

## 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 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 aforesaid.

### ACCIDENT STATEMENT

|                            |                       |
|----------------------------|-----------------------|
| Date Of Report             | 30/01/2019 12:38      |
| Date Of Accident           | 30/01/2019 09:20      |
| Exact Location Of Accident | ALONG YISHUN AVENUE 3 |
| Country/State of Loss      | SINGAPORE             |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | YL2254L |
|-----------------------------|---------|

### Insured/Policyholder

|                          |                       |
|--------------------------|-----------------------|
| Name Of Registered Owner | SIN TIONG YIK TRADING |
| Co Reg No                | 53225999L             |
| Email Address            | NOEMAIL               |
| Mobile Phone No          |                       |
| Alternative Phone No     | Office-96227758       |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | DYNA 150D          |
| Exact Purpose for which vehicle was being used at time of accident           | WORK PURPOSE       |
| 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             | 2100327616-05                        |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | ANG AH CHOON          |
| NRIC No              | S0174081D             |
| Date Of Birth        | 06/04/1952            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 15/05/1973            |
| Driving Experience   | 45 YEARS AND 8 MONTHS |

|   |                       |
|---|-----------------------|
| Gender  | MALE                  |
| Mobile Number                                       | (LOCAL) +65-96781739  |
| Fax Number  |                       |
| Contact Number                                      |                       |
| EMail Address                                       | AZY.ZHIYONG@GMAIL.COM |
| Address   | 17A JALAN HIKAYAT     |
| Postcode  | 769861                |
| 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 (including own vehicle) involved in the accident                         | 2   |
| 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

PLEASE REFER TO 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?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | SG5855E |
| Vehicle Make/Model/Colour   |         |
| Details Of Properties       |         |
| Vehicle Category            | BUS     |
| 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.
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 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. 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.
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) to comply with requirements under any regulations, laws or court orders.

**新泰興貿易**  
**SIN TIONG YIK TRADING**

2 Yishun Industrial St. 1  
North Point Biehub #02-24  
Singapore 768159  
Tel: 64830744, 64812352

Policyholder's Signature  
Date & Time:

30 JAN 2019

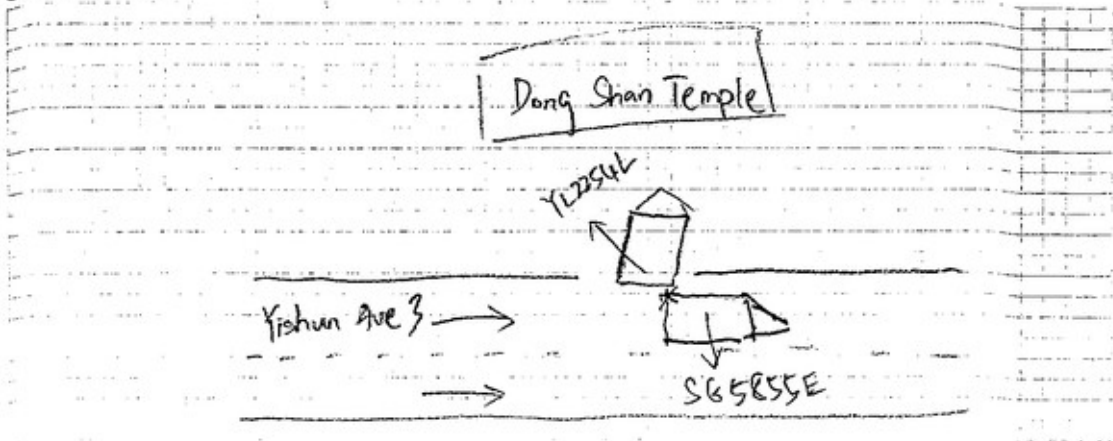
12:38hrs

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 30 JAN 2019

12:38hrs

Reporting Centre Personnel's Signature  
Name: Poh Kwee Choo  
NRIC/FIN No.: S6640583A

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30 Jan 2019 around 09:20 am, I was driving my company vehicle (YL2254L), reversing out from Dong Shan Temple that I ~~noticed~~<sup>noticed</sup> that the ~~SG5855E~~<sup>SMRT</sup> bus (SG5855E) drove off and I reversed and hit on the ~~SG5855E~~<sup>SMRT</sup> bus. The SMRT bus had slight scratches and dents on the ~~back~~<sup>behind</sup> left hand side.

新長益貿易  
SIN TIONG YIK TRADING

DECLARATION Industrial St. 1  
North Point Bishan #02-24  
Singapore 768159  
Tel: 64830744 64812352

Policyholder's Signature  
Date & Time: 31 JAN 2019

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 30 JAN 2019

新長益貿易  
SIN TIONG YIK TRADING  
102-24 North Point Bishan #02-24  
Industrial St. 1 Singapore 768159  
Tel: 64830744 64812352

Reporting Centre Personnel's Signature  
Name: Roh Kwee Choo  
NRIC/FIN No: S6840583A

CERTIFICATE OF INSURANCE



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTO THIRD PARTY ONLY COMMERCIAL VEHICLE

Name of Policyholder : SIN TIONG YIK TRADING  
Period of Insurance : 27 Mar 2018 To 26 Mar 2019  
Engine No. : 5L5254917  
Chassis No. : JTFUF35Y006000133

Vehicle No. : YL2254L  
Policy No. : 2100327616-05  
Endorsement No. :  
Issued Date : 08 Mar 2018

### ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 D  
Engine Capacity/Tonnage : 1.9 Tonnage  
Driver Restriction : NA  
Sum Insured : NA  
Off Peak Car : No  
First Year of Registration : 2002  
Insuring with COE/PAF : 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 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, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle.c) 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, 1987 (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 accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://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

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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0692634000

YEO SIEW KIOU SANDY  
371 ALEXANDRA ROAD #06-23A AIA ALEXANDRA  
SINGAPORE 159963 SP-FRANCIS  
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*S. Kio*

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE  
SIEW KIOU SANDY YEO

78 Shenton Way #07-16 AIG Building S079120 | T: +65 6419 3000 | F: +65 6415 3723 | [www.aig.com.sg](http://www.aig.com.sg)

AIG Asia Pacific Insurance Pte. Ltd.

DRIVER'S NRIC + DRIVING LICENCE

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0174081D



Name  
ANG AH CHOON

洪亞春

Race

CHINESE

Date of Birth

06-04-1952

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S0174081D

Name  
ANG AH CHOON

Birth Date: 06 Apr 1952

Issue Date: 10 Apr 2003



NRIC No. S0174081D



Blood Group: A+ Date of issue: 17-08-1994

Address  
17A JALAN HIKAYAT  
SINGAPORE 2776

2281359

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

- |         |  |             |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 15 May 1973 |
| Class 4 | Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms   | 25 Jan 1975 |



NP 428A

Accident Photo





Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER



SCENE PHOTO - THIRD PARTY'S VEHICLE - SG 5855 E





SCENE PHOTO - THIRD PARTY'S VEHICLE - SG 5855 E



SCENE PHOTO - THIRD PARTY'S VEHICLE - SG 5855 E



SCENE PHOTO

