### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

**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.
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7. By the lodgement of this report to the insurers, you hereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/01/2020 10:35
Date Of Accident	21/01/2020 14:00
Exact Location Of Accident	PIE TOWARDS CHANGGI AIRPORT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ5995U
Insured/Policyholder	
Name Of Registered Owner	SPIN PTE LTD
Co Reg No	201419045H
Email Address	CRESTAR_FAN@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	Office-62549483
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200-1.6 DX (A)
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
If 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	1900111668
Cover Note Number	
Driver	
Name of Driver	LEE JIA WEI
NRIC No	G2288913W
Date Of Birth	05/12/1995
Occupation	OUTDOOR

10/02/2017

2 YEARS AND 11 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-88667031

Fax Number

**Contact Number** 

**EMail Address** CRESTAR\_FAN@HOTMAIL.COM

1 TAMPINES NORTH DRIVE 1 Address

#04-15

Postcode 528559 YES

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

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

Type Of Accident **CHAIN COLLISION** 

**Weather Conditions RAINING Road Surface** WET

### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

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) 1

### **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 AND PHOTO

### 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 YP9079J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE Name of Driver SUBRAMANIAN KANNAN

G5424777Q NRIC/Passport Number

Contact Number Address

94453709

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

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)

UNKNOWN

TAXI/RED COLOR

TAXI

LIM BOON CHEW

S1457307J

91051601

#### Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
- 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 (c) 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: 22 01 2019

10:49 am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 22 | 6 | 2020

AUTOLUTION INDUSTRIAL PIE LIE 19 UBI ROAD 4

Reporting Centre Personnel's Signature PIMPE ALFONS

NRIC/FIN No.:

SKETCH PLAN	V 2-,				
X - TAXI B - GBJ	unknown 9 5995U 1079J	40 No.	PIE TOWARDS	CHANGGI	AIRPORT
			Ţc	DBD AD	
DESCRIBE CI	RCUMSTANCES OF T	HE ACCIDENT			
Jan. W 40-50 Vehicle Surface	hen vehicle kph then 3 B in order my vehicle the impact	a moise suddenly not to B touch	change: Alvertorward Sundante I trie	d manage to the war	amatery d stop my et mad Jehiclo A-
Policyholder's Si Date & Time: 23	gnature 10-49 9m	Driver's Signatur (If driver is not the Date & Time: 22	e ne policyholder)	Reporting Centre I	



## CERTIFICATE OF INSURANCE

### NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : SPIN PTE. LTD

Period of Insurance : 20 Jun 2019 To 19 Jun 2020

: HR16145618D : VM20134311

Engine No. Chassis No.

Vehicle No.

: GBJ5995U : 1900111668

Policy No. Endorsement No.

Issued Date

: 05 Jul 2019

### ABOUT THE COVER

Make/Model

: NISSAN NV 200 PETROL

Engine Capacity/Tonnage : 0.8 Tonnage Driver Restriction : NA

Sum Insured : Market Value

First Year of Registration : 2019

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

Lightion as to use\* :

The process of the carriage of passenger (other than for hire or reward) 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 accisit, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving fullion, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whitst drawing a trailer except the towing of anyone disabled using a mechanically propelled 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), 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 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

## APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REP.

1.1 Chong Motor Sales Add: 913 Bt Timah Road Singapore 569623 64694091 64694092 64694093

2.TC AutoClinio Add: No.1, Sidth Loi: Yang Road Singapore 028098 02822212
3.Tan Chong Motor Sales Add: 17 Lor 8 Toe Payoh Singapore 319254 83570753 63570754
4.AutoRition Industrial Add: 19 Ubl Road 4 Singapore 409623 6400626
5.TC AutoClinio Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

For other Approved Reporting Centrest/AIG Authorised Repairers, please contact our 24-hour accident emergency holline 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: TAN CHONG CREDIT PTE LTD

We have by certify that the policy to which this Cartificate of Insurance teleles is issued in accordance with the provisions of the Alexer Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1997 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Roads. 1999 (Malaysia).

0500610309

TAN CHONG CREDIT PTE LTD-CHH

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

Monite



State 1













































