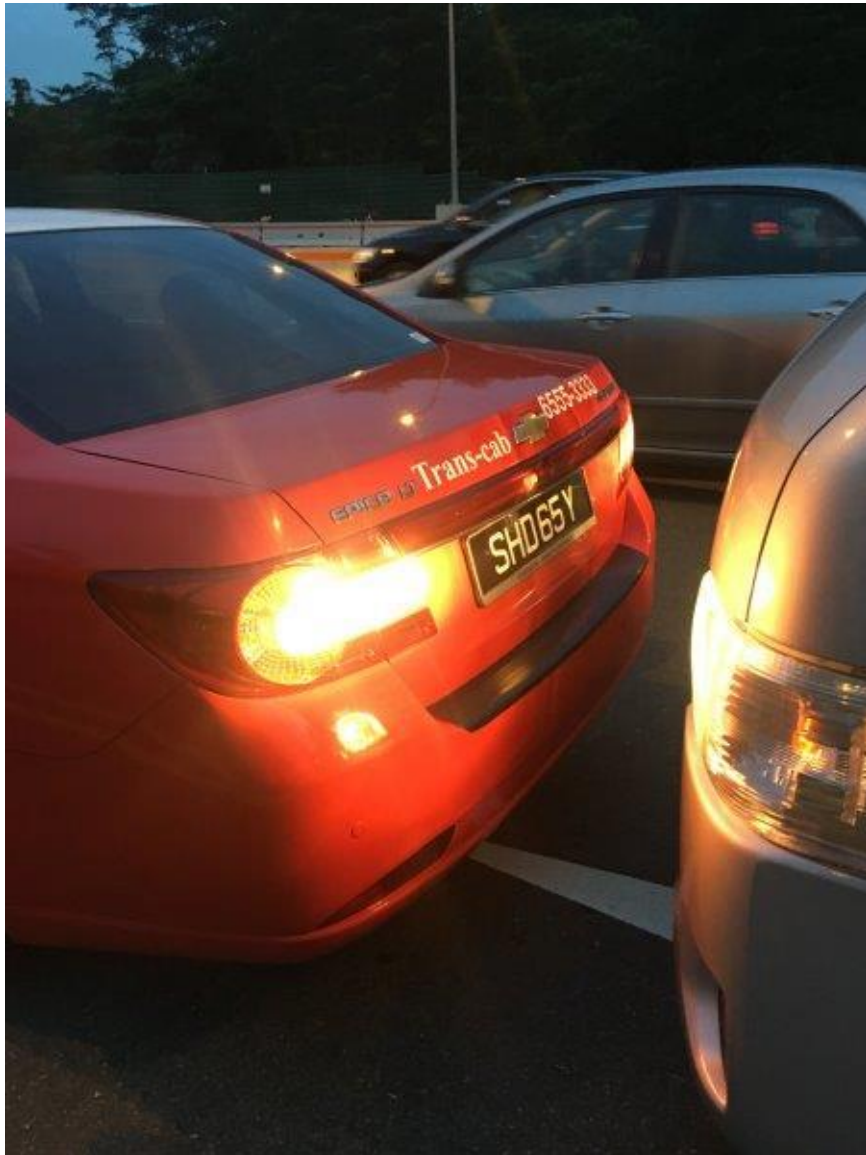
Accident Scene Photo



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