#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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 <u>truthful and accurate</u> 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	10/10/2019 10:23
Date Of Accident	10/10/2019 07:50
Exact Location Of Accident	ALONG JELAPANG ROAD
Country/State of Loss	SINGAPORE
•	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF8291T
Insured/Policyholder	
Name Of Registered Owner	KOON LEE NURSERY PTE LTD
Co Reg No	199402405D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-67937229
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 150 MANUAL 3SEATER-3.0 D (M)
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
lf 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	1800025436-01
Cover Note Number	
Driver	
Name of Driver	OH BOON SENG
NRIC No	S1473969F
Date Of Birth	17/09/1961

**OUTDOOR** 

19/02/1982

37 YEARS AND 7 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-83051586

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

Address **BLK 276 BANGKIT ROAD #07-120** 

Postcode 670276

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 SIDE SWIPE **Weather Conditions CLEAR** Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident?

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 Name: : MISS YEO

Gender: : Female

NO

2

NO

NO

YES

NO

2

NO

NO

#### **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**

KINDLY REFER TO SKETCH PLAN.

#### Attachment(s)

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

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

**SLF3393Y** Vehicle Registration Number TOYOTA Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category Name of Driver UNKNOWN

NRIC/Passport Number Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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
- 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
- 7. By the ladgment 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)
  - (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")
- 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, nvestigation 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

平利花園製 for complying with requirements under any regulations, laws or court orders.

KOON LEE NURSERY PTE LTC NO. 2, MURAI FARMWAY

NEW LIM CHU KANG ROAD SINGAPORE 709147 Tel No: 6793 7229 Fax No: 6793 7724 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.:

GULDING SHED WHEEL WILLIAM VR

神利花園私人有限公司 KOON LEE NURSERY PTE LTC

NO. 2, MURAI FARMWAY NEW LIM CHU KANG ROAD SINGAPORE 709147-Tel No: 6793 7279 Fax No: 6793 7773 Policyholder's signature

Date & Time

10/10/2016

Driver's Signature (if driver not the policyholder) Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.



# CERTIFICATE OF INSURANCE

#### DMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

me of Policyholder : Koon Lee Nursery Pte Ltd riod of Insurance : 23 Mar 2019 To 22 Mar 2020

: 1KD2676805 gine No.

assis No. : JTFAT35Y80K207372 Vehicle No. : GBF8291T Policy No. : 1800025436-01

Endorsement No.

**Issued Date** : 12 Feb 2019

#### BOUT THE COVER

: TOYOTA DYNA 150 1.8 ton [Lorry] lake/Model

ngine Capacity/Tonnage : 1.8 Tonnage Sum Insured : Market Value First Year of Registration : 2017 Insuring with COE/PARF : Yes river Restriction : NA Off Peak Car : No

erson or Classes of Persons Entitled to Drive\*:

Any person who is driving on the Policyholder's order or with their permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she mests the specified age condition.

xu 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 ers' driving experience.

ge Condition

: All Age Condition

imitation as to use\*

Use in connection with the Policyholder's business.
Use for the carriege of passenger (other than for hire or reward) in connection with the Policyholder's business.
Use for the carriege of passenger (other than for hire or reward) in connection with the Policyholder's business.
Use for the carriege of passenger (other than for hire or reward, other than for hire or rew

Jimitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cep. 189) and Section 95 of the Road Transport Act, 1967 (Maleysia), are not to be cluded under these headings.

#### XCESS

ection 1 re - \$0 Own Damage - \$800 Theft - \$0

operty Damage - \$0

Indscreen: \$100

amed Driver and Excess (where applicable)

#### PPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

y accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the cident repairs carried out at the Sole Agent's workshop.

If other Approved Reporting CentressIAG Authorised Repairers, please contact our 24-hour accident emergency hollins at +65 6338 6200. Alternatively, You may refer to AIG website www.eig.com.ag AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

#### **IPORTANT NOTES**

ire Purchase Company/Employer's Loan: MERCEDES BENZ FINANCE CO LTD

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 Companisation) Act (Cap. 189), Part IV of Read Transport Act, 1867 (Malaysia) and Motor Vehicles (Third Party Risks) Huse, 1859 (Malaysia).

3694000

GUAN HONG TRADING 257 BOON LAY DRIVE #02-501 3APORE 640257 ANSP-NONLIFE

erwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

oton Way #07-16 AIG Building S079120 | T.+65 6419 3000 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.



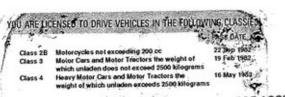
REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1473969F





OH BOON SENG

17-09-1961 M SINGAPORE



FOR ACCIDENT CLAUS USE ONLY

28-07-1994

S1473969F

APT BLX 276 BANGKIT ROAD #07 - 120 SINGAPORE 670276 NRIC No. \$1473969F Date: 04

Date: 04-01-2006 No. 6298216

































