## 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.
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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	03/09/2018 09:20						
Date Of Accident	01/09/2018 10:40						
Exact Location Of Accident	BALESTIER ROAD						
Country/State of Loss	SINGAPORE						
	DETAILS OF OWN VEHICLE						
Vehicle Registration Number	GBE4046S						
Insured/Policyholder							
Name Of Registered Owner	KNOCKKNOCK TECHNOLOGIES ASIA PTE LTD						
Co Reg No	A201500518N						
Email Address	NOEMAIL						
Mobile Phone No							
Alternative Phone No	Office-67192357						
Vehicle Particulars							
Manufacturer	NISSAN						
Model	NV350-2.5 D PANEL VAN (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	1800001484						
Cover Note Number							
Driver							
Name of Driver	JI KUNXIAO						
Work Permit No	G8390762U						
Date Of Birth	29/07/1979						
Occupation	OUTDOOR						

28/10/2008

9 YEARS AND 10 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-98576985

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

Address 110 LORONG 23 GEYLANG #05-06 VICTORY CENTRE

Postcode 388410

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 - MAJOR/MINOR RD

**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

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 Name: : MING YUAN

Gender: : Male

**Details of Police Action** 

Was the accident reported to the police?

NO

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

SEE ATTACHED 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?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SKH5744G Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

WONG YEW LOONG VICTOR Name of Driver

NRIC/Passport Number S7005363B **Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

96190507

### SKETCH PLAN

### IMPORTANT NOTICE

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- 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.
- 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:
  - (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:

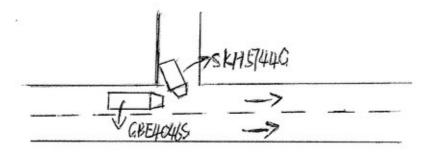
E UBI ROAD 4

NRIC/FIN No.:

NRIC/FIN NO.

LINDOW.

3783.5

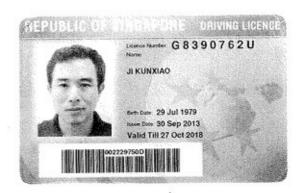


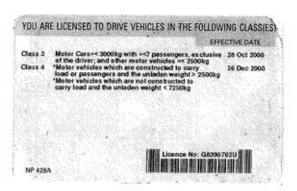
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	3rd	Sep	at	about	10	1:40 0	lw,	while	I	was	driv	ring	calong
the turn	Main	from	passin	- /	and			hicle.	4,	a	Car	Nº 5	K1+15-744
		2											
											30	MH4 0	
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Driver's Signature (If driver is not the policyholder) Date & Time:

Name: CN STORMER NAME OF THE SINGAPORE 408623
TEL 6490 9666 FAX: 6846 7483







Chassis No.

## CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

: JN1MC2E26Z0005480

Name of Policyholder : Knocknock Technologies Asia Pte Ltd

Period of Insurance : 05 Jan 2018 To 04 Jan 2019 Engine No. : YD25385202A

Policy No.

Vehicle No.

: GBE4048S : 1800001484

Endorsement No.

Issued Date

: 05 Jan 2018

ABOUT THE COVER

Make/Model : NISSAN NV350 PANEL VAN

Engine Capacity/Tonnage : 1.5 Tonnage Sum insured : Market Value First Year of Registration : 2015 Insuring with COE/PARF : Yes Off Peak Car : No Driver Restriction : NA

## Person or Classes of Persons Entitled to Drive\*:

a) Any person who is chiving on the Policyholder's order or with their point asset
 b) This Policy will indemnify the Policyholder or any authorised divier only if he/she meets the specified age condition

You have to pay an additional sum of \$3,000 as "Young and/or licesperienced Driver Excess" ("YIDR") if You are or Your Author and Driver (named or unmanual) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

## Limitation as to use' :

Lithitation do to use:

1) Use is connection with the Policyholder's business.

2) Use for the change of passenger (either than for this or record) in connection with the Policyholder's business.

3) Use for sould connected in Policyholder's business. This Policy does not even all into for him or record, chroning full-co. driving lists, taking, passe-rakking, reliability trail or speed-testing; and bi) use whits drawing a trail or except the forwing of anyone establish uting a mod-binkally proposed vehicle is ) use for any grapped in connection with Motor Trade.

\* Limitations rendered independing by Section 8 of the Elater Vehicles (Thire-Party Risks and Compensation) Act (Cap. 189) and Section 85 of the Road Transport Act. 1987 (Malaysra), are not to be included under these headings.

Section 1 Fire - S0 Own Damage - \$800 Theft - S0

Section 2 Property Damago - S0

Named Driver and Excess (where applicable)

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

Any accident repairs to the Vehicle must be corried out by one of our Authorised Repairers. Within the fast 3 years of the first regulatation of the Vehicle in Stingapore, You have the option of having the accident repairs corried out, at the Soil Agent's workshop.

For other Agronic Gentres MIS Authorised Repairms, phase contact our 24-hour accident entergency tecting as 456-6338-6200. Alternatively, You may refer to AIG website www.aug.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: HL Bank

1/We have by condy that the policy to which the Certificate of linearonce relates in issued in accordance with the provisions of the Motor Vehicles (Third Perty Risks and Componention) Act (Cop. 189). Purt IV of the Royal Transport Act. 1907 (Malaysia) and Motor Vehicles (Third Perty Risks) Risks. 1869 (Motoyala)

DIRECT CLIENTS 01.4.95 AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

















