Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 31/10/2018 16:08

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

- 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 witholding of material facts may allow insurance companies to repudiate policy liability.
- 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

By the lodgement of this report to the insurers, you hereby conse aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/10/2018 16:26
Date Of Accident	27/10/2018 08:50
Exact Location Of Accident	TAMPINES AVENUE 4 TURN TO TAMPINES AVENUE 5
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA4863X
Insured/Policyholder	
Name Of Registered Owner	KIAN HUA MOTOR COMPANY PTE LTD
Co Reg No	200106569G
Email Address	KEVIN.LEE@KIANHUAMOTOR.COM.SG
Mobile Phone No	
Alternative Phone No	Office-62933850
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (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	THIRD PARTY
Fleet Policy	NO
Policy Number	1800078396
Cover Note Number	01/08/2018 TO 31/07/2019
Driver	
Name of Driver	SIEW ZHEN HAO,BRANDON
NRIC No	S9226563C
Date Of Birth	28/07/1992
Occupation	OUTDOOR
Date Of Driving Pass	08/02/2017

1 YEAR AND 8 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-85226026

Fax Number

Contact Number

EMail Address NOEMAIL

Address APT BLK 247 TAMPINES ST 21 #08-293 (S) 521247

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.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

refer with attach. Remarks: insurer report without present vehicle

Attachment(s)

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT Are accident photos available for attachment?

NO

NO

NO

Was there any video captured by Car Camera? YES Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDH8988H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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.
- 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.

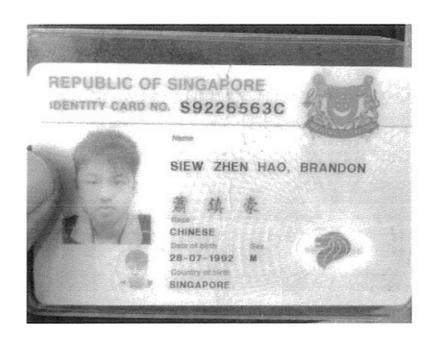
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

deleter to the same de

Policyholder's Signature

Date & Time:

	pises are 15	
B		
B= 204 89884		
1 - GBA 486 DESCRIBE CIRCUMSTANCES OF		es le 14
IL was dri	ring my compon	1 lory GB4 AB63
from tompio	es are 4 T	contet to the to
tampises are	5. Upon re	eaching out the
		H brake 4
		ble to recit 4
		Car -SDH 8988 H.
He shall	Continued hours	g at that time
because this	s clip road be	w his own lene
to join to	mais road.	
	rs are true in every respect.	AAN COOK
DECLARATION Wedgeglare the foregoing particula		
	rs are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:









AIG

CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY ONLY COMMERCIAL VEHICLE

Name of Policyholder : Kian Hua Motor Company Pte Ltd Period of Insurance : 01 Aug 2018 To 31 Jul 2019

Engine No. : 1KD1642653

Chassis No. : JTFAT35Y503000982

: GBA4863X Policy No. : 1800078396

Endorsement No.

Issued Date : 02 Jul 2018

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.7 ton [Lorry]

Engine Capacity/Tonnage : 1.7 Tonnage Sum Insured : NA First Year of Registration : 2007 **Driver Restriction** Off Peak Car : No Insuring with COE/PARF : NA

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 indomnify the Policyholder or any authorised driver only if he/sha moots the specified ago condition

Age Condition : All Age Condition

Limitation as to use* :

To Use in connection with the Policyholder's business.

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

2) Use for store cannage of passenger (other than for him eor reward) in connection with the Policyholder's business.

3) Use for social, demostic or pleasure purposes. This Policy does not cover a) use for him eor reward, driving laten, driving lest, racing, pace-making, reliability that or speed-testing, and b) use whist drawing a trailer except the towing of anyone disabled using a mechanically propolled vehicle. c) use for any curpose in connection with Motor Trade.

* Limitalians randered inopsrative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Read Transport Act. 1987 (Malaysia), are not to be included under these headings.

EXCESS

Windscreen: NA

Named Driver and Excess (where applicable)

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

For Approved Reporting Centres, pileate contact our 24-hour accident emergency holline at +65 0338 6200, Alternatively, you may refer to AIG website town, aig.com ag or AIG SG Mobite App. Simply search and download "AIG SG" from Trunes or Geogle Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

IANe 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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

0439003000

HING GEE MONG

3 MOUNT FABER ROAD #02-07

SINGAPORE 099196 SP-LAWRENCELEE

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

Kala Parific Inparance Pte, Ltd. AGA Copyright D 2515