### 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.

- 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.

Make a service of the service of the	ACCIDENT STATEMENT
Date Of Report	06/06/2019 14:40
Date Of Accident	05/06/2019 14:00
Exact Location Of Accident	PIE TWDS TUAS AFTER STEVEN EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE5315R
Insured/Policyholder	
Name Of Registered Owner	HAPPIE JUICE
Co Reg No	e dan water de taragement.
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92997077
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE K3
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100475696-02
Cover Note Number	8
Driver	
Name of Driver	HUANG SHAOWEI ANDY
NRIC No	S8312119Z
Date Of Birth	27/04/1983
Occupation	OUTDOOR
Date Of Driving Pass	25/10/2002
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92997077
Fax Number	Control Processor Control Cont
Contact Number	
EMail Address	NOEMAIL

Address BLK 467A FERNVALE LINK #22-505

Postcode 791467

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

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?

Was any injured conveyed to hospital by

ambulance?

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** SDJ8976G

PRIVATE CAR

4

NO

YES

NO

1

NO

NO

YES

NO

NO

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SGF5777U

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)

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SHD480G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

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- 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:

MARKET

ALICE MENTERS

 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

THOUGH A

(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)

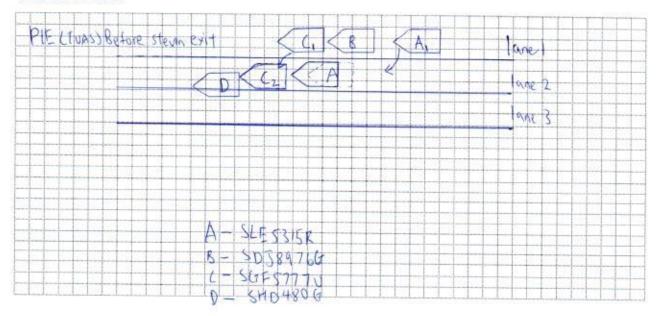
Date & Time:

prof

Reporting Centre Personnel's Signature Name.

NRIC/FIN No.:

### SKETCH PLAN:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

г	
-	I was travelling along PIE(Tuas) b4 steven exit on lane 1. Ahead, i saw Veh B
-	(SDJ8976G) suddenly brake so in attempt to evade collision, I swerve into lane 2. In that split second, I saw Veh B (SDJ8976G) had collided into Veh C (SGF5777U). The impact
ŀ	forced Veh C(SGF5777U) to swerve out of lane 1 into lane 2 and my veh, which by then
L	was already on lane 2, collided with Veh C(SGF5777U) despite me applying evasive
_	actions. Veh C subsequently collided with Veh D (SHD480G). I witness that the whole accident was caused by Veh B (SDJ8976G).
-	

## **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 .:

# **Accident Reporting Draft**

VEHICLE NO: SLE5315R

MODEL: KIA FORTE K3 1.6A

DATE OF ACCIDENT	5/6/2019
TIME OF ACCIDENT	1400HRS HRS AM/PM
LOCATION OF ACCIDENT	PIE TOWARDS TUAS AFTER STEVEN ROAD
EXACT PURPOSE USE DURING ACCIDENT	
NAME OF OWNER	HAPPIE JUICE
CONTACT NO.	92997077
NRIC	53339254C
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P
INSURANCE CO.	AIG
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT
POLICY NO.	
NAME OF DRIVER	HUANG SHAOWEI, ANDY AS ABOVE / IF NO:
NRIC	S8312119Z ANY PASSENGER: 0
DATE OF BIRTH	
OCCUPATION	OUTDOOR / INDOOR
DATE OF DRIVING PASS	
GENDER	MALE / FEMALE
CONTACT NO.	92997077 OFFICE: HOME:
ADDRESS	APT BLK 467A FERNVALE LINK #22-505
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.
RELATIONSHIP	EMPLOYEE/ IF NO: Hivey
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR
ROAD SURFACE	DRY / WET / OTHER: DRY
ANY INJURIES	NO / IFXES)
CONTACT NO.	
POLICE REPORT	△NO ØIF YES:
VIDEO RECORDING	NO DYES
VEHICLE B NO.	SDJ8976G ANY PASSENGER:
NAME	
CONTACT NO.	
VEHICLE C NO.	SGF5777U ANY PASSENGER:
VEHICLE D NO.	SHD480G ANY PASSENGER:
VEHICLE E NO.	ANY PASSENGER:
VEHICLE F NO.	ANY PASSENGER:
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	
MOBILE NO.	Dudou
CONTACT PERSON	Ryder Auto Pte Ltd
FAX NO.	2 Kaki Bukit Ave 2, #02-19 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8312119Z





HUANG SHAOWEL, ANDY



CHINESE 27-04-1983

Country/Place of birth SINGAPORE

5245952



09-12-2013

APT BLK 467A FERNVALE LINK #22-505 SINGAPORE 791467

NRIC No: \$8312119Z

06/06/2016





# CERTIFICATE OF INSURANCE

# CYCLE & CARRIAGE COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : Happie Juice

Period of Insurance

: 26 Jul 2018 To 25 Jul 2019

Engine No. Chassis No. : G4FGGH630276 : KNAFX411MH5641725 Vehicle No. Policy No.

: SLE5315R

Endorsement No.

: 2100475696-02

Issued Date

: 25 Jul 2018

#### ABOUT THE COVER

Make/Model

: KIA Forte K3 1.6 A EX

Engine Capacity/Tonnage : 1591 Tonnage

Sum Insured : Market Value

Driver Restriction : NA

Off Peak Car : No

First Year of Registration : 2016

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.

onal 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

Age Condition

: All Age Condition

Limitation as to use\*

\* 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 - \$2000 Theft - \$0 Flood Cover - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Huang Shaowei, Andy - \$2000 (Own Damage) \$2000 (Property Damage)

## APPROVED REPORTING CENTRES/AUTHORISED REPAIRES (FOR CLAIMS RELATED REPAIRS)

Cycle & Carriage Authorised Service Centre (For windscreen claim only). Add. 20 Leng Kee Rd Singapore 159094 64706600 2.Cycle & Carriage Authorised Service Centre (For windscreen claim only). Add: 330 Ubl Rd 3 Singapore 406650 67461000 3.Cycle & Carriage Body & Paint Centre. Add: 209 Pandan Gardens Singapore 609339 65684501

For other Approved Reporting Centres/AIG Authorised Repairers, please confact our 24-hour accident emergency hotine at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg. or AIG Selection Selection (Control of Selection Sel

#### IMPORTANT NOTES

If the vehicle is fixed for the carriage of passenger for hire or reward, such driver must be named under the Policy and registered with the service operator. Should you decide to include any other driver, please indicate. [Company reserves the right to acceptinged the inclusion of any Named Drivers].

Hire Purchase Company/Employer's Loan: Goldbell Financial Services Pte Ltd

M/Ne hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Notor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Recordance with the provisions of the Notor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Recordance with the provisions of the Notor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Recordance with the provisions of the Notor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Recordance with the provisions of the Notor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Recordance with the provisions of the Notor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Recordance with the provisions of the Notor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Recordance with the provisions of the Notor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Recordance with the Party Risks and Compensation) Act (Cap. 189), Part IV of the Recordance with the Party Risks and Compensation) Act (Cap. 189), Part IV of the Recordance with the Party Risks and Compensation (Cap. 189), Part IV of the Recordance with the Reco

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CYCLE & CARRIAGE - ALTHAMIKIA) 230 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pts. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

14 Shumon Vay #97-16 ATC Building S079120 [ 7 +65 6419 3000 [ F +65 6415 3723 ] www.niji comisy

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