

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	13/04/2019 15:28
Date Of Accident	12/04/2019 11:35
Exact Location Of Accident	ALONG ALJUNIED ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1727E
Insured/Policyholder	
Name Of Registered Owner	CAT & THE FIDDLE PTE LTD
Co Reg No	201427345W
Email Address	LIXONCHAU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98895351
Alternative Phone No	OFFICE-98895351

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	2100428782-03
Cover Note Number	

Driver

Name of Driver	LIXON CHAU MIN FAN
NRIC No	S9646921G
Date Of Birth	15/12/1996
Occupation	OUTDOOR
Date Of Driving Pass	19/08/2015
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	+65-98895351
Fax Number	
Contact Number	OTHERS-98895351
Email Address	LIXONCHAU@GMAIL.COM

Address	BLK 655 YISHUN AVENUE 4 #04-389
Postcode	760655
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 - CROSS JUNCTION
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?	YES
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?	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	GBH9430S
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	OOI LAM CHEN
NRIC/Passport Number	G2417192U
Contact Number	91034548
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIXON CHAU MIN FAN
------	--------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBE1727E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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) for complying with requirements under any regulations, laws or court orders.

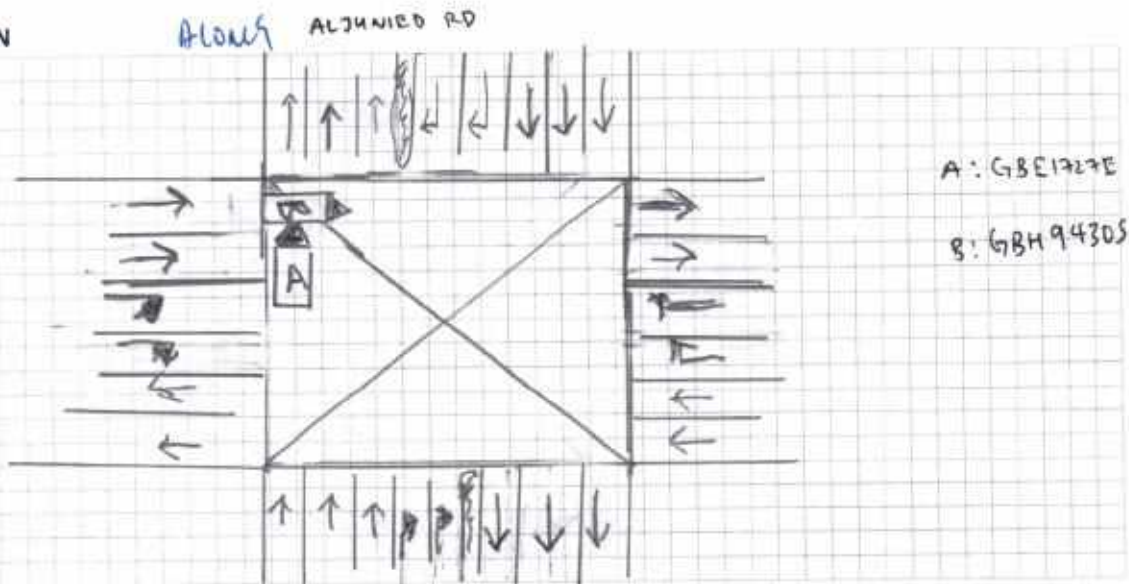


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Reza M
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A WHILE DRIVING ON ALJUNIED RD ON VEHICLE GBE1727E, WHILE I WAS CROSSING THE CROSS JUNCTION, WHICH WAS GREEN LIGHT. THE ~~VEHICLE~~ VEHICLE NO. GBH 9430S BEAT THE RED LIGHT. WHICH ~~RE~~ RESULTED ME IN CRASHING INTO HIM ON THE ^{RIGHT} SIDE AT HIS REAR WHEEL AREA.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

STRICTLY CONFIDENTIAL

12 April 2019

To whom it may concern,

Dear Sir or Mdm,

We hereby authorize our driver, Mr. Lixon Chau Min Fan, holder of IC No S9646921G to report to AIG regarding an accident that happened on 12 April 2019.

Thank you.

Yours sincerely,


Ee Ling Sim
HR Executive

catandthefiddle.com



G & H MEDICAL CLINIC PTE LTD

Blk 106 Yishun Ring Rd #01-173 S760106 Tel : 67586322/3

OFFICIAL RECEIPT

Name : Chau Min Fan
NRIC : S9646921G
Co Reg No: 199302098H

Page No : 1
GST No: 199302098H
Receipt Date : 12/04/2019
Receipt No : 505962

Orphenadol	10tabs	\$4.00
Actal 360mg	10tabs	\$2.00
Voltaren Tab 25mg	10tabs	\$2.00
CONSULTATION		\$23.00

Payment : \$33.00 Cash
Difference : \$0.17

SubTotal : \$31.00
GST Amount : \$2.17
Total Fee : \$33.17
Prev Outstanding : \$0.00
Total Payable : \$33.17

This is a computer generated receipt which requires no signature.



G & H MEDICAL CLINIC PTE. LTD.

BLK 106, YISHUN RING ROAD, #01-173, SINGAPORE 760106.
TEL: 6758 6322 / 3
CO. REG. NO.: 199302098H

Nº 119622

MEDICAL CERTIFICATE

NAME: Chau Min Fan NRIC: S9646921G

☒ This is to certify that the abovenamed is unfit for duty / school for a period of two days from 12/4/2019 to 13/4/2019 inclusive.

☐ He/She is fit for _____ duty as from _____ to _____

☐ The abovenamed attended my clinic at _____ a.m./p.m. and left at _____ a.m./p.m. No medical leave is necessary.

Date: 12/4/2019

DR. GOH CHENG HONG
M.B.B.S. (S'PORE)
G & H MEDICAL CLINIC PTE LTD

M.B., B.S. (Singapore)

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated

PRIVILEGE LICENSE

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 04 / 2019) (DD/MM/YYYY), TIME: (11 : 34) (HH:MM)

LOCATION: ALONG ALFRED ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE1727E
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: 200428782-03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA DYNA 150D 2 TON
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERING STUFF
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: CAT & THE FIDDLE PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201427345W CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LIXON CHAU MIN PAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S96469216 CONTACT: 9895351
c) ADDRESS: BLK 655 YISHUN AVE 4 # 09-389 T (960633)

* d) DATE OF BIRTH: (15 / 12 / 1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBH 9430S MODEL: HIACE TOYOTA
b) DRIVER'S NAME: 001 LAM HEN
c) NRIC/FIN/PASSPORT: G2417192U CONTACT: 9103 4548

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

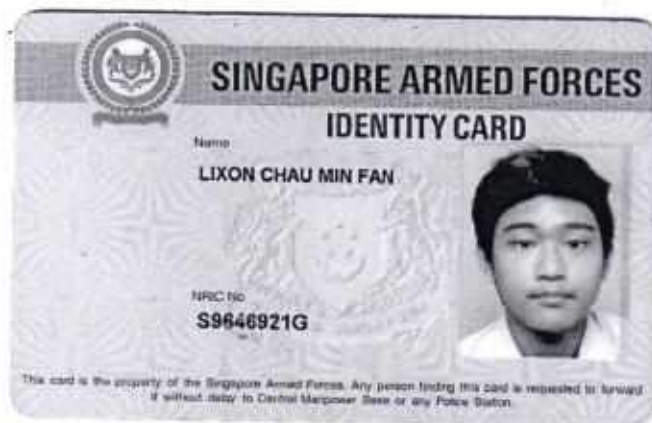
* No of passengers
(including driver)
(0)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

Email = lixon.chau@gmail.com

VIDEO



REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: **S 9 6 4 6 9 2 1 G**

Name:

LIXON CHAU MIN FAN

Birth Date: **15 Dec 1996**

Issue Date: **19 Aug 2015**



SG
50

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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 19 Aug 2015

NP 428A



COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Cat & The Fiddle Pte Ltd
Period of Insurance : 14 Sep 2018 To 13 Sep 2019
Engine No. : 1KD2552620
Chassis No. : JFAT35YX0K204909

Vehicle No. : GBE1727E
Policy No. : 2100428782-03
Endorsement No. :
Issued Date : 21 Aug 2018

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150D 2 ton [Lorry]
Engine Capacity/Tonnage : 2 Tonnage
Driver Restriction : 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.
 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 2 years' driving experience.

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2015
Insuring with COE/PAFF : Yes

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 6 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/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline 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: United Overseas Bank Limited

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).

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

GSPJAN

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
8 Raffles Quay #18-00 Singapore 048580
Tel (65) 6228 0010 Fax (65) 6224 0080
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S68500200 / GST Reg. No: M400017785

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: MRM 119-48263 Vehicle Registration No: G06 122JE
Name (as shown on NRIC): Lixun Chau Min Fan NRIC/FIN/Passport No: S9646921G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore()
Contact (Tel): _____ Mobile No.: 98895351
Email Address: _____
Date of Accident: 12/4/19 Time of Accident: 11:35
Place of Accident: Along Aljunied Rd
Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend third Party Veh number to GBH 94305

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:
Date: 15/4/19