

## 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 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	27/01/2018 08:33
Date Of Accident	11/11/2017 12:00
Exact Location Of Accident	JURONG EAST ST. 21.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6352P
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#### Insured/Policyholder

Name Of Registered Owner	BONANZA STORE
Co Reg No	B20644700X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-95606322
Alternative Phone No	Office-95606322

#### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.0 (M)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

#### Driver

Name of Driver	YUEN HONG KWONG
NRIC No	S0033391C
Date Of Birth	27/08/1949
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1968
Driving Experience	49 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-95606322
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 225 JURONG EAST STREET 21 #01-799
Postcode	600225
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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

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	SHB7773B
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)	

# Sketch Plan

## IMPORTANT NOTICE

## SKETCH PLAN

1. Please report accurately the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as faithful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issuance 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 statement may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIC, Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and true 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 if requested.
8. Consent under the Personal Data Protection Act (PDPA)
  - a. I, the Insurer, my workshop and the General Insurance Association of Singapore (GIAS), hereby permit 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 the accident shall be collectively referred to as the "Insurers"). The Insurers' law practice firm, 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 making of correspondence, statements, invoices, reports or referrals 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 correspondence); and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
  - (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law practice firm, hereby permit to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s); and
  - (c) my Personal Information may also be disclosed by any of the Insurers and/or GIC to their third party service providers or agents (including their law practice firm), which may be based outside of Singapore, for one or more of the above Purpose(s).

## Sketch Plan

Policyholder's Signature / Date & Time: [Signature] 17/11/2022

Driver's Signature (if driver is not the policyholder) / Date & Time: [Signature] 17/11/2022

Witnessed by Reporting Centre Personnel: [Signature]

## Describe Circumstances of the Accident

At the above date & time, traffic at the heavy. I was reversing my vehicle. The location was while reversing vehicle behind me honked at me. I then applied brake and a piece of plywood fell from my vehicle. I am not sure if the plywood or my vehicle hit vehicle B. That is why the late reporting (only after I receive the police letter than I am aware of the accident)

## Declaration

I declare that the foregoing particulars are true to every respect.

Policyholder's Signature / Date & Time: [Signature] 17/11/2022

Driver's Signature (if driver is not the policyholder) / Date & Time: [Signature] 17/11/2022

Witnessed by Reporting Centre Personnel: [Signature]



## CERTIFICATE OF INSURANCE

### NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : Bannuwa Store  
Period of Insurance : 17 Jan 2018 To 16 Jan 2019  
Engine No. : 2D50014823N  
Chassis No. : JN1SC293420899185  
Vehicle No. : GFR033SP  
Policy No. : 21004823N-01  
Endorsement No. :  
Issued Date : 08 Dec 2017

#### ABOUT THE COVER

Model/Model : NISSAN NEW CABSTAR  
Engine Capacity/Tonnage : 1.5 Tonnage  
Driver Registration : NA  
Sum Insured : Market Value  
Off Peak Car : No  
Final Year of Registration : 2017  
Issuing with COE/PARF : Yes

#### Person or Classes of Persons Excluded to Drive

Person or Classes of Persons Excluded to Drive :  
No person is excluded from driving this vehicle under the terms of this policy.  
No person is excluded from driving this vehicle under the terms of this policy.

#### Age Condition

Age Condition : All Ages Condition

#### Limitation as to Use

Limitation as to Use :  
This cover is valid for use in Singapore and Malaysia only.  
This cover is valid for use in Singapore and Malaysia only.

#### EXCESS

Section 1  
Per - \$8 Coin Damage - \$07 Fuel - \$0 Fuel Cover - \$0

Section 2  
Property Damage - \$0

Section 3  
Windscreen - \$100

Named Driver and Excess (where applicable)

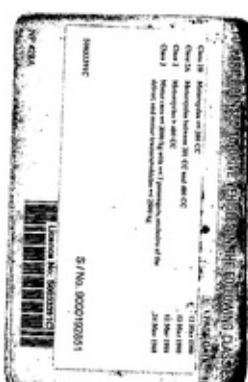
#### APPROVED REPORTING CENTRE/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. The following repairers are approved for repairs to vehicles covered by this policy:  
2. The following repairers are approved for repairs to vehicles covered by this policy:  
3. The following repairers are approved for repairs to vehicles covered by this policy:  
4. The following repairers are approved for repairs to vehicles covered by this policy:  
5. The following repairers are approved for repairs to vehicles covered by this policy:  
6. The following repairers are approved for repairs to vehicles covered by this policy:  
7. The following repairers are approved for repairs to vehicles covered by this policy:  
8. The following repairers are approved for repairs to vehicles covered by this policy:  
9. The following repairers are approved for repairs to vehicles covered by this policy:  
10. The following repairers are approved for repairs to vehicles covered by this policy:


#### IMPORTANT NOTES

Here Purchase Company/Insurer's Name

020899441  
TAN CHONG CHEEAT LAY  
811 BANG TAIKHOON  
SINGAPORE 66622 INSURANCE  
Underwritten by AIO Asia Pacific Insurance Pte. Ltd.  
AIO Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE




REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S0033391C



YUEN HONG KWONG  
 阮漢光

CHINESE  
 27-08-1948 M  
 SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



YUEN HONG KWONG  
 阮漢光

27 Aug 1948  
 12 Apr 2000



Accident Photo



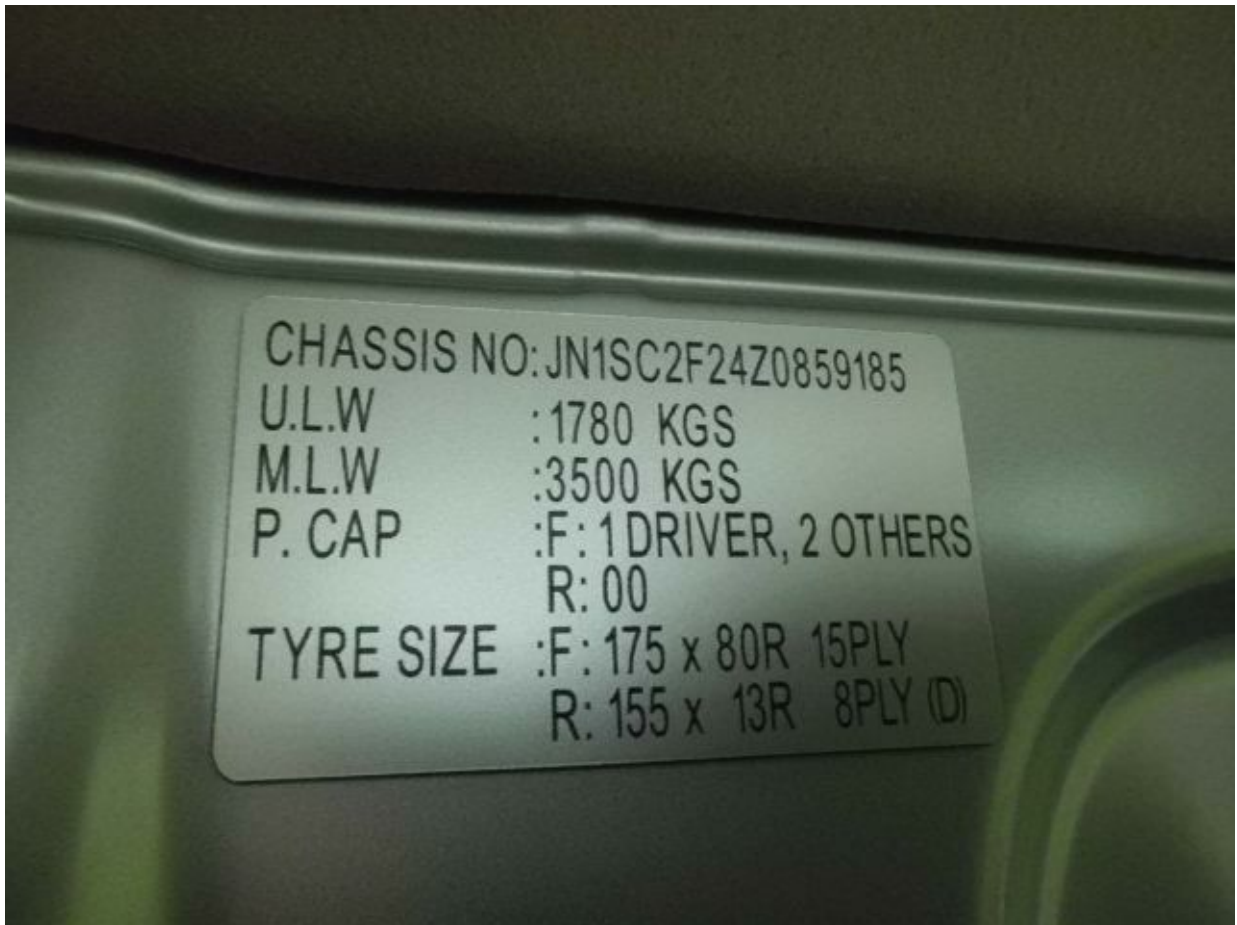
Accident Photo



Accident Photo



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