

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	05/02/2018 18:23
Date Of Accident	04/02/2018 22:30
Exact Location Of Accident	FERNVALE RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5438M
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Insured/Policyholder

Name Of Registered Owner	HEAVENLY ENGINEERING PTE LTD
Co Reg No	201333169G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-82026600

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.0 (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?	YES
If No, Please state action to be taken	
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	2100447327
Cover Note Number	

Driver

Name of Driver	KOH HOO KWEE
NRIC No	S7349467B
Date Of Birth	04/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2005
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96610730
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	22 SIN MING LANE #03-87 MIDVIEW CITY
Postcode	573969
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
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	GY8464C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD SHARIL BIN ABDUL NASIR
NRIC/Passport Number	S9209619Z
Contact Number	85180421
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

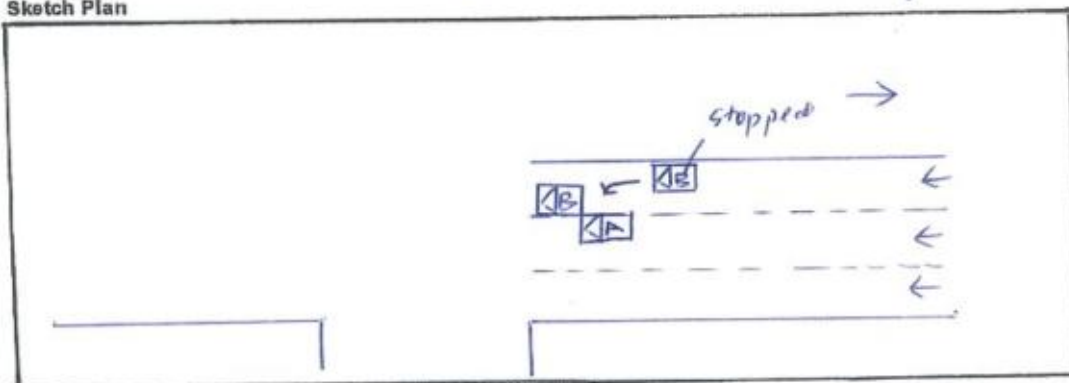
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8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Koh Hoo Kuei.
VEHICLE NUMBER : GRE 543PM
DATE/TIME OF ACCIDENT : 4/2/18 @ 2230
PLACE OF ACCIDENT : Fernvale Rd junction.
THIRD PARTY VEHICLE (IF ANY) : GTP464C

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED
DESTINATION BEFORE THE ACCIDENT?

From Singapore to Patong Pagar.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF
THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-
ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?


No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES
TO ALL VEHICLES INVOLVED?

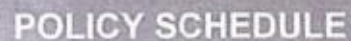
Side Impact Rear direction.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL?
WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No


Name:

I Affirmed The Above Information Is Given To My Best Knowledge.



Policy No	2100447327-02	Issued Date	02 Jan 2018
Period of Insurance	12 Jan 2018 to 11 Jan 2019		

Name of Policyholder	Heavenly Engineering Pte Ltd
Address	22, Sin Ming Lane #03-87 Midview City SINGAPORE 573969
Occupation/Nature of Business	Interior Design, Landscaping & Maintenance, Renovation contractor, Electrical Works

Registration No.	G8E5438M	Engine Capacity/Tonnage	1 Tonnage
Chassis No.	JTFHT02P500188882	Engine No.	1KD2586892
Seating Capacity	3	First Year of Registration	2016
Make/Model	TOYOTA HIACE 1 ton [Van]	Body Type	Van
Hire Purchase Company/Employer's Loan	HONG LEONG FINANCE LTD		

Sum Insured	Market Value	Off-Park Car	No
Driver Restriction	NA	Insured with COE/PARE	Yes

As the proportion of children with autism increases, so do the challenges for the community. It is important that the community is aware of the challenges and that it is able to provide the support and resources that are needed.

Limitations as to use

EXCESS	PREMIUM
Section 1 Fire - \$0 (Over Garage) - \$000 (Excess) - \$0	Premium: \$ 1,402.05 GST (7%) \$ 98.14
Section 2 Privately Garage - \$0	
Watercross - \$0	Total \$ 1,500.20 Your Premium includes the following discounts: No Claim Discount - 22%

Accident Photo



Accident Photo



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Accident Photo



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Accident Photo



Accident Photo

