

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	24/01/2018 17:17
Date Of Accident	24/01/2018 14:15
Exact Location Of Accident	KIM CHUAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3604T
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Insured/Policyholder

Name Of Registered Owner	COMOFFICE PTE LTD
Co Reg No	200005245N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-67378383

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	2100386628-03
Cover Note Number	

Driver

Name of Driver	CHONG FONG JIN
NRIC No	S2075239D
Date Of Birth	20/03/1951
Occupation	INDOOR
Date Of Driving Pass	11/06/1972
Driving Experience	45 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96388579
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 12 PINE CLOSE #12-73
Postcode	1439
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	Name: : UNKNOWN Gender: : Male

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

WHILE OVERTAKING VEHICLE B FROM RIGHT, VEHICLE B SCRATCH MY REAR LEFT.

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	SBM2882R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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:



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

Handwritten signature

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

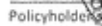
RIGHT

WHILE OVERTAKE VEHICLE B FROM LEFT, MY ~~REAR~~ VEHICLE B SCATCH

MY REAR LEFT.

07

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



Date & Time:

C:\Program Files\MSI\CompuDoc\VB3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Driving License



INSURANCE



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Comofice Pte Ltd
Period of Insurance : 29 Sep 2017 To 28 Sep 2018
Engine No. : 1KD2434833
Chassis No. : JTEHT02F20C147887

Vehicle No. : G3D3634T
Policy No. : 2100386628-03
Endorsement No. :
Issued Date : 05 Sep 2017

ABOUT THE COVER

Make/Model	TOYOTA HIACE 1 ton [Van]				
Engine Capacity/Tonnage	1 Tonnage	Sum Insured	Market Value	First Year of Registration	2014
Driver Restriction	NA	Off Peak Car	No	Insuring with COE/PARF	Yes

Person or Classes of Persons Entitled to Drive*:

b) This Policy will internally be implemented on a non-discriminatory basis, driven only by the business needs of the associated use case(s).

You have to pay an additional sum of \$2,000 as "Young Driver/Inexperienced Driver Excess" (7134) if You are or Your vehicle is: (a) owned or insured; is under the age of 25 and has less than 2 years of experience.

Age Condition : All Age Condition

Limitation as to use: _____

1. Use in connection with the Polystyrene's business

7) Use for the carriage of passengers (other than for hire or reward) in connection with the Employer's business.

St. Ignace—the first Catholic mission in Alaska occupies the village where most of the best preserved early Indian, Chinese, Jewish, and Muslim artifacts still exist—among them, now being created, a rich assemblage made of stone and bone and a magnificent carved wooden altar used for worshipping a man named St. Ignace.

* Li Takuang is a civil engineer by Section 3 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 194) and Section 56 of the Road Transport Act, 1987 (Malaysia) who has to be reached using these facilities.

EXCESS

Section 1
File -> Add Test Damage - \$800 File -> 50

Section 2
Property Damage - 32

Wiedersehen, \$100

Named Driver and Excess (as an add-on):

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

Any incident requires the Vehicle to be towed by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, you have the option of having the towing expense covered up to the Self-Driving workshop. For other Addressed Reporting (CARP) authorised repairers, please contact our 24-hour roadside emergency hotline at +65 9328 3000. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 800 My AIG. Simply search and contact AIG 800 from iTunes or Google Play.

IMPORTANT NOTES

The Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

I hereby certify that the policy to which this Certificate of Insurance is issued is compliant with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 104), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1990 (Malaysia).

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AIG ASIA PACIFIC INSURANCE PL
 75 SHERTON WAY #07-16 AIG BUILDING
 SINGAPORE 048723

Underwritten by A-G Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

