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	22/03/2018 15:24
Date Of Accident	21/03/2018 13:30
Exact Location Of Accident	BLK 4010 ANG MO KIO AVE 10 INDUSTRIAL 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG2236M
Insured/Policyholder	
Name Of Registered Owner	KUMPULAN DEVELOPMENT (S) PTD LTD
Co Reg No	a198600106z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-64735727
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR-3.0 (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?	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	1700022650
Cover Note Number	
Driver	

Name of Driver WONG CHEE HONG

NRIC No S1346339E
Date Of Birth 19/11/1959
Occupation OUTDOOR
Date Of Driving Pass 10/02/1983

Driving Experience 35 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91171128

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 603 HOUGANG AVE 4 #03-217 530603 Address Postcode 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 **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? NO Number of vehicles involved in the accident NO Was any body injured in the Accident? 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) NO soliciting/offering accident claims assistance. 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 SEE ATTACHED SKETCH PLAN Attachment(s) Are accident photos available for attachment? YES

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB5103Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 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.

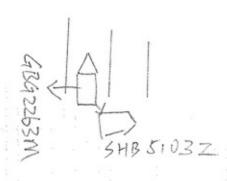
Policyholder Sagnatu Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

AUTOCOFFICIAL PTE LTD 19 UBI ROAD 4 SINGAPORE 408623

TEL: 6490 9666 FAX: 6846 7483

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was at the loading and untonding bow I wented to reverse my I wehicle I GBG 2236m I checked my blindspet left and right before I reverse while I was reversing a taxI sundenly appeared and accidentally my vehicle hit the left row portion of the text

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyhold & Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: AUTOLUTION INDUSTRIAL PIE L. 19 BENONOMENTE PERSONNE'S Signature SINGAPORE 408623 TELNERGEN 1866 FAX: 6846 748?

Name of Policyholder : Kumpulan Development (S) Pte Ltd

Period of Insurance : 29 Jun 2017 To 28 Jun 2018

Engine No. Chassis No. : ZD30023891N : JN1SC2F24Z0859755 Vehicle No. Policy No.

: GBG2236M : 1700022650

Endorsement No. issued Date

: 000000000133392 : 23 Aug 2017

ABOUT THE COVER : NISSAN NEW CABSTAR

Engine Capacity/Tonnage : 1.6 Tonnage

Sum Insured : Market Value

First Year of Registration : 2017

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

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

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

Age Condition

: All Age Condition

Limitation as to use* :

Entrinstruct GB to Unity .

J Use in connection with the Policyholder's business

B) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business

J Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business

J Use for should demostic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving business, climing less, racing, pace-mixture, reliability mail or speed-sessing; and b) use whilst drawing a trailer except the bearing of anyone disabled using a mechanically propelled vehicle, c) use for any purpose in connection with Motor Trade.

* Limitations randered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Metaysia), are not to be

EXCESS

Section 1 Fire - SO Own Damage - S800 Theft - SO Flood Cover - S0

Section 2 Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

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

Tan Chang Motor Sales Apd 913 8: Timah Road Singapore 589623 64694091 64694092 64694093

Tan Chang Motor Sales Apd 913 Bt Timah Road Singapore 589623 64894091 64694092 6 CTC AutoClinic Add. No. 1, Salth Lok Yang Road Singapore 628099 62802212 3 Tan Chong Motor Sales Add; 17 Lor 8 Toe Phyto Singapore 319254 63570753 63570754 4 Autotupon Industrial Add. 19 Ubi Road 4 Singapore 408623 6400966 5.TC AutoClinic Add; 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 8338 6200. Alternatively, you may refer to AIG website www.aig.com.sg. arAIG SG Mobile App. Simply search and chemicod "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

I/We hereby cerelly 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 (Cep. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610427

TAN CHONG CREDIT PTE LTD-LSE 911 BUKIT TIMAH ROAD SINGAPORE 589622 ANSP-MOTOR Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

00003201530

813460395



WONG CHEE HONG

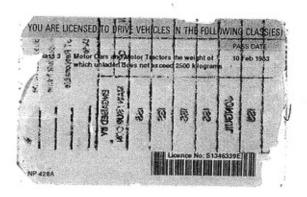
黄志鸿

CHINESE

19-11-1959 M SINGAPORE 1000







Accident Photo













Accident Photo



Accident Photo

