

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	08/06/2018 16:34
Date Of Accident	08/06/2018 14:05
Exact Location Of Accident	XCOMMONWEALTH AVE WEST & JURONG EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6014G
Insured/Policyholder	
Name Of Registered Owner	KEM SHEN P/L
Co Reg No	200912916K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-85099565

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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?	YES
If No, Please state action to be taken	
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	2100332883-05
Cover Note Number	

Driver

Name of Driver	CHIN KEM
NRIC No	S2583957I
Date Of Birth	01/06/1955
Occupation	OUTDOOR
Date Of Driving Pass	22/06/1981
Driving Experience	36 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-85099565
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK429 HOUGANG AVE 6 #01-140 S530429
Postcode	
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	
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.	NO
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

REFEER TO ATTACHED REPORT

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	SHD4851T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA

Address	NA
Postcode	NA
Insurance Company Name	NA
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	Name: :
	Gender: : Female

Accident Sketch Plan

SKETCH PLAN

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7. 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:
 - (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' 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.



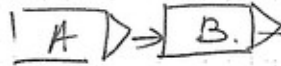
Policyholder's Signature
Date & Time:

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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A: GBC 6014G.

B: SHD 4851T.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was approaching traffic junction Veh B suddenly jam broke, I follow to stop but could not stop in time. As a result collided onto Veh B.

DECLARATION

I, HEREBY DECLARE that:-

1. The reporting centre personnel has explained the above statement & sketch plan to me.
2. I fully understand and agree with the above statement.
3. The information given is true and correct to best of my/our knowledge and belief.

[Signature]

Name, Signature & Company
Stamp (if applicable)

ATG.

Vehicle No. GBC 6014G Date of Incident 7/6/18

- ☐ Reporting Only
☒ Own Damage Claim
☐ Third Party Claim
☐ Other Workshop

FFS.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature] 8-6-18

Driver's Signature
(If driver is not the policyholder)
Date & Time: 4:50



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

INTERVIEW FORM

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Chin Kern
VEHICLE NUMBER : GBC 6014G
DATE/TIME OF ACCIDENT : 7/6/18 . 14.05 .
PLACE OF ACCIDENT : X Commonwealth Ave West & Junge East.
THIRD PARTY VEHICLE (IF ANY) : SHD 4851T.

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Sunny West - Orchard . Rd

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?


NO .

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Front to Rd .

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO


Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S25839571**

Name: **CHIN KEM**

Birth Date: **01 Jun 1955**

Issue Date: **08 Mar 2013**

0021570348



REPUBLIC OF SINGAPORE


IDENTITY CARD NO. S25839571

Name: **CHIN KEM**

Race: **CHINESE**

Date of birth: **01-05-1955** Sex: **M**

Country of birth: **MALAYSIA**

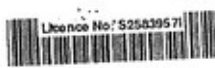
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg **22 Jun 1981**

NP 428A

License No: S25839571



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S25839571

Date of Issue

04-03-2011

Address

APT BLK 429 HOUGANG AVENUE 6

#01-140

SINGAPORE 530429




CERT



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Kem Shen Pte Ltd
 Period of Insurance : 08 Mar 2018 To 07 Mar 2019
 Engine No. : 1KD2270161
 Chassis No. : JTFAT35Y40K202234

Vehicle No. : GBC6014G
 Policy No. : 2100332883-05
 Endorsement No. :
 Issued Date : 05 Mar 2018

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150D 2 ton [Lorry]
 Engine Capacity/Tonnage : 2 Tonnage Sum Insured : Market Value First Year of Registration : 2013
 Driver Restriction : NA 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 he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced 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 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 as use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, and to use whilst driving a trailer except the towing of any disabled vehicle using a mechanically propelled vehicle. c) use for any purpose in connection with Motor Trade.

* Limitations rendered operative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) and Section 55 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$500 Theft - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

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 Authorised 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/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6378 6200. 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

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1950 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE PL
 78 SHENTON WAY #07-16 AIG BUILDING
 SINGAPORE 079120
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

78 Shenton Way #07-16 AIG Building 079120 | T: +65 6412 3000 | F: +65 6415 3723 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.

Accident Photo



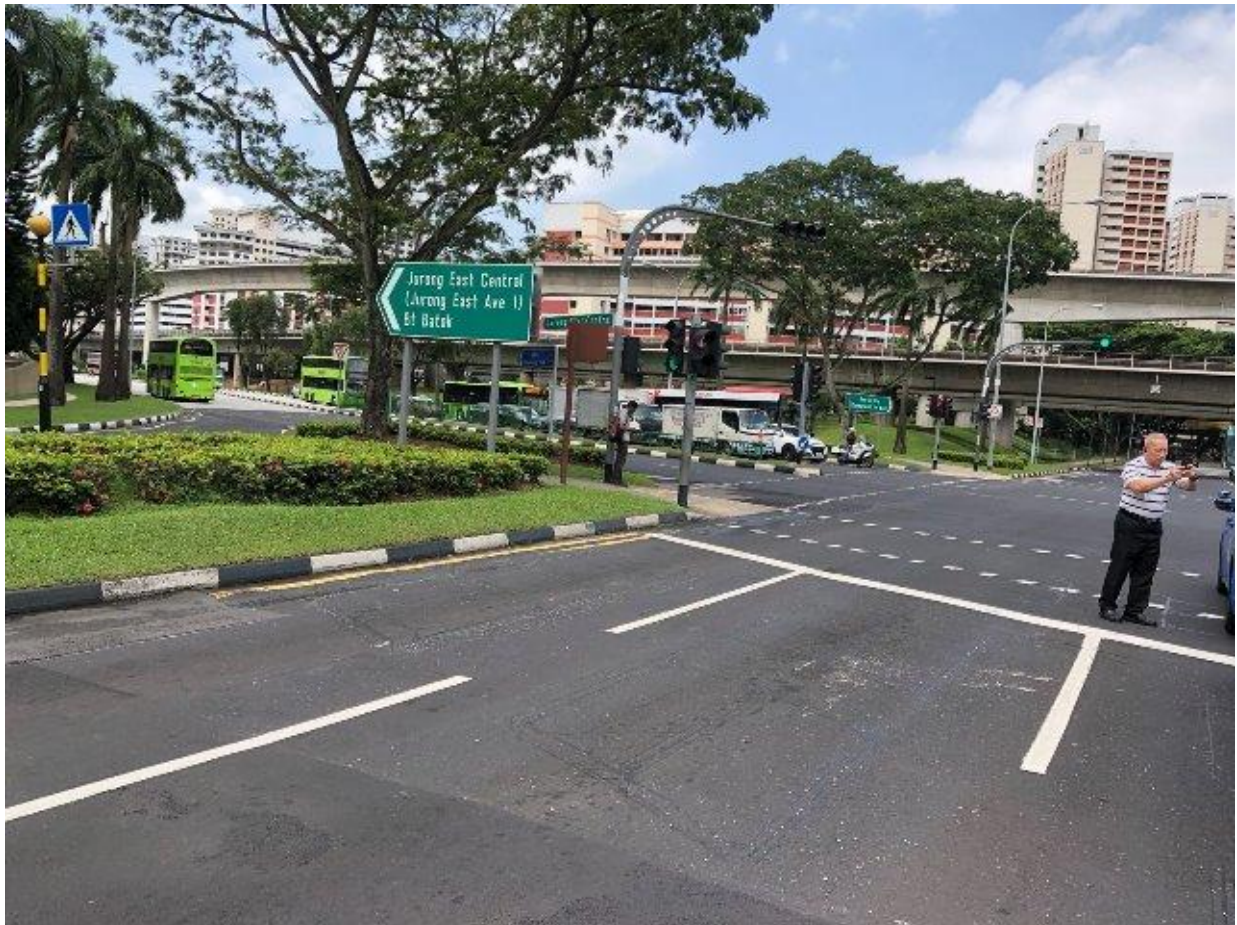
Accident Photo



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