MMOV18160944 / Mova Automotive Pte Ltd - Bukit Merah ENTRY DATE & TIME: 13/12/2018 16:16 SUBMITTED BY: Goh Jia Yu

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

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 inont to the ort at the

By the lodgement of this report to the insurers, you hereby conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	13/12/2018 16:16
Date Of Accident	12/12/2018 16:45
Exact Location Of Accident	PIE SLIP ROAD TWDS BKE (WOODLANDS)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE4165G
Insured/Policyholder	
Name Of Registered Owner	UNICO DISTRIBUTION SERVICES PTE LTD
Co Reg No	199707266N
Email Address	MASTURA_AZIZ@UNICO.COM.SG
Mobile Phone No	
Alternative Phone No	Office-62952977
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSES
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	2100439985-03
Cover Note Number	
Driver	
Name of Driver	TAN THIAM SIANG
NRIC No	S7329573D
Date Of Birth	21/07/1973

OUTDOOR

09/10/2007

11 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96453945

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 627 SENJA ROAD #14-172

Postcode 670627 Was driver an employee of the Insured's Company YES

Was driver an employee of the Insured's Company

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 - CHANGE/CROSS LANE

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number AFP3262 (PRIVATE CAR)

Number of vehicles involved in the accident 1
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.

NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 42 FAJAR ROAD, POSTCODE: 679005, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-8929999 - **FAX NO**: 67673650

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO STATEMENT ON THE SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD4470E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number AFP3262

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)

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.

Policyholder's Signature Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Name:

NRIC/FIN No.:

GARANC StetchPlanForm_V3

SKETCH PLAN	
5 70	
LIMNC GBC 416S	
2 SG Vedie	
4 8 3 6	
<u> </u>	
LAME LAME L	
4 0 3	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
LICENSE PLATE: GBE 4165 C.	ACCIDENT DATE & TIME: (2/12/2018 (44
CONTACT NUMBER: 9645 3945	E-MAIL ADDRESS: Meg Tuen _ aziz@unico.co
	CHANGE VOOR (NOW - 0212 (CONTEST LES
LOCATION: PIE TOWARD BILE	
Please befor to police bepr	of ho. T/1018/2/2/2125.
Please vefer to posice repr	of ho. T/1018/2/2/2125.
Please vefer to police repr	ort ho. T/1018/212/2125.
Please vefer to police repr	ort ho. T/1018/212/2125.
	MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
NOTE: PLEASE NOTE THAT YOUR INSURER	MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
NOTE: PLEASE NOTE THAT YOUR INSURER	MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
NOTE: PLEASE NOTE THAT YOUR INSURER OWN DAMAGE CLAIM UNDER YOUR OWN POLI	MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
NOTE: PLEASE NOTE THAT YOUR INSURER OWN DAMAGE CLAIM UNDER YOUR OWN POLI Please state: Claim Own Policy () Claim Third Party	MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN CY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION
NOTE: PLEASE NOTE THAT YOUR INSURER OWN DAMAGE CLAIM UNDER YOUR OWN POLI	MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN CY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION () Claim OD/TP at other workshop () Reporting Only





Police Station Of Origin:

Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

1 of 3 Report No. T/20181212/2125

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 19:07	Made:	Vide Report No.: F/20181212/0109	Station Diary No.: 80	
Informa	nt's Partic	ulars			
	f Informant: IAM SIANG		Address: APT BLK 627 SENJA ROAD	#14-172 SINGAPORE 670627	
21	/ ID No.: O / S73295	73D	Contact No.: Home/Office:	Mobile: 96453945	
National SINGAF	ity: ORE CITIZ	ĽEN	Email:		
Sex: Male	Age: 45	Date of Birth: 21/07/1973	Type of Informant:		
Race: Chinese			Language: Institution / School Name:		
Occupation: Van driver			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/12/2018 16:45	Type of Location Bend	
	EXPRESSWAY FOWARDS BKT (WOOD!	_ANDS) Road Surface:		Road Speed Limit:	
Clear		Wet		rtoad Opeed Limit.	
Traffic Flow: Traffic Control: Not Controlled				Traffic Volume: Moderate	
Traffic Flow:					

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
AFP3262	Car	TOYOTA		Silver		0
GBD4470E	Van	FIAT		White		0
GBE4165G	Van	TOYOTA		Yellow		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

2 of 3 Report No. T/20181212/2125

CONTINUATION OF REPORT

Driver				Charles and the		
Name	TAN THIAM SIANG		ID No	١.	S7329573D	
Related Vehicle	GBE4165G (Van)		Conta	act No.	96453945	
Hospital/Clinic	NIL		Class Drivin Licen Expir	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL Date Disc			NIL		
No. of Days gran	ed Medical Leave NIL Degree o			NIL		

Brief Details

On 12/12/18 at about 1645hrs I was driving my vehicle bearing GBE4165G along the slip road from PIE towards BKE on lane 3. While I was still on the slip road, a vehicle (GBD4470E) on lane 2 came towards my vehicle and collided onto my vehicle. I was shocked and quickly stop my vehicle. Upon stopping, I got out of my vehicle. I discovered that GBD4470E left side portion had collided onto my front right portion of my vehicle. There was another vehicle (AFP3262) involved in the collision and the vehicle was stationary behind my vehicle.

Subsequently I got to know that AFP3262 was travelling on lane 1, however it somehow lose control and collided onto GBD4470E on lane 2. Due to the collision, GBD4470E lose control and collided onto my vehicle. To my knowledge, there was no visible injuries on any of the parties involved in the collision.

Police and Paramedics came scene. Paramedics made a check on all parties involved in the accident, no one was conveyed by the ambulance to a hospital. Police officers managed the scene. Police officers took down our particulars and our version of the incident. The Police officer requested for my in car camera memory card for investigation. I provided my memory card to the officer and was issued with an acknowledgement form. The police officer advise me to lodge a police report regarding the matter. I acknowledge. Tow truck was at scene, the tow truck driver asked if my vehicle can be moved. My vehicle was able to me and hence I left the scene with my vehicle.

Subsequently, I proceed to police centre to lodge a police report regarding the matter.





3 of 3 Report No. T/20181212/2125

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

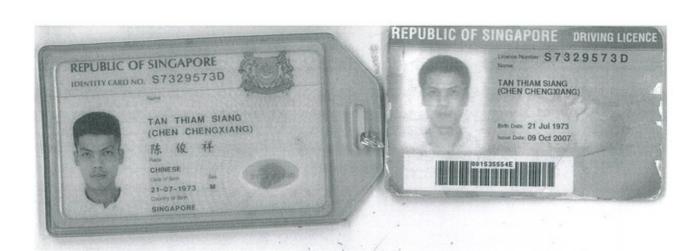
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: J / Sgt 3 YIM ZI KUEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/12/2018 19:07
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:
Authentication Stamp Signature: Singapore Police Force	





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

PASS DATE Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

NP 428A





CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Unico Distribution Services Pte Ltd

Period of Insurance

: 24 Nov 2018 To 23 Nov 2019

: 1KD2565471

Engine No. Chassis No.

: JTFHT02P300181624

Vehicle No.

: GBE4165G

Policy No. Endorsement No. : 2100439985-03

Issued Date

: 30 Oct 2018

ABOUT THE COVER

Make/Model

: TOYOTA HIACE 1 ton [Van]

Engine Capacity/Tonnage : 1 Tonnage Driver Restriction

: NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2015

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 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 a) use for hire or reward, driving busion, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing at malor accept the towing of anyone disabled using a mechanically propelled webicle of use for any purpose in connection with Motor Trade.

* Limitations 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, 1967 (Malaysia), are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$800 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 Vohicle 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/NG Sutherised Repairers, please contact our 24-hour accident emergency hotime at +65 6338 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: NA

WWe 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 (Mataysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Mataysia).

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



























