SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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

| | ACCIDENT STATEMENT |
|---|--------------------------------------|
| Date Of Report | 26/09/2019 15:07 |
| Date Of Accident | 26/09/2019 01:15 |
| Exact Location Of Accident | JALAN BUKIT MERAH |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GBG702Y |
| Insured/Policyholder | |
| Name Of Registered Owner | PLINIO VISONA SINGAPORE |
| Co Reg No | B53310790C |
| Email Address | JASONLOWOFFICIAL@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-83993237 |
| Alternative Phone No | Office-63497489 |
| Vehicle Particulars | |
| Manufacturer | NISSAN |
| Model | NV350-2.5 (A) |
| Exact Purpose for which vehicle was being used at ime of accident | PRIVATE USE |
| Are you claiming under your own insurance policy or repair to your vehicle? | NO |
| f No, Please state action to be taken | REPORTING ONLY |
| /ehicle Category | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 1800074513-01 |
| Cover Note Number | |
| Driver | |
| Name of Driver | NG WEI JIAN |
| NRIC No | S9516199E |
| Date Of Birth | 12/05/1995 |
| | WDOOD |

INDOOR

19/07/2019

0 YEAR AND 2 MONTH

Gender **MALE**

(LOCAL) +65-96916231 Mobile Number

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 187B RIVERVALE DRIVE #13-864

Postcode 542187

Was driver an employee of the Insured's Company

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

YES

NO

3

YES

General Information of the Accident

Type Of Accident SIDE SWIPE **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)

Passenger 1 : DARREN Name:

Gender: : Male

Passenger 2 Name: : SAB

> 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

SEE ATTACHED SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBG676P

NO

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)

PRIVATE CAR NICHOLAS

91516486

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.
- 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. 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:

- 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)
 - (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
- 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 Driver's Signature

Date & Time: 76/69/14 2.40pm

(If driver is not the policyholder)

Date & Time:

26/09/14 2.40pm

AUTOLUTION INDUSTRIAL PTE LTD 19 UBI ROAD 4

SINGAPORE 408623 : .: 9490 9868 FAX: 8846 7414

Reporting Centre Personnel's Signature Name: CHWA CHE YEV

NRIC/FIN No .: GPS 10709 X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

I N O V I S O N A

Policyholder's Signature

Date & Time:

26/09/19

Driver's Signature

(If driver is not the policyholder)

Date & Time: 26/ 55/19

2.40 pm

AUTOLUTION INDUSTRIAL PTE LTD

19 UBI ROAD 4 SINGAPORE 108623

Reporting Centre Personnel's Signature Name: Cいいみ CHE アデル

NRIC/FIN No .: GAS 70707 X



CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : Plinio Visona Singapore : GBG702Y Period of Insurance : 29 May 2019 To 28 May 2020 : 1800074513-01 Policy No.

Engine No. : YD25415395A Endorsement No.

Chassis No. : JN1MC2E26Z0007899 Issued Date : 15 May 2019

ABOUT THE COVER

Make/Model : NISSAN NV350 PANEL VAN

Engine Capacity/Tonnage: 1.5 Tonnage Sum Insured : Market Value First Year of Registration : 2017 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 2 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 demestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving fusion, driving test, racing, pace-making, reliability trial or speed-tosting; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically proposed 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 - \$800 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

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 54694091 64694092 64694093 2 TC AutoChnic Add: No 1, Sixth Lek Yang Road Singapore 528099 62622212 3 Tan Chong Motor Sales Add: 17 Lor 8 Toa Payoh Singapore 319234 63570753 63570754 4 AutoLikan Industrial Add: 19 tul Road 4 Singapore 408623 64609656 5 TC AutoCknic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident entergency hotine at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.ag or AIG SG Mobile App, Simply search and download "AIG SG" from Tunes 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 (Molaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Molaysia).

0500610335

TAN CHONG CREDIT PTE LTD-LFM 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

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24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service
- Towing service (accident or non-accident related)
 Advice on Motor Claims procedures
 Medical Referral Assistance

What should I do in the event of an accident?

- Keep calm and move your car to a safe place
- Do not admit or discuss fault or blame with the other party(ies). Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.
- Submit Writ/Sum mons/Correspondences from third party(les) to AIG

If no one is injured in the accident:

- You are not required to make any police report.

- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s).

 Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.

 Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:

- Report the accident to the police, providing full details of the circumstances of the accide

- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s), if applicable.
 Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.
 Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

LOSS OF USE CAR REPLACEMENT BENEFIT

Applicable only if this benefit is included in your motor insurance. Please refer to your Policy Schedule for details. Policy terms and conditions apply. Please call our customer service hotline number (65) 6419-3000 for assistance.

The Certificate of Insurance (CI) should be produced without demand when collecting the Rental Car and the Rental Car Company reserves the right to verify the identity of the holder. The CI is the property of AIG and its use is subject to the terms and conditions contained in the Loss of Use Endorsement under the policy issued to the policyholder.

Steps to activate Loss of Use Car Replacement Benefit and Important Information

- 1. To activate your loss of use car replacement, please contact the Rental Car Company (listed below) after filing/reporting your accident claim.
- 2. Your rental car will be made available within 5 working hours of activation with the Rental Car Company.
- 3. At the time of collection of the Rental Car, the original insurance policy and schedule issued by AIG, a copy of the Accident Report from Tan Chong Motor Sales must be produced.
- 4. The number of days is based on the period your vehicle is in the repair workshop unless the number of days of loss of use entitlement is stated in the Policy.
- 5. Rental cars are strictly for use in Singapore only.
- 6. Extension of rental beyond repair period approved by AIG surveyor will be chargeable by the Rental Car Company on per day
- 7. Upgrade of Rental Car is available upon request subject to additional charges by the Rental Car Company.

Rental Car Company: ETHOZ Group Ltd

Activation Hotline: 66547777

30 Bukit Batok Crescent, Singapore 658075

Monday to Friday: 8.30am to 6pm Saturday (Half Day): 8.30am to 12.30pm

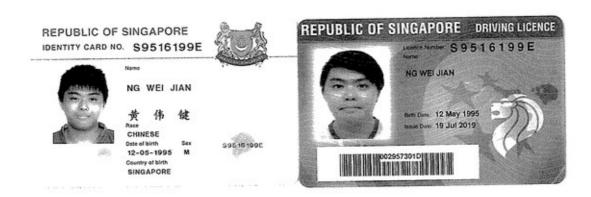
The Rental Car Company's Terms & Conditions apply (i.e., refundable socurity deposit, excess liability for the Rental Car, Collision Damage Walver, etc).

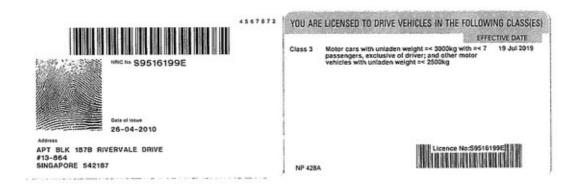
IMPORTANT NOTICE

If you sell your motor vehicle, this Notice is IMPORTANT and MUST be complied with. Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.99), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

The Policyholder is further warned that on the sale of a motor vehicle, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.88).

This Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agrees to cover the new owner, they will issue a new Certificate of Insurance in the new owner's name. The premium chargeable may vary according to the new owner's profile,







Ald Aud Fache into and Res and Ald Burlang "Sistentian Way 1972-15

MOTOR ACCIDENT INTERVIEW FORM

| NAME | Ng Wer Jaan |
|---|---|
| VEHICLE NUMBER | GBG TOZY |
| DATE/ TIME OF ACCIDENT | : 26/04/19 01/5 |
| PLACE OF ACCIDENT | Julan Buskert Merch |
| THIRD PARTY VEHICLE (IF ANY) | Jalan Bullett 1 War |
| THIRD PARTY VEHICLE (IF ART) | 5B6676 P |
| WHERE DID YOU START YOUR JOU | RNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT? |
| Sentres Sentosa | to Marin Parade |
| | DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC INALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS? |
| WHAT IS THE TYPE OF COLLISION A | AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED? |
| WERE YOU OR YOUR PASSENGER/ FOR INVESTIGATION? | 'S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE |
| Bd NAME: Ng Wel Jem | |

UNDERTAKING FORM

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

| at 0115 hours pe | Accident Statement lodged by me on 26 06 114 retaining to the accident involving motor car Reg. No: h I was the driver are true and accurate to the best of my belief. | | | | | |
|--|--|--|--|--|--|--|
| I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions. | | | | | | |
| there is evidence emerges irrevocably undertake to a insurance and I undertake | ted/unreported third party property or injury claim arises or that there is a breach of policy terms and conditions, I bsolve my insurer from all liability under the contract of to re-pay any sums paid by my insurers pursuant to the receipt of written demand by my insurers. | | | | | |
| Signature | : Ja | | | | | |
| Name of Insured / Driver | · Ng Wei Jim | | | | | |
| Nric No. | : 59516199E | | | | | |
| Date | : 26/05/19 | | | | | |
| Signature | : 1 | | | | | |
| Name of Policyholder | : Plinia Visma Singapun | | | | | |
| Nric No. | : 53310790C | | | | | |
| Date | : 2,14,12 | | | | | |















