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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.

对外的数据实现的数据	ACCIDENT STATEMENT	
Date Of Report	13/04/2018 10:09	
Date Of Accident	12/04/2018 15:40	
Exact Location Of Accident	ALONG JALAN KILANG BARAT	
Country/State of Loss	SINGAPORE	
· 图4 10 图 / 10 10 10 10 10 10 10 10 10 10 10 10 10	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	YK6955B	
Insured/Policyholder		
Name Of Registered Owner	SIM LEE HENG INVESTMENT PTE LTD	
Co Reg No	22	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-93494699	
Alternative Phone No	OFFICE-62700960	
Vehicle Particulars		
Manufacturer	MITSUBISHI	
Model	FUSO	
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES	
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	ALLIED WORLD ASSURANCE COMPANY, LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	AVCPSB0082641701	
Cover Note Number		
Driver		
Name of Driver	YAU KIM THAI	
NRIC No	S0954364C	
Date Of Birth	27/09/1947	
Occupation	OUTDOOR	
Date Of Driving Pass	18/08/1969	
Driving Experience	48 YEARS AND 7 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-93494699	
Fax Number		

NOEMAIL

Address

BLK 102 POTONG PASIR AVENUE 1

#08-342

Postcode

350102

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)

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

PLEASE REFER TO SKETCH PLAN (COLLISION TYPE IS INSURED REVERSE AND HIT TP)

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

SJM8741E

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

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

- Please report correctly 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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;
 - (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.

JIM LEE HENG INVESTMENTS PTE LTL 32, JALAN KILANG BARAT (OFF JALAN BUKIT MERAH) SINGAPORE 159384

TEL 9270 0000 FAX-8270 0000

Policyholder's Signature. Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Parsonnel's Signature

Name:

NRIC/FIN No.

A	coma for	wan Kich	ug BARAT	
REN	A KB	1/1		
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT			A) YK 6955B B) SOM 8741E
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ECLARATION				
We declare the foregoing particul JIM LEE HENG WOESTMENT 32, JALAN KILANG BA OFF JALAN BUKIT ME	ARAT ERAH) SOL	K.	N	16/08/2018
olicyholder's Signature PORE 1593 ate & Time: 6270 1030 FAX: 62	(If driver is not the property of the property	olicyholder)	Reporting Cent Name: NRIC/FIN No.:	re personnel's Signature KOLL WHAS

ACCIDENT STATEMENT

ACCIDENT DATE: 12. 104 201	S)(DD/MM/YYYY), TIME: (15: 40)(HH:MM)
LOCATION: JALAN BUT	& KILLANG BHARAT
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: YE	- 6955 13
DINSURANCE COMPANY:_	7 - 10
CIPOLICY NUMBER: AVC	PSB0082641701
dIPOLICY TYPE: (COMPREHE	NSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
eJMAKE & MODEL:	uso
f)TYPE:(SALOON / COUPE / /	MPV /VAN / LORRY / MOTORCYCLE / OTHERS) ATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT AC	CIDENT TIME: CUCKOW
I) ARE YOU CLAIMING UNDER	YOUR OWN INSURANCE (YES (NO)
IF NO, PLEASE STATE (THIRD	PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	US INJAIMAN PAGE (10)
b) NRIC/FIN/PASSPORT:	CONTACT: 62708960
c)ADDRESS:	
* CONTINUE TO 3.d IF DRIVER	R ALSO POLICY HOLDER
TOTAL VALLE	THAT (MALE / FEMALE)
binRIC/FIN/PASSPORT: 50	954364C CONTACT: 73(1961)
(_) CIADDRESS: APT BLK	2 SPNLAPORE - 350102
d)Date of Birth: (27)	
e OCCUPATION: (INDOOR /	THE STATE OF THE
DATE OF DRIVING . PASS	1870/19,00
4. WAS DRIVER AN EMPLOYE	E OF THE INSURED'S COMPANY (YES) NO) THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: [CI	
b) ROAD SURFACE; (DRY / W	ET / OTHERS
 WAS ANYBODY INJURED (YES O)REPORTED TO POLICE (YES 	
IF YES, PLEASE STATE WHICH	
8 THIRD PARTY VEHICLE ST	1
His of passanger of VEHICLE NUMBER: 8	74/15 MODEL:
CI NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	
the of passanger of priver's NAME	MODEL:
(Industry deliver) 1) NRIC/FIN/PASSPORT:	CONTACT:
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REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0954364C





YAU KIM THAI

姚金泰

CHINESE Date of Betty 27-09-1947 M Coursey or byrst. SINGAPORE



1714040





₩0 % S0954364C

22-02-1994

APT BLK 102 POTONG PASIR AVENUE 1 #08-342 SINGAPORE 1335

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES Muter cars =< 3000 kg with =< 3 passengers, exclusive of the driver; and autise transcentrations = 2200 kg 18 Aug 1969 30954344C S/No. 9000159663 NP 425

COMMERCIAL VEHICLE (SCH 1)

CERTIFICATE OF INSURANCE

MZ300/C R SB A4585D2 Cov. Type: C

THE MOTOR VEHICLES (THRO-PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE THE ROAD TRANSPORT ACT 1987 OF MALAYSIA

KUKLYSB

THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 22 FEBRUARY 1975 THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 15 JANUARY 1765 AND SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

CERTIFICATE No.

AVCPSB0082641701

ChaNo: FEB21EA10233

Index Mark and Registration YK 6955 B

Number of Vehicle

SIM LEE HENG INVESTMENTS PTE LTD

2. Name of Policyholder

21 August 2017

3. Effective Date of Commencement of Insurance for the purposes of the Ordinance

20 August 2018

4. Date of Expiry of Insurance

5. Persons or Classes of Persons entitled to drive" (For certificate references MX1 and MX4, see overleaf) ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

- 6. Limitations as to Use* (For certificate reference MX1, see overleaf)
 - A. USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - B. USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - C. USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER :

- 1. USE FOR HIRE OR REWARD OR FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
- 2. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Estimated Value

: MARKET VALUE WITH COE/PARF

Hire Purchase Owner :

Type of Cover

: Comprehensive

Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

WWE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore)

