### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report <u>correctly</u> 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 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.
- 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 conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	04/09/2018 11:52	
Date Of Accident	03/09/2018 14:35	
Exact Location Of Accident	SHELFORD ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GV414R	
Insured/Policyholder		
Name Of Registered Owner	PESKY PEST CONTROL SERVICES LLP	
Co Reg No	09362400W	
Email Address	PESKYPESTCONTROL@YAHOO.COM.SG	
Mobile Phone No		
Alternative Phone No	Office-62580292	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	LITEACE	
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	THIRD PARTY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
Type Of Coverage	THIRD PARTY	
Fleet Policy	YES	
Policy Number	2100389547-03	
Cover Note Number		
Driver		
Name of Driver	ONG AH HOCK	
NRIC No	S1407023J	
Date Of Birth	22/09/1960	
Occupation	INDOOR	

19/10/1983

34 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92381851

Fax Number

**Contact Number** 

EMail Address NOEMAIL
Address BLK

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?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passangers (Including Driver)

NO

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

### **Circumstances of Accident**

PLEASE REFER TO ATTACHED.

#### 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 SGS1404D

Vehicle Make/Model/Colour MITSUBISHI

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver VICTOR PECK BENG YONG

NRIC/Passport Number S7800912H

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 ["GIA"] may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this ["GIA"] 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 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.

TOWING S

Policyholder's Signature Date & Time: TO THE PERSON OF THE PERSON OF

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Date of accident: 39	18Time: 14:35	Location: No.	83 Shelford Rd
My Vehicle A:GV 4-14 f	Vehicle B: SGS	11.6.1. *	_ Vehicle C:
A.	No. 83 shelfon	Duner Ro	
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT		
I Check & leversing or started reversing or started reversing or started reversions and started reversions and started reversions at the started reversion at the started reversions at the started reversion at the started reversion at the started reversion at the started reversion at the started reversio	I know any ellow box as	any ver it was y Suddo y ellow ie no a cotto vechicle it me	chicke before a clear lend a vechicle box of ample to some slight and for
Remarks: Please forward a c My workshop: Taf Her Email address: & myself: tongthe Email address:  Note: Please take note that y you own policy. Kindly check  DECLARATION /We declare the pregoing particula	vour insurer have 14 days timefra with your own insurer for more	to: ng@yahoo.c	com·sg
Policyhologian priature	Oriver Uniture (If driver is not the policyholder) Date & Time:	Nam	rting Centre Personnel's Signature



# CERTIFICATE OF INSURANCE

#### COMMERCIAL AUTO THIRD PARTY ONLY COMMERCIAL VEHICLE

Name of Policyholder : Pesky Pest Control Services LLP

Period of Insurance : 01 Nov 2017 To 31 Oct 2018

: 3C3932441 Engine No.

Chassis No. : CR420022461

: GV414R : 2100389547-03 Policy No.

Endorsement No.

: 09 Oct 2017 Issued Date

ABOUT THE COVER

: TOYOTA LITEACE 0.9 ton [Van]

Engine Capacity/Tonnage: 0.9 Tonnage Driver Restriction : NA

Sum Insured: NA Off Peak Car : No

First Year of Registration : 2001 Insuring with COE/PARF : NA

Person or Classes of Persons Entitled to Drive\*:

a) Any person who is driving on the Policyholdar'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.

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, demestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving talken, driving test, racing, pace-making, reliability trial or speed-lesting, and b) use whilst drawing a traifer except the leaving of anyone disabled using a mechanically propelled vehicle c) use for any purpose in connection with Motor Triade.

\* Lumitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1997 (Malaysia), are not to be included under these headings.

#### EXCESS

Section 1

Section 2 Property Damage - \$0

Windscreen: NA

Named Driver and Excess (where applicable)

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

For Approved Reporting Centres , please contact our 24-hour acodent emergency holline at +65 6338 6200. Alternatively, you may refer to AIG website www aig comisg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

Hire Purchase Company/Employer's Loan: NA

IAWe hereby certify that the pointy to which this Certificate of Incurance relates is issued in eccordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cop. 189), Part IV of the Road Transport Act, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

0126004000

CHENG KIM HONG SHIRLEY AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120 SP-RICHARDCHIA-AGNESWOON Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

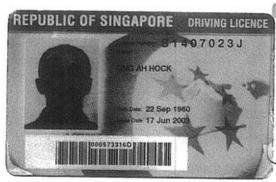
AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

8







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

PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles exceeding 400 cc
Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 killograms

02 Jan 1980 92 Jan 1980 92 Jan 1980 19 Oct 1983

NP 428A

Date: 4th September 2018

Pesky Pest Control Services 113 Jln Binchang Singapore 578576

Dear Sir/Mdm,

# SUBJECT: Letter of Authorsation for making accident Report on Vehicle No.: GV 414R Toyota Liteace

Please refer to the above captioned.

Kindly be informed that we had authorised Mr. Ong Ah Hock NRIC No.: S1407023J to made an accident report for the above mention vehicle at your good office.

Should you required any information do feel free to contact the undersigned person.

Thank you and Best Regards

Yours Sincerely,

Operation Manager

Edwin Lir

Tel No.: 6258 0292













