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

 By the loagement of this report to the insurers, you nereby consaforesaid. 	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	16/05/2019 15:27
Date Of Accident	15/05/2019 14:00
Exact Location Of Accident	WESTWOOD ROAD TOWARDS JURONG WEST AVE 5
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ3595D
Insured/Policyholder	
Name Of Registered Owner	SHINYO ENGINEERING & CONSTRUCTION PTE LTD
Co Reg No	A199004761W
Email Address	ZHEN.YU741@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93228180
Alternative Phone No	OFFICE-62571422
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
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

Cover Note Number

Driver

KOH ZHEN YU Name of Driver NRIC No S9412042Z Date Of Birth 01/04/1994 Occupation **INDOOR Date Of Driving Pass** 02/10/2014

Driving Experience 4 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93228180

Fax Number

Contact Number

EMail Address ZHEN.YU741@GMAIL.COM

APT BLK 65 NEW UPPER CHANGI ROAD Address

#14-1140

Postcode 460065

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

2

NO

NO

1

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TANAH MERAH NEIGHBOURHOOD POLICE POST

NO

ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514, POSTCODE: Police Station Address

461051, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4499999 - FAX NO: 62447251

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

SEE ATTACHED SKETCH PLAN, POLICE REPORT, PHOTO AND VIDEO FOOTAGE

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN6005C

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 18

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

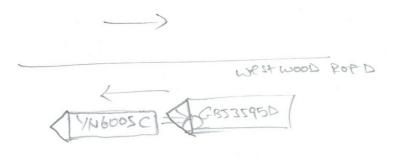
AUTOLUTION INDUS

TRIAL PTE LTD

Name: EIMER MEE NRIC/FIN No.: GN 628

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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. Refer to Police Report: T/20190515/2190
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·

DECLARATION (

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

wholder solenature

Driver's Signature (If driver is not the policyholder)

Date & Time:

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD
SINGAPATRA 08629
TEL 6491946 50 916 7483
Reporting Centre Personnel's Rignature

Name: EINTE PARTIE PERSONNELS SIGNATURE
NAME: EINTER ALTERNAS O
NRIC/FIN No.: 63462824L

CERTIFICATE OF INSURANCE Pg. 1

Name of Policyholder : Shinyo Engineering & Construction Pte Ltd

Period of Insurance : 29 Mar 2019 To 28 Mar 2020

Policy No. : YD25046253B Endorsement No.

Vehicle No.

: GBJ3595D

: 1900082937

Engine No. Chassis No. : JN1MC2E26Z0031009 Issued Date : 16 Apr 2019

ABOUT THE COVER

Make/Model : NISSAN NV350 PANEL VAN

Engine Capacity/Tonnage: 1.5 Tonnage Sum Insured ;: Market Value First Year of Registration : 2019 Driver Restriction : NA 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 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.

Loss Of Use (7 Days) Commercial Auto

* 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 - S0 Own Damage - \$1600 Theft - S0 Flood Cover - S0

Section 2

Property Damage - S0

Windscreen: \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

- 1.Tan Chong Motor Sales Add: 913 Bt Timah Road Singapore 589623 64694091 64694092 64694093
- 1.1ah Chong Motor Sales Add: 913 Bt 1 Iman Road Singapore 36562 6-094-091 0-054-092 2 TC AutoClinic Add: No 1. Sixth Lok Yang Road Singapore 628099 62622212 3.Tan Chong Motor Sales Add: 17 Lor 8 Toa Payon Singapore 319254 63570753 63570754 4 Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666 5.TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

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

I/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 I/V of the Road Transport Act. 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules. 1959 (Malaysia).

0500610414

TAN CHONG CREDIT PTE LTD-TWY 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589622 ANSP-MOTOR Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE





POLICE REPORT PAGE 1 Pg. 1





1 of 3

Report No. T/20190515/2190

Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 15/05/201		ade:	Vide Report No.:	Station Diary No.: 27				
Informan	t's Particu	lars						
Name of I	nformant:		Address:					
KOH ZHE	N YU		APT BLK 65 NEW UPPER CHANGI ROAD #14-1140 SINGAPORE 460065					
ID Type /	ID No.:		Contact No.:	Contact No.:				
NRIC NO / S9412042Z			Home/Office: Mobile: 93228180					
Nationality:			Email:					
SINGAPORE CITIZEN								
Sex:	Age:	Date of Birth:	Type of Informant:					
Male	25	01/04/1994	Driver					
Race:			Language:	Institution / School Name:				
Chinese			English					
Occupation:			Driving Licence Information:					
CONSTRUCTON			Class:	Date of Expiry:				

General Informa	ation of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/05/2019 14:10		Type of Location: Straight Road
WESTWOOD R JURONG WES			NUE 5		
Weather: Clear		Road Surface: Dry		Road 50 K	d Speed Limit: (m/h
Traffic Flow: Traffic Control: Traffic Volume Way Not Controlled Moderate					
Type of Collisio Hit & Run	n:				one conveyed by ulance:

Details of V	ehicle Invol	lved .				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBJ3595D	Van	NISSAN	NV350 PANEL VAN 5DR 2.5 5AT	Grey	Seriously Damaged	The state of the s
YN6005C	Lorry	MITSUBISHI	CANTER FEB21ER3S DEB (CBU)	White	No Damage	0





T/20190515/2190

2 of 3 Report No. T/20190515/2190

Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Peo	destrian	Cross	sing: NA
Driver						
Name	KOH ZHEN YU			ID No		S9412042Z
Related Vehicle	NIL			Contact No.		93228180
Hospital/Clinic	NIL		Class of Driving		Class: NIL Date of Expiry: NIL	
				Liceno Expiry		
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	

Brief Details.

On 15/05/2019 at 1410Hrs, I was driving my company van (GBJ3595D) along a single lane road along Westwood Road towards Jurong West Avenue 5. A Lorry vehicle (YN6005C) ahead of me suddenly stopped slightly after the yellow box area with left signal on and suddenly reversed and hit onto the front bonnet of my vehicle.

After the collision, the driver immediately drove off and I was unable to get his particulars. There are Incar camera installed in the company van and had captured the entire incident. There are no injuries on me and no passenger in my van.

I stopped my company van nearby to check on the van and discovered dents in the middle of the front bonnet.

POLICE REPORT PAGE 3 Pg. 1





20 1905 15/2 190

Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999

Report No. T/20190515/2190

CONTINUATION OF REPORT

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.

Signature Of Officer Reco G / Sgt 1 CHENG YI SHENG	/		Signature Of Informant:
Signature Of Interpreter: Not applicable			Date/Time: 15/05/2019 19:25
Officer In Charge Of Case TP / HRT / Sr Staff Sgt IRMAN BIN N Contact No.: 65476145		-	Classification Of Case:
Authentication Stamp NP168	POLICE FORCE	?E	











