## 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 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	17/10/2019 14:10	
Date Of Accident	16/10/2019 11:20	
Exact Location Of Accident	ALONG BLK 6 EVERTON PARK NEAR CARPARK EXIT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
/ehicle Registration Number	GBH1809L	
nsured/Policyholder		
Name Of Registered Owner	PACIFIC PACKAGING PTE LTD	
Co Reg No	201718419G	
Email Address	CHIEWYONG@PACIFIC51.COM.SG	
Mobile Phone No		
Alternative Phone No	Office-67580080	
/ehicle Particulars		
Manufacturer	ТОУОТА	
Model	DYNA 150 1.7 TON (LORRY)	
exact Purpose for which vehicle was being used at ime of accident	WORK PURPOSE	
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	
nsurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
ype Of Coverage	COMPREHENSIVE	
Fleet Policy	YES	
Policy Number	1900005873	
Cover Note Number		
Driver		
Name of Driver	CHAN KIM HIN (ZENG JINXING)	
NRIC No	S7343303G	
Date Of Birth	06/12/1973	

**OUTDOOR** 

25/02/1994

25 YEARS AND 7 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-81853919

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

**BLK 316A YIHSUN AVENUE 9** Address

#15-248

Postcode 761316 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

2

NO

NO

0

NO

NO

### **General Information of the Accident**

Type Of Accident **COLLISION - OPENING DOOR OF VEHICLE** 

**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? YES

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 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**

Vehicle Registration Number SMM7384Z

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE HIRE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

## SKETCH PLAN

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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:

- (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")
- (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.
- 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 Date & Time! 14=10 hr

Driver's Signature (If driver is not the policyholder) Date & Time 1 7 OCT 2019

14:10ho

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: Poh Kwee Choo

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		A- GB+1809L B-SMM 73842

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached.	
ARATION	

Policyholder's Signature Date & Time: 0 CT 2019 Oriver's Signature (If driver is not the policyholder) Date & Time 7 OCT 2019 Reporting Centre Personnel's Signature Name: Poh Kwee Choo On 16/10/2019, about 11:20am. I (GBH1809L) have parked the lorry along road side at Blk 6 Everton Park, unloading of goods to our customers.

The car driver (Mr. Steven, HP: 94504506/ Car Plate no: SMM7384Z), has hit the rear of car. There is no damage on my lorry, his car got a bit of scratches.

I am here to file a report only.

Signature

Name of Driver: CHAN KIM HIN NRIC: S734330367



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : PACIFIC PACKAGING PTE LTD
Period of Insurance : 01 Mar 2019 To 29 Feb 2020
Engine No. : IKD2782562

Changie No. : ITEATSEYPONY2000449

Chassis No. : JTFAT35Y90K209843 Vehicle No.

: GRH1809I

Policy No. Endorsement No.

: 1900005873

Issued Date

: 25 Jan 2019

### ABOUT THE COVER

Make/Model

: TOYOTA DYNA 150 1.7 ton [Lorry]

Engine Capacity/Tonnage : 1.7 Tonnage

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2018 Insuring with COE/PARF : Yes

Driver Restriction : NA Person 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 health meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young andler Inexperienced Driver Excess" ("YIDN") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 andlor has less than years' driving experience.

Age Condition

: All Age Condition

Limitation as to use\* :

To Use in connection with the Policyholder's business.

2) Use for one-committed 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, downestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving test, racing, pace-making, reliability trial or speed-lessing, and b) use whitst drawing a feature except the losing of anyone disabled using a mechanically propelled vehicle, c) use for any purpose in connection with Motor Trade.

\* 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, 1967 (Malaysia), are not to be included under these headings.

### EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0

Section 2 Property Damage - \$0

Named Driver and Excess (where applicable)

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

Any 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 accident repairs carried out at the Sole Agent's workshop.

For other Agroved Reporting Centres/NG Authorised Repairers, please contact our 24-hour accident emergency holline at +65 6336 6200. Alternatively, You may refer to AIG website www.alg.com.sg or AIG SG Mobile App. Simply search and develoed \*AIG SG\* from ITunes or Gougle Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: UOB LIMITED

IAMe 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 (Cep. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

ALLINK INSURANCE AGY-CV/FLEET BLK 153 BUKIT BATOK ST 11 #02-290

SINGAPORE 650153

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

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# **CHASSIS NUMBER**

