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Owner / Driver: (3.47		Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
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Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	%; P: 21-79%	F: 80-100	0%]	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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.
- 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.

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 Date Of Report
 25/11/2019 15:29

 Date Of Accident
 24/11/2019 15:45

 Exact Location Of Accident
 KAKI BUKIT AVE 1

 Country/State of Loss
 SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF2753S

Insured/Policyholder

Name Of Registered Owner TAN YEW CHOON

NRIC No S1493698Z Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-98323906

 Alternative Phone No
 OFFICE-98323906

Vehicle Particulars

Manufacturer TOYOTA

Model TOYOTA DYNA 150 MANUAL

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

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE, LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 2100480052-03

Cover Note Number

Driver

Name of Driver TAN YEW CHOON

 NRIC No
 \$1493698Z

 Date Of Birth
 13/10/1961

 Occupation
 OUTDOOR

 Date Of Driving Pass
 02/07/1984

Driving Experience 35 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98323906

Fax Number

Contact Number OFFICE-98323906

EMail Address NOEMAIL

Address BLK 669 JALAN DAMAI

#08-55

Postcode 410669

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Envers Own

Insurance Company of Driver's Own Vehicle

insurance company or briver's Own Verlicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

1

NO

NO

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.

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

REFER TO STATEMENT.

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 GBJ1732M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver ZHAO BIZHEN NRIC/Passport Number S7380346B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 5. 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 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) of:
 - 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.

Tan Yew Chw F
Policyholder's Signature
Date & Time:

Driver's Signature (If driver is not the policyholder)

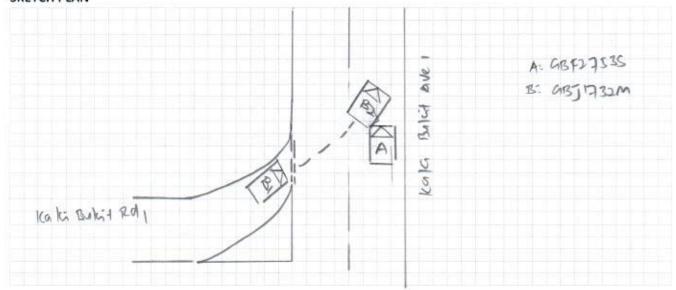
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

thefor to attatement.
1-CAPT TO OMICWING.

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.: WHEN I WAS DRIVING ON THE STRAIGHT ROAD ALONG KAKI BUKIT AVE 1, THERE WAS NO VEHICLE AHEAD OF MY LANE. WHEN I WAS DRIVING PASSED KAKI BUKIT RD 1, A NISSAN VAN TURNED OUT TO THE MAIN ROAD WHICH I WAS DRIVING. THE NISSAN VAN WAS ON THE LEFT LANE WHILE I WAS DRIVING ON THE RIGHT LANE. SHORTLY AFTER TURNING OUT TO THE MAIN ROAD, SHE SUDDENLY CUT ONTO MY LANE. IN THE SPLIT SECOND, I HORNED HIM BUT IT WAS ALREADY VERY NEAR TO HER VEHICLE. I HAVE TOTALLY NO TIME TO REACT. I COULDN'T EVEN AVOID HIM AS I WAS ALREADY ON THE OUTER RIGHT LANE WITH A ROAD DIVIDER ON MY RIGJT. HER SUDDEN ACTION CAUSED ME TO KNOCK ONTO THE BACK RIGHT HAND SIDE OF HER VEHICLE. FROM OUR UNDERSTANDING, SHE WAS TRYING TO CUT LANE BECAUSE THERE WAS A L-PLATED VEHICLE IN FRONT OF HER AT THAT TIME AND SHE WAS TRYING TO OVERTAKE WITHOUT NOTICING THAT MY VEHICLE WAS ALREADY VERY NEAR TO HERS. MY VEHICLE SHOULD BE ARPOUND HER BLINDSPOT WHEN SHE SUDDENLY CHANGED LANE.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADDEN	DUM			
(A)	PARTICULARS OF PE	ERSON MAKING THE AMENDME	NTS:			
	Original Report No	: MNA119155452	Vehicle Registration No: _G	BF2753S		
		: TAN YEW CHOON	NRIC/FIN/Passport No : S			
		ehicle Owner) (*) Please delete a				
	Address	: BLK 669 JALAN DAMAI	#08-55	Singapore(410669)		
	Contact (Tel)	·	Mobile No. : 98323906			
	Email Address	• <u> </u>				
	Date of Accident	24/11/2019	Time of Accident : 15:45	45		
	Place of Accident	: KAKI BUKIT AVE 1				
	Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.					
	Amend the statem	ent.				
	Policyholder / Driver Date:		Reporting Centre Person Name: NRIC/FINNo.:	vel's Signature		

Date:



COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder

: Tan Yew Choon

Vehicle No.

: GBF2753S

Period of Insurance

: 30 Aug 2019 To 29 Aug 2020

Policy No.

: 2100480052-03

Engine No. Chassis No. : 1KD2630772

: JTFAT35Y90K206697

Endorsement No. Issued Date

: 16 Jul 2019

ABOUT THE COVER

Make/Model

TOYOTA DYNA 150D 2 ton [Lorry]

Sum Insured | Market Value

First Year of Registration : 2016

Engine Capacity/Tonnage : 2 Tonnage Driver Restriction

NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

b) Any other person who is driving on the Policyholder's order or with his/her permission

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.

1) Use for correction 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, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tution, driving test, racing, pace-making, reliability trial or speed-testing, and b) use whilst drawing a trailer except the towing 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), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings

EXCESS

Section 1

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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Tan Yew Choon - \$800 (Own Damage)

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 Approved Reporting Centres/AiG Authorised Repairers, please contact our 24-hour accident emergency 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 iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

I/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 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503858000

TOH KAI WEE JERRY

3 TAMPINES GRANDE #05-48 AIA TAMPINES

SINGAPORE 528799 SP-JERRYTOH

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

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