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#### 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	16/02/2019 15:38
Date Of Accident	15/02/2019 14:25
Exact Location Of Accident	CTE TOWARDS ANG MO KIO BEFORE MOULMEIN EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GX2245M
Insured/Policyholder	
Name Of Registered Owner	SOON LEE COFFEE TRADING
Co Reg No	es
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98469325
Alternative Phone No	OFFICE-98469325
Vehicle Particulars	

WORKING PURPOSES

TOYOTA Manufacturer

HIACE Model

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy NO

for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE, LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

Policy Number 2100189093-09

Cover Note Number

Driver

Name of Driver KAM BOON HIN S1269232C NRIC No 26/04/1957 Date Of Birth OUTDOOR Occupation 27/11/1981 Date Of Driving Pass

Driving Experience 37 YEARS AND 2 MONTHS

Gender

(LOCAL) +65-98469325 Mobile Number

Fax Number

Contact Number OTHERS-98469325

NOEMAIL EMail Address

BLK 740 BEDOK RESERVOIR ROAD Address

#04-3177

1647 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO.

Was any other material or property damaged?

YES NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver) Passenger 1

NAME:

: WIFE

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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

GBB2538F Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

CHUA KAW LEONG Name of Driver

S1135713Z NRIC/Passport Number 83113410 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

## SKETCH PLAN

## IMPORTANT NOTICE

- 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 <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 [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:
  - 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.

SOON LEE COFFEE TRADING

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Bersonnel's Signature

Name:

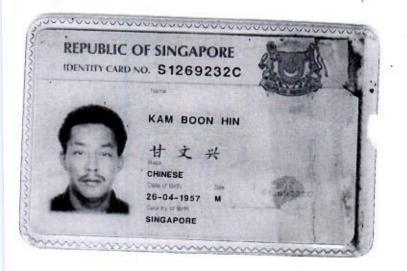
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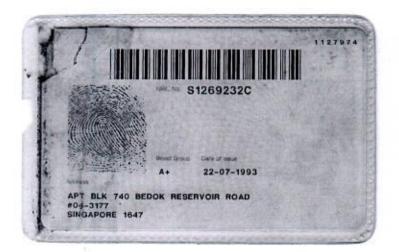
## ACCIDENT STATEMENT

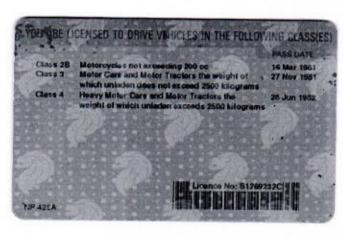
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	CATION: (THE WORDS P		
		yen	
	d)POUCY TYPE: (COMPREHENSING)  B)MAKE & MODEL: 1000  F)TYPE: (SALOON / COUPE / MPV  G)VEHICLE CATEGORY: (PRIVATE  h)PURPOSE OF USING AT ACCIDI	/E / THIRD PARTY / THIRD PARTY  WAN / LORRY / MOTORCYCLE  / COMMERCIAL / MOTORCYC	(OTHERS)
2	I) ARE YOU CLAIMING UNDER YO IF NO, PLEASE STATE (THIRD PAR INSURED / POLICY HOLDER	TY CLAIM / REPORTING ONLY)	
MIFE	b)NRIC/FIN/PASSPORT: c)ADDRESS:	CONTACT:	/ FEMALE)
4 No of passanger (Including driver)	CONTINUE TO 3.d IF DRIVER ALS DRIVER  DINAME: COM BOOK HIM BONK HI		98469325
	*d)DATE OF BIRTH: [// e)OCCUPATION: (INDOOR / OUTI f)DATE OF DRIVING PASC	J(DD/MM/YYYY) DOOR)	
4.	WAS DRIVER AN EMPLOYEE OF		(YES / NE)
5.	a) WEATHER CONDITION: (CLEAR	/ RAINING / OTHERS	Congress
	b)ROAD SURFACE: (DRY / WET / C WAS ANYBODY INJURED (YES / NO	2)	
7.	a) REPORTED TO POLICE (YES / NO IF YES, PLEASE STATE WHICH POL		
# He of passenger (Including driver)	a) VEHICLE NUMBER: 486 2		20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(1)	c) NRIC/FIN/PASSPORT: SITS	7132 CONTACT: 8	3/13/10
* No of passenger	d) VEHICLE NUMBER:	MODEL:	
(Including driver)	f) NRIC/FIN/PASSPORT:	CONTACT::-	
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# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder Period of Insurance

: Soon Lee Coffee Trading : 28 Jan 2019 To 27 Jan 2020

Engine No.

: 1KD1979326

Chassis No.

: JTFHT02P800052889

Vehicle No.

: GX2245M

Policy No.

: 2100189093-09

Endorsement No.

**Issued Date** 

: 19 Dec 2018

### **ABOUT THE COVER**

Make/Model

TOYOTA HIACE 1 ton [Van]

Engine Capacity/Tonnage : 1 Tonnage

NA.

Sum Insured : Market Value

First Year of Registration : 2010

Driver Restriction

Off Peak Car : No

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 tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whitst 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

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 Vehicle 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/AlG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AlG website www.aig.com.sg or AlG SG Mobile App. Simply search and download "AlG SG from ITunes or Google Play."

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

trWe hereby certify that the policy to which this Contribute 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, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

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

Alice and Papello Insurance Fre. 146