

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 ability.
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 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	16/02/2015 10:44
Date Of Accident	14/02/2015 17:45
Exact Location Of Accident	PUNGGOL DRIVE CROSS JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5971U
Insured/Policyholder	
Name Of Registered Owner	POLYTECHNIC GLASS FACTORY
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-67469038

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D 5L (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100397479-00000
Cover Note Number	29/12/2014 TO 28/12/2015

Driver

Name of Driver	MAH FOOK SENG
NRIC No	S1670643D
Date Of Birth	16/06/1964
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2002
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE

Mobile Number	(LOCAL) +65-81802907
Fax Number	(LOCAL) +65-67432368
Contact Number	OFFICE-67469038
Email Address	NOEMAIL
Address	
Postcode	
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
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	YES
Number of Passengers (Including Driver)	2

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

I WAS DRIVING ALONG PUNGGOL DRIVE MAKE A RIGHT TURN AND I KEPT LEFT. THERE WAS A TAXI SHF718C CAME FROM MY RIGHT HORNING AT ME CONTINUOSLY,SO I SWERVE TO LEFT & ACCIDENTALLY TOUCH THE TAXI FRONT LEFT DOOR PORTION. AFTER THAT,TAXI DRIVER ASK ME DON'T REPORT & WOULD LIKE PRIVATE SETTLE WITH ME.HE REQUEST \$300 FROM ME FOR THE REPAIR COSTS,BUT I REFUSE. THEN HE CALL ME AT NIGHT & CHANGE HIS WORD THAT BOTH OF US REPAIR BY OURSELVES NOT CLAIMING EACH OTHER INSURANCE.

Are accident photos available for attachment?	YES
---	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF716S
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Name of Driver	TAN BOON SENG
NRIC/Passport Number	S1510984Z
Contact Number	97313475
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name
Phone Number
Email Address

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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 withholding of material facts may allow insurance companies to repudiate policy liability.

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 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.

Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

i) 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")

ii) 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

iii) 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.

Policyholder's Signature / Date & Time

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

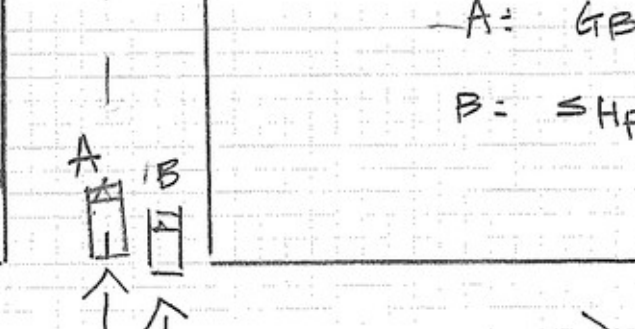
Witnessed by Reporting Centre Personnel

Sketch Plan

16/2/15 10:16AM

A: GBD 59710

B: SHF 7165



Accident Sketch Plan

Describe Circumstances of the Accident

I WAS DRIVING ALONG PULLED DRIVE TAKE A
RIGHT TURN AND I LEFT LEFT.
THERE WAS A TAXI SHOOTING CAME FROM MY
RIGHT HORNED AT ME CONTINUALLY, SO I SWERVED
TO LEFT & ACCIDENTALLY TOOK THE TAXI
FRONT LEFT DOOR PORTION.
AFTER THAT, TAXI DRIVER ASKED ME ONLY
REPORT & WENT HOME PRIVATE SETTLE WITH
ME. HE REQUESTED \$300 FROM ME FOR THE
REPAIR COSTS, BUT I REFUSE.
THEN HE CALL ME AT NIGHT & CHANGE HIS
WORD THAT BOTH OF US REPAIR BY OURSELVES
NOT CLAIMING EACH OTHER INSURANCE.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

1/2 16/2/15 10-16AM.
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

Accident Sketch Plan



AIG Asia Pacific Insurance Pte. Ltd
AIG Building
78 Shenton Way
#07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : MAH FOOK SENG
VEHICLE NUMBER : FIBD 5971U
DATE/TIME OF ACCIDENT : 14/2/2015 @ 1947 HRS
PLACE OF ACCIDENT : PULHOL DRIVE
THIRD PARTY VEHICLE (IF ANY) : SHE 7160

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

FROM HOME PULHOL DRIVE TO
FERRY AT ELMOR

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

CROSS JUNCTION.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO

16/2/15 10.16 AM

Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

Accident Sketch Plan



Accident Sketch Plan

0640149



NRIC No S1670643D



Blood Group B+ Date of issue 28-11-1992

Address
APT BLK 13 ST. GEORGE'S ROAD
#06-25B
SINGAPORE 1232

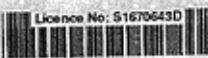


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	16 Nov 1982
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	06 Aug 2002

NP 428A

Licence No: S1670643D



Accident Sketch Plan



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.300

TOYOTA COMMERCIAL AUTO PROTECTOR
CERTIFICATE NO. 2100397479-00000

(The below excess is subject to GST)
OWN DAMAGE EXCESS S\$800.00 (1)
WINDSCREEN EXCESS S\$100.00
(Windscreen excess is waived if the repair is done at Borneo Motor's Workshop.)

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

- 1) VEHICLE REGISTRATION NO. GBD5971U
2) NAME OF INSURED Polytechnic Glass Factory
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 29 Dec 2014
4) DATE OF EXPIRY OF INSURANCE 28 Dec 2015
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person provided he is in the Insured's employ and is driving on their order or with their permission.
An "Elderly, Young and/or Inexperienced Driver Excess" ("EYIDR") of an additional sum of S\$3,000.00 in addition to the Policy Excess applies to You and an Authorised Driver (named or unnamed) if You are or the said Authorised Driver is above the age of 65, below the age of 23 and/or has less than 2 year's driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

- 1) Use in connection with the Insured's business.
2) Use for the carriage of passengers [other than for hire or reward] in connection with the Insured's business.
3) Use for social, domestic or pleasure purposes.
The policy does not cover: a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

APPROVED REPORTING CENTRES / TOYOTA AUTHORISED WORKSHOPS

1. Borneo Motors (S) Pte Ltd - 2 Pandan Crescent (Tel: 6531 1188)
APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)
2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)
4. Ethoz - 22 Tampines St 92 (Tel: 66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only
6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lal Hual (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)
8. Nova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)
10. SME Motor - 1 Kaki Bukit Ave 6 Bld D (Tel: 67476106)

LOSS OF USE Not Included

* NAMED DRIVER NA

HIRE PURCHASE COMPANY United Overseas Bank Limited
/EMPLOYER'S LOAN

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 30 Dec 2014

AIG Asia Pacific Insurance Pte. Ltd.

030210-436
INCHCAPE AUTO TOYOTA-UBITKK
33 LENG KEE ROAD
SINGAPORE 159102

AUTHORISED REPRESENTATIVE

ORIGINAL

IASLST.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo







Accident Photo


PUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 1510984Z**
Name: **TAN BOON SENG**

Birth Date: **29 May 1961**
Issue Date: **11 Apr 2003**

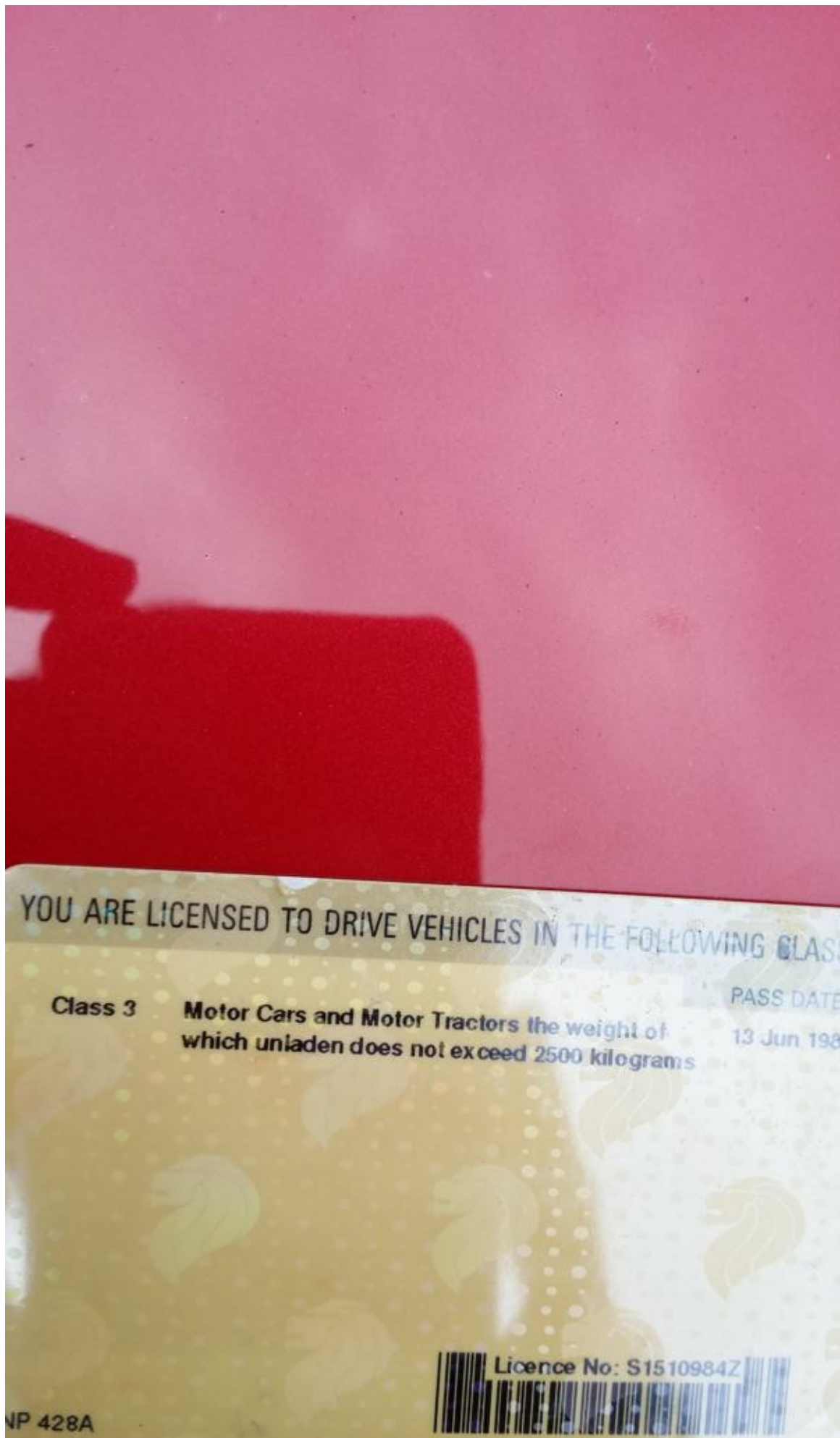




 **000375370J**



Accident Photo





Accident Photo







+6597313475

2015-02-14 星期六



Mr. Mah, dont report the
accident first. Call me
asap, i want to settle the
accident privately .

Mr .Mah 我不打算报案
请联络我 我们见个面谈
谢谢

23:11

输入信息

