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## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 witholding 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.

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.

and the state of t	ACCIDENT STATEMENT
Date Of Report	01/03/2018 17:06
	01/03/2018 13:15
	PUNGGOL RD TWDS PUNGGOL SETTLEMENT
Country/State of Loss	SINGAPORE
Di	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG2321A
Insured/Policyholder	
	K&Y SERVICES
Co Reg No	
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98713266
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	1700022771
Cover Note Number	
Driver	
Name of Driver	CHOO WEI FOOK
NRIC No	S7362398G
Date Of Birth	09/02/1973
Occupation	INDOOR
Date Of Driving Pass	21/07/2008
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98713266

NOEMAIL

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- By the lodgment 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:
  - 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;

Reg. No: 53222136B

- (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:
  - 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCHPLAN Punegol Road Towards Punggol Settlement A-GBG 2321A B-SLE 4619M Unknow

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above dute and time, I was driving along Punsago! Road towards Punggol settlement on the 6 lane of a 6 lanes road. Somewhere at the Junction of Purgosol roud and Purgosol Settlement, vehicle ahead of slowed down and stopped due to red light. As such, I appiled break to slowed down and stopped. Out of the sudden vehicle B SLE 9619M) came from the rear and collided directly onto the rear portion of my vehicle. A- GBG 2321 A B - SLE 9619 M

DECLARATION

I/We declare the forecoing par chiars are true in every respect.

53222136B CO

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:

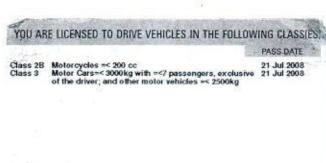
ehicle No.	GBG 2321 A Model/Make NISSAN NV 350				
ate of Accident	01/03/2019				
ime of Accident	13 IS HRS				
ocation of Accident	PUNKCOL ROAD TOWARDS PUNCCOL SETTLEMENT				
xact purpose use during acci	dent workinh your				
Name of Owner	K& J SERVICES				
elephone No.	H/P: 987 3266 Home: Office:				
VRIC	532Z2136B				
Address	BIK 339 Jurong East Ave 1 \$107-1532 \$(600339)				
Claim type	OD THIRD PARTY REPORTING ONLY				
nsurance Company	A14				
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft				
Policy No.	1700022771				
Name of Driver	As Above If No. CHOO WELL FOOK				
NRIC	573623989 Any Passengers: 1 Mace				
Date of birth	09 FEB 1973				
Occupation	Outdoor / Indoor				
Driving License Pass Date	21 JUL 2008				
Gender	Male / Female				
Contact No.	H/P: 98H 3Z66 Home: Office:				
Address	BUK 3301 JURIONS EAST AVE 1 HO7-1932 6(800330				
Driver have any own vehicle	No, If yes, Reg No.				
Relationship	Employee, If no, state				
Weather condition	Clear Raining Other				
Road Surface	Dry Wet Other				
Any Injuries	No, If Yes, Who?				
Name And Contact No.					
Name And Contact No.					
Police Report	No, If Yes, Where?				
Vehicle B No.	SLB ablam Any Passengers: 1				
Name of Driver	Contact No. :				
Vehicle C No.	Any Passengers :				
Vehicle D No.	Any Passengers :				
Vehicle E no.	Any Passengers :				
Vehicle F No.	Any Passengers :				
Vehicle G No.	Any Passengers :				
Witness Name	Witness Contact :				
Accident Portion	REAR				
Camera Recorder	Yes / No				
Email Address					
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd				
CONTACT NO.	6842 0051 / 6744 0510				
CONTACT PERSON	Amos				
FAX NO	6741 0510				
MINRESHID EMON ADDRESS	s sales @ nsi. com. sa				





DRIVER





NP 428A



# CERTIFICATE OF INSURANCE

### NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder

: K&Y Services

Period of Insurance

: 30 Jun 2017 To 29 Jun 2018

Engine No.

: YD25422665A

Chassis No.

: JN1MC2E26Z0008618

Vehicle No.

: GBG2321A

Policy No.

: 1700022771 Endorsement No.

Issued Date

: 11 Jul 2017

#### ABOUT THE COVER

Make/Model

: NISSAN NV350 PANEL VAN

Engine Capacity/Tonnage : 1.5 Tonnage

Sum Insured : Market Value

First Year of Registration : 2017

Driver Restriction

Off Peak Car : No.

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if heishe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young end/or Inexpenenced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

### Limitation as to use\* :

1) Use in connection with the Potoyholder's business.
2) Use for the carriege of passenger (other than for hire or revert) in connection with the Potoyholder's business.
3) Use for social, domestic or pleasure purposes. This Potoy does not cover a) use for hire or reward, driving teet, racing, pace-making, reliability that or speed-resting; and b) use whilst drawing a inster except the towing of anyone disabled using a mechanically proposed vahiele of use for any purpose in connection with Motor Trade.

\* Unitiations rendered Inoparative by Section 3 of the Motor Vehicles (Third-Parly Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Makayata), are not to be included under these headings

#### EXCESS

Fire - S0 Own Damage - \$800 Thatt - S0 Flood Cover - S0

Property Damage - 80

Windscreen: \$100

Named Driver and Excess (where applicable)

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

- Tan Chong Motor Sales: Add: 913 Bi Timely Road Singapore 589823 84694091 64694092 84694093
- 2.TC AutoClinic Add: No.1, Sixth Lak Yeng Road Singapore 828099 62822212 3.Tan Chang Motor Salas Add: 17 Lor 8 Tos Payoli Singapore 319254 63570753 63570754 4.AutoLulian Industrial Add: 19 Ubi Road 4 Singapore 408623 64909668
- 5 TC AutoClinic Add: 25 Long Kee Road Singapore 159097 87038511 87038512 87038513

For other, Approved Reporting Cantras/AIG Authorised Repairers, please contact our 24-hour accident emergency hodine at +65 8038 8200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download; AIG SG from (Tunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: ETHOZ Capital Ltd.

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of 30 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

500610339

AN CHONG CREDIT PTE LTD-LHO 11 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE INGAPORE 589622 ANSP-MOTOR

nderwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

Address

BLK 339 JURONG EAST AVE 1 #07-1532

Postcode

600339

OWNER

Was driver an employee of the Insured's Company NO

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 DRY

Road Surface Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 2

YES

Number of Passengers (Including Driver)

Passenger 1

: UNKNOWN NAME:

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

**SLE9619M** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Remarks/ Reasons:

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage