

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	12/02/2018 10:22
Date Of Accident	10/02/2018 13:30
Exact Location Of Accident	10 GUL STREET 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD694C
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Insured/Policyholder

Name Of Registered Owner	YEOH MAINTENANCE & SERVICES
Co Reg No	1
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91080595
Alternative Phone No	Office-91080595

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.5 (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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100374816-03000
Cover Note Number	

Driver

Name of Driver	YEOH PIN HENG
NRIC No	S2557012Z
Date Of Birth	11/03/1950
Occupation	OUTDOOR
Date Of Driving Pass	24/11/1987
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91080595
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 168 PETIR ROAD #14-128
Postcode	670168
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	COLLISION - HEAD TO REAR
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?	
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	SKP9319Y
Vehicle Make/Model/Colour	
Details Of Properties	
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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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/when required.
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 ("GIAS") may/are permitted to collect, use, disclose and 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 the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law adviser 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 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 correspondence/packaging); 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' law adviser firm, 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 GIAS to their third party service providers or agents (including their law adviser firm), which may be based outside of Singapore, for one or more of the above Purposes.

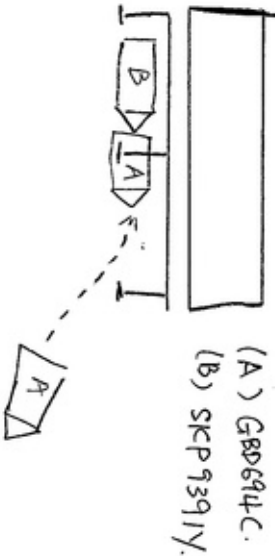


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

At the above location and time:

I reversed my vehicle and hit onto the front of vehicle B.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) REGULATIONS, 1999
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1999 (MALAYSIA)

ML2300

NISSAN COMMERCIAL AUTO PROTECTOR
CERTIFICATE NO. 2100374816-03000
OWN DAMAGE EXCESS: S\$800.00 (1)
WINDSCREEN EXCESS: S\$100.00
(For policies on foot from 1st January 2003)

1) VEHICLE REGISTRATION NO.

SUM INSURED Market Value
INSURING WITH COE/PAF: Yes
GSD894C
Yech Maintenance & Services

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

29 May 2017

4) DATE OF EXPIRY OF INSURANCE

28 May 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person provided he is in the Insured's employ and is driving on their order or with their permission.
A Young and/or Inexperienced Driver License ("YIDL") of S\$3,000.00, in addition to the
Policy Excess, applies to You and any Authorized Driver (named or unnamed) if You are or the said
Authorized Driver is below the age of 22 and/or has less than 2 years' driving experience.

6) LIMITATION AS TO USE*

*Provided that the person driving is licensed in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or
that he 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.

1) Use in connection with the insured's business.

2) Use for the purpose of transporting passengers for hire or reward.

3) Use for postal, domestic or pleasure purposes.

The Policy does not cover: a) Use for hire or reward or for racing, pace-making, velocity trial or speed testing.

b) Use whilst driving a trailer except the towing of any one disabled mechanically propelled vehicle.

APPROVED REPORTING CENTRES / NISSAN AUTHORIZED REPRESENTS

1. Tan Chong Lee Sales - 913 88 7788 Rd (Tel: 6494097/272) 2. Tan Chong Lee Sales - 17 Lor 8 Toa Payoh (Tel: 6307073/4)

3. TC AutoCare - 567 1 5688 7788 Rd (Tel: 6302227/2) 4. Audition Insurance - 19 081 Rd 4 (Tel: 6490996)

5. TC AutoCare - 28 081 Rd 4 (Tel: 6490996)

6. TC AutoCare - 28 081 Rd 4 (Tel: 6490996)

Loss of Use Loss of Use 7 Days (Up to 1.7 tons) - Refer to policy wordings for details

* NAMED DRIVER: NA

HIRE PURCHASE COMPANY: TAN CHONG CREDIT PTE LTD

*Limitations mentioned hereafter by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and
Section 93 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

1. 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).

AIG Asia Pacific Insurance Pte. Ltd.

Issued in Singapore 17 May 2017

500610.367
TAN CHONG CREDIT PTE LTD-ML
911 BUKIT TIMAH ROAD
TAN CHONG MOTOR CENTRE
SINGAPORE 598622
ASAP-MOTOR

[Signature]
AUTHORIZED REPRESENTATIVE

ORIGINAL

TOO0048



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

