### 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 <u>truthful and accurate</u> 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 policyliability 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

| aloresald.   |                                      |
|--|--------------------------------------|
|  | ACCIDENT STATEMENT                   |
| Date Of Report   | 01/03/2018 13:49                     |
| Date Of Accident   | 28/02/2018 09:20                     |
| Exact Location Of Accident   | AT CARPARK NO.8 SENOKO SOUTH ROAD    |
| Country/State of Loss  | SINGAPORE                            |
|  | DETAILS OF OWN VEHICLE               |
| Vehicle Registration Number  | GBD1183D                             |
| Insured/Policyholder   |                                      |
| Name Of Registered Owner   | BAKE MISSION PTE. LTD.               |
| Co Reg No  | 200818484Z                           |
| Email Address  | SHERMAINE.TEO@BAKEMISSION.COM.SG     |
| Mobile Phone No  | (LOCAL) +65-90061710                 |
| Alternative Phone No   | Office-67588955                      |
| 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   | GOODS VEHICLE                        |
| Insurance Company  |                                      |
| Name of Insurance Company  | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage   | COMPREHENSIVE                        |
| Fleet Policy   | NO                                   |
| Policy Number  | 2100376339-03000                     |
| Cover Note Number  |                                      |
| Driver   |                                      |
|  |                                      |

Name of Driver SHERMAINE TEO SOO CHIN

NRIC No S6901165I
Date Of Birth 14/01/1969
Occupation INDOOR
Date Of Driving Pass 16/04/1993

Driving Experience 24 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90061710

Fax Number
Contact Number

EMail Address SHARMAINE.TEO@BAKEMISSION.COM.SG

Address BLK 257C COMPASSVALE ROAD

Postcode YES

Was driver an employee of the Insured's Company If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions **CLEAR** Road Surface DRY

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

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.

Number of Passengers (Including Driver)

Passenger 1 : BRUCE LEI Name:

: Male Gender:

**Details of Police Action** 

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

**PLEASE** 

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SHC4989K

TAXI

Vehicle Registration Number

Was there any audio recorded?

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

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

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- 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.
- 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;
  - (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
BAKE:1416SSIQNE MISTEN HTEPTO
Not Maegogg South Road
#03-03 Singapore 758095

Tel: (65) 6758 8955 Fax: (65) 6758 8956 website: www.bakemission.com.sg

Driver's Signature Shormaine Teo (If driver is not the policyholder) Date & Time: 1 Mar 2018

13-49 40

Reporting Centre Name:

NRIC/FIN No.:

FOR KWEE CHUD S6840583A

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### SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

### Date: 28 Feb 2018 Time: 0920 Venue: Carpark of No. 8 Senoko South Road Singapore 758095 At the time of accident, my Van GBD1183D was reversing to make room for another truck to exit, and the back, right bumper of my van hit the front, left bumper of Taxi SHC4989K. (See photos attached) There is no injury whatsoever registered that was caused by the accident. The front left corner of the bumper of Taxi SHC4989K was dented. There is no major damage registered for my Van GBD1183D except for some scratches on the back right corner.

DECLARATION

I/We declare the foregoing particulars are true in every re

BAKE MISSION PILE LTD NoDate Seneke Banth Sendete LTD

#03-63-6569999re 1/59995 Tel: (65) 6758 8955 Fax: (65) 6758 8956 website: www.bakemission.com.sg BRN: 200818484Z

Driver's Signature Shermaine Teo (If driver is not the policyholder) Date & Time: 1 Mar 2018

Reporting Gentre Personner
Name: Poh Kwee Choo
NRIC/FIN No. \$6840583A



### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

M.Z.300

COMMERCIAL AUTOPLUS

OWN DAMAGE EXCESS WINDSCREEN EXCESS \$\$100.00

SS800.00(1)

CERTIFICATE NO. 2100376339-03000

SUM INSURED INSURING WITH COE/PARF

Market Value Vec

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Bake Mission Ptc. Ltd.

3) EFFECTIVE DATE OF THE COMMENCEMENT

17 Jun 2017

OF INSURANCE FOR THE PURPOSES OF THE ACT

16 Jun 2018

GBD1183D

4) DATE OF EXPIRY OF INSURANCE

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 Excess ("YIDR") of \$33,000.00, in additional to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and 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.

b LIMITATION AS TO USE \*

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

2) Use for the carriage of passenger (other than for hire or reward) in connection with the Insured's business.

3) Use for social, domestic or pleasure purposes.

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

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

SOLE AGENT'S WORKSHOP: For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

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

1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

3. Eliboz - 30 Bukit Batok CrestTel:65647777) 4. DPS Body & Paint (Subsidiary of C &C) - 209 Pandan Gardens (Tel: 65684501)

5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 6438110)

7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

MIN\_DRIVER\_AGE=

LOSS OF USE Not Included

NAMED DRIVER NA

HIRE PURCHASE COMPANY United Overseas Bank Limited / EMPLOYER'S LOAN

Emileo Text SOAN Limitations randered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / 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).

Issued At Singapore 6 Jun 2017

030210-132 AIG - AUTO DIRECT 78 SHENTON WAY #07-16 AIG BUILDING AlG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSCSYK.

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AIG Building, 78 Shenton Way #07-16 Singapore 079120

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AIG Asia Pacific Insurance Pte. Ltd.



### REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$69011651





SHERMAINE TEO SOO CHIN

張 姞 禎 CHINESE Date of Birth 14-01-1969 F

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) PASS DATE Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kitograms 16 Apr 1993

322565 NRC No. S69011651

16-12-2000 B+

APT BLK 257C COMPASSVALE ROAD #07-541 SINGAPORE 543257

### Scene Photo

# ACCIDENT REPORT PHOTOS

Time: 0920 Date of Accident : 28 Feb 2018 T Between Van : GBD 1183 D Taxi : SHC 4989 K

Venue: Carpark of No. 8 Senoko South Road Singapore 758095





1/3/2008

### Scene Photo

# ACCIDENT REPORT PHOTOS

Date of Accident: 28 Feb 2018 Time: 0920

Venue: Carpark of No. 8 Senoko South Road Singapore 758095

Between Van: GBD 1183 D Taxi: SHC 4989 K





1/3/2018

**Accident Photo** 



**Accident Photo** 







### **CHASSIS NUMBER**

