

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	02/03/2018 15:37
Date Of Accident	01/03/2018 20:00
Exact Location Of Accident	JALAN BOON LAY BLK 187 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5017P
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Insured/Policyholder

Name Of Registered Owner	NAM PLUMBING ENGINEERING PTE LTD
Co Reg No	2003108509
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-65709233

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (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?	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	2100491798
Cover Note Number	

Driver

Name of Driver	LAU YONG FONG
NRIC No	S7627548C
Date Of Birth	28/08/1976
Occupation	OUTDOOR
Date Of Driving Pass	11/02/2000
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88186328
Fax Number	
Contact Number	
EMail Address	SHAWNLAU6@GMAIL.COM

Address	BLK 702 JURONG WEST STREET 71 #14-02
Postcode	640702
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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: : CAROLINA ROSALINDA LAU Gender: : Female

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	GBG9041L
Vehicle Make/Model/Colour	SILVER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	FAUZEE. A. RAHIM
NRIC/Passport Number	S8819755J
Contact Number	82040988
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

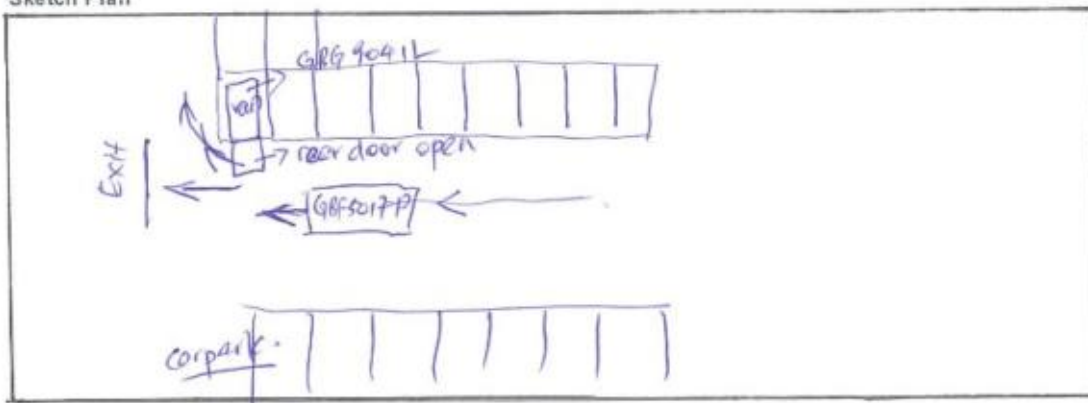
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' law yers/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' law yers/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 law yers/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



Common Statement


Describe Circumstances of the Accident

I was driving my lorry (GBF507P) of the Jalan Boon Lay B1K 187, going towards the exit, there was a van parking in the last carpark lot near to the exit, the surrounding light is not very bright. this van was parking in the lot with the rear door open, the driver was not there, when i near to the exit then i realised that the door of this van (GP69041L) was ~~not~~ open, i tried to avoid pulling the steering to a side but still hit the corner of the van rear door, get damaged abit, but i load it. the van. i ^{make} turn to the carpark and stop my lorry. I want to see the van damage, after waiting awhile the van driver appear up and i ask him to check the rear door of his van is it still in good condition to lock or open, after checking his van condition of the rear door it fine except a damage at the corner inside of the rear door.


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



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Nam Plumbing Engineering Pte Ltd
Period of Insurance : 25 Nov 2017 To 24 Nov 2018
Engine No. : 1KD2663176
Chassis No. : JTFAT35Y50K207152

Vehicle No. : GBF5017P
Policy No. : 2100491798-01
Endorsement No. :
Issued Date : 02 Nov 2017

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150D 2 ton (Lorry)
Engine Capacity/Tonnage : 2 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PAIF : 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 insure the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDP") if You are or Your Authorized Driver (named or unnamed) is under the age of 22 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use¹ :

1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover its use for hire or reward, driving tuition, driving test, racing, pace-making, reliability test or speed-testing, and its use whilst towing a trailer except the towing of a trailer equipped with a mechanically propelled vehicle, its use for any purpose in connection with Motor Trade.

* Limitations contained hereunder by Section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 186) and Section 96 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$800 Theft - \$0

Section 2
Property Damage - \$0

Widescreen : \$150

Named Driver and Excess (where applicable)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorized Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 0206. Alternatively, You may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

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. 186), Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0501795000

ANG HAN AIK RAYSON
BLK 408A FERNVALE ROAD #15-34
SINGAPORE 791406

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SOP/SA

78 Shenton Way #07-05 AIG Building SINGAPORE | T: +65 6475 3200 | F: +65 6475 3723 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.

Driver Nric And Driving Licence

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7627548C

Name
LAU YONG FONG
(LIU YONGFENG)
刘永丰

Race
CHINESE

Date of Birth
28-08-1976

Sex
M

Country of Birth
SINGAPORE





REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: S7627548C

Name
LAU YONG FONG
(LIU YONGFENG)

Birth Date: 28 Aug 1976

Issue Date: 22 Dec 2017





3109383



SPIC No. S7627548C



Spic Code: A+

Class of issue: 27-11-1999

Address:
APT. BLK 702 JURONG WEST STREET 71
#14-02
SINGAPORE 640702




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

EFFECTIVE DATE

Class	Description	Effective Date
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	11 Feb 2000

NP 425A

License No: S7627548C



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Scene Photo



Accident Scene Photo



Accident Scene Photo



Accident Scene Photo



Accident Scene Photo

