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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.
- 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.
- 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	26/02/2019 09:50
Date Of Accident	25/02/2019 18:30
Exact Location Of Accident	TAMPINES AVE 5 SLIP RD INTO TAMPINES AVE 1
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC9291C
Insured/Policyholder	
Name Of Registered Owner	MENG TAT HARDWARE COMPANY
Co Reg No	despitation and the state of th
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66356833
Vehicle Particulars	
Manufacturer	тоуота
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	AFTER WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	2100365626-04
Cover Note Number	-
Driver	
Name of Driver	NG THOR CHING (HUANG TUQIN)
NRIC No	S7105556F
Date Of Birth	08/02/1971
Occupation	OUTDOOR
Date Of Driving Pass	22/05/1991
Driving Experience	27 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97241333
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 44 CHAI CHEE ST #04-120 Postcode 461044 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 (including own vehicle) 2 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) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 3 Passenger 1 NAME:

: QUAY SIEW MEI

GENDER: : FEMALE

Passenger 2

NAME: : NG ZOE EN 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?

If Yes, against whom?

NO

NO

### Circumstances of Accident

I STOP AT THE SLIP RD FROM TAMPINES AVE 5 TOWARDS TAMPINES AVE 1, AFTER THE TRAFFIC WAS CLEAR, I WAS ABOUT TO MOVE, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SJY5378C) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

#### Attachment(s) Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO

Trab triefe arry addio recorded i	140				
DETAILS OF OTHER VEHICLE PROPERTY 1					
Vehicle Registration Number	SJY5378C				
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

### **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:
  - 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:
  - 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.

HE TAT HARDWARE CU.

6 Ubi Road 1, #01-09 Wintech Centre, Singapore 408726 Tel: 6635 6833 Fax: 6747 7654

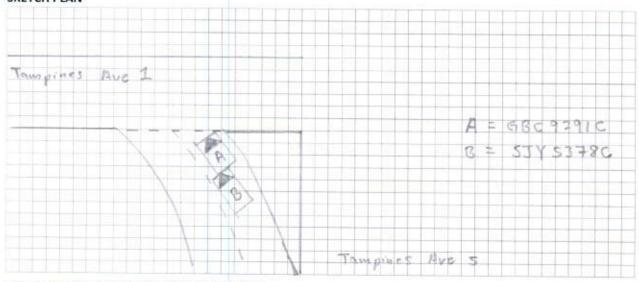
mail: mengtat38@yanoc.com.sa

Policyholder's Signature Date & Time: de

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

Reporting Centre Personnel's Signature Name:

Name: NRIC/FIN No.:



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Mcose	Refer	to	Statement	
			· /	

### DECLARATION

I/We declare the foregoing pationars are true in every respect.

A Ubi Read 1, #01-09
Vintech Centre, Singapore 408726
Tett 5635 6833 Fax: 6747 7054
Policyholder's signapore wengtat 38 @yahpo.com.sc

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MINA 119026386. Vehicle Registration No: GBC 9291 C Name(as shown in NRIC): Mg Thor Ching NRIC/FIN/Passport No: 57105556 F (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address Singapore( .\_\_\_\_\_Mobile No.:\_\_\_97241333. Contact (Tel) Email Address Date of Accident : 25 / 2 | 19 Time of Accident : 19: 3 o. Place of Accident : Tampines Ave S Slip Rd Into Tampines Ave 1 Insurance Company: \_\_\_\_\_ AIG. (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amend Revert to from Reporting to to Third Party clarms.

MENU TAT HARDVVAKE CU

6 Ubi Road 1, #01-09 Wintech Centre, Singapore 408726 Tel: 6635 6838 Fax: 6747 7054

Email: menutat38@yahoo.com.sq Policyholder / Driver's Signature Date:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Date:

26/2/19











# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder Period of Insurance

: Meng Tat Hardware Company : 26 Feb 2018 To 25 Feb 2019

Engine No.

: 1KD2374810

Chassis No.

: JTFHT02P400134246

Vehicle No.

: GBC9291C

Policy No.

: 2100365626-04

Endorsement No.

Issued Date

: 19 Feb 2018

### ABOUT THE COVER

Make/Model

TOYOTA HIACE 1 ton [Van]

Engine Capacity/Tonnage : 1 Tonnage

Sum Insured : Market Value

First Year of Registration : 2014

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF : Yes

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

Any person who is driving on the Policyholder's order or with their permission.
 This Policy will indiminify 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 Inexpendenced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or uninamed) is under the age of 23 and/or has less

Age Condition

: All Age Condition

Limitation as to use\*

1) 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 frailer except the towing of anyone disabled using a mechanically propelled vehicle, c) use for any purpose in connection with Motor Trade.

\* Limitations rundared 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

Fire - SD Own Damage - \$800 Theft - 50

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 can be carried out at the repairer of Your choice (unless specifically excluded by Us) For Approved Reporting Centres/A/G Authorised Repairers, please contact our 24-hour excident emergency hoffine at +65 6338 6200. Alternatively, you may refer to A/G website www.aig.com.eg or A/G S/G Mothila Adp. Simply search and download "A/G S/G" from iTunes or Google Play

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

DWe 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 (Maleysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Maleysia).

0592406000

CHEAH YEAR KING

371 ALEXANDRA ROAD #12-37 AIA ALEXANDRA

SINGAPORE 159963 SP-WIN

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE