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 aforesaid.

ACCIDENT STATEMENT	
Date Of Report	14/10/2019 18:00
Date Of Accident	12/10/2019 09:20
Exact Location Of Accident	BLK 247 JURONG EAST ST 24 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJW7628D
Insured/Policyholder	
Name Of Registered Owner	JIN & WEI ENTERPRISES
Co Reg No	52998339K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	999994250
Cover Note Number	
Driver	
Name of Driver	KAU CHIT KEONG
NRIC No	S1830913J
Date Of Birth	17/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	21/03/1989
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97513321
Fax Number	
Contact Number	OFFICE-97513321
EMail Address	NOEMAIL

Address	BLK 12 TECK WHYE LANE #18-214
Postcode	680012
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	COLLISION - HEAD TO REAR
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ2367H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA WAVERKY
NRIC/Passport Number	S9914364I
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1

NAME: :

GENDER: :

Accident Sketch Plan

SKETCH PLAN

Refer to attached sket plan provide

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

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

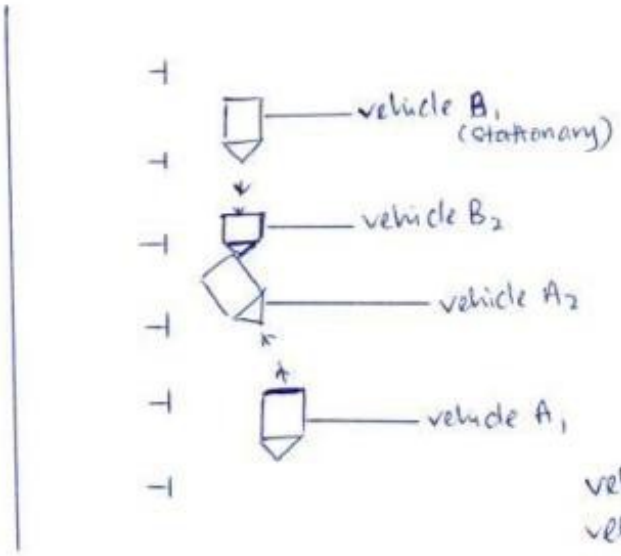
Policyholder's Signature
Date & Time:

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

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

GIARMIC SketchPlanForm_V3

Accident Sketch Plan



vehicle A - SJW 7628 D
vehicle B - SJJ 2367 H

On the above-mentioned date and time, I was at the carpark of Blk 247 Jurong East St 24. As I was getting ready to reverse park my vehicle, I switched on my hazard light and came to a stop. I allowed 2 vehicles to pass me on my left and noticed that vehicle B, SJJ 2367 H, came to a complete stop to allow me to park. After confirming for 5 seconds, that she was stationary, I then proceeded slowly reversing into the lot. However, as I was doing so, vehicle B, suddenly surged forward and collided into my vehicle. As a result, my vehicle was damaged. After the accident, the driver of vehicle B got off her car, and repeatedly apologised to my wife and myself. She subsequently explained to me that she did come to a stationary stop to allow me to park but she had unwittingly step on the accelerator, causing her collision into my vehicle.

SKETCH PLAN

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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.

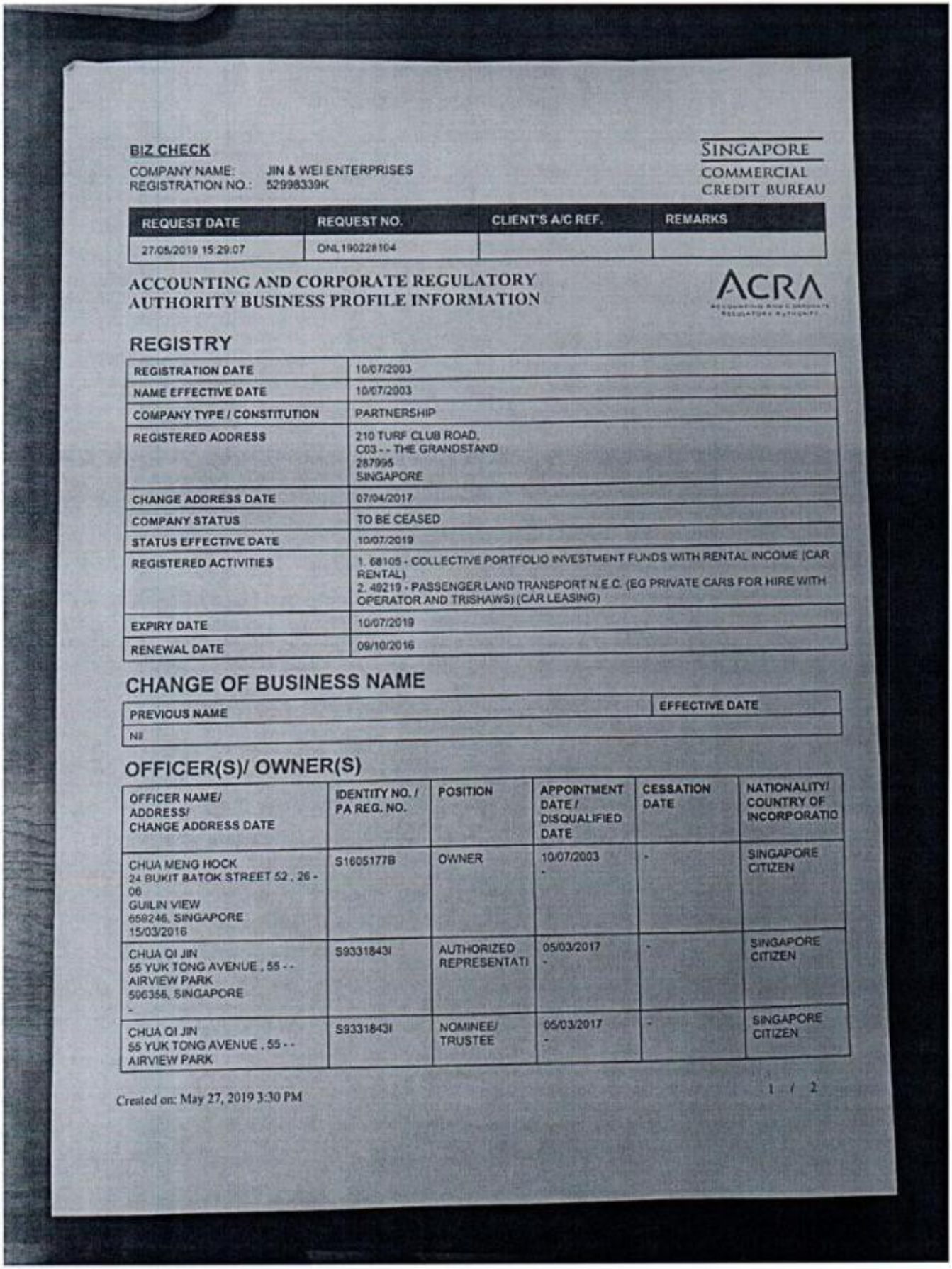
   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (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: NRIC/FIN No.:



BIZ CHECK

COMPANY NAME: JIN & WEI ENTERPRISES
REGISTRATION NO.: 52998339K

SINGAPORE COMMERCIAL CREDIT BUREAU

REQUEST DATE	REQUEST NO.	CLIENT'S A/C REF.	REMARKS
27/05/2019 15:29:07	ONL190228104		

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY BUSINESS PROFILE INFORMATION

ACRA

REGISTRY

REGISTRATION DATE	10/07/2003
NAME EFFECTIVE DATE	10/07/2003
COMPANY TYPE / CONSTITUTION	PARTNERSHIP
REGISTERED ADDRESS	210 TURF CLUB ROAD, C03 - - THE GRANDSTAND 287995 SINGAPORE
CHANGE ADDRESS DATE	07/04/2017
COMPANY STATUS	TO BE CEASED
STATUS EFFECTIVE DATE	10/07/2019
REGISTERED ACTIVITIES	1. 68105 - COLLECTIVE PORTFOLIO INVESTMENT FUNDS WITH RENTAL INCOME (CAR RENTAL) 2. 49219 - PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (CAR LEASING)
EXPIRY DATE	10/07/2019
RENEWAL DATE	09/10/2016

CHANGE OF BUSINESS NAME

PREVIOUS NAME	EFFECTIVE DATE
Nil	

OFFICER(S)/ OWNER(S)

OFFICER NAME/ ADDRESS/ CHANGE ADDRESS DATE	IDENTITY NO. / PA REG. NO.	POSITION	APPOINTMENT DATE / DISQUALIFIED DATE	CESSATION DATE	NATIONALITY/ COUNTRY OF INCORPORATIO
CHUA MENG HOCK 24 BUKIT BATOK STREET 52 , 26 - 06 GUILIN VIEW 659246, SINGAPORE 15/03/2016	S1605177B	OWNER	10/07/2003 -	-	SINGAPORE CITIZEN
CHUA QI JIN 55 YUK TONG AVENUE , 55 - - AIRVIEW PARK 506356, SINGAPORE -	S9331843I	AUTHORIZED REPRESENTATI	05/03/2017 -	-	SINGAPORE CITIZEN
CHUA QI JIN 55 YUK TONG AVENUE , 55 - - AIRVIEW PARK	S9331843I	NOMINEE/ TRUSTEE	05/03/2017 -	-	SINGAPORE CITIZEN

Created on: May 27, 2019 3:30 PM

1 / 2

596356, SINGAPORE -					
CHUA QI JIN 55 YUK TONG AVENUE , 55 - - AIRVIEW PARK 596356, SINGAPORE -	S9331843I	OWNER	05/03/2017 -	-	SINGAPORE CITIZEN

* Disqualified from acting as a director. However, he/she has obtained the Leave of the Court/Approval from the Official Assignee to act as a director

SEARCH BY FINANCIAL SECTORS

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	2	2	2	1	1	0	0	0	0	0	0	0
2018	3	2	2	3	1	1	2	2	1	3	2	4
2017	0	0	2	0	0	1	1	2	2	2	2	2

SEARCH BY NON-FINANCIAL SECTORS

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	0	0	0	0	0	0	0	0	0	0	0	0
2018	0	0	0	0	0	0	0	0	0	0	0	0
2017	0	0	0	0	0	0	0	0	0	0	0	0

Accident Photo

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