SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 <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 aforesaid

	ACCIDENT STATEMENT		
Date Of Report	06/02/2020 09:58		
Date Of Accident	05/02/2020 14:00		
Exact Location Of Accident	CTE TOWARDS ANG MO KIO (TUNNEL)		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
/ehicle Registration Number	GBD59L		
nsured/Policyholder			
Name Of Registered Owner	THIAN CHUA PTE LTD		
Co Reg No	201718191W		
Email Address	SALES@TCMGT.COM.SG		
Mobile Phone No			
Alternative Phone No	Office-88225959		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	DYNA 3.0 DIESEL TURBO M/T 2WD		
Exact Purpose for which vehicle was being used at ime of accident			
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.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	1900244688		
Cover Note Number	22/12/2019 TO 21/12/2020		
Driver			
Name of Driver	LI ZHICHEN		
NRIC No	G3429866T		
Date Of Birth	29/09/1996		
Occupation	OUTD00R		
Date Of Driving Pass	14/06/2018		

1 YEAR AND 7 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-88387771

Fax Number

Contact Number

EMail Address NOEMAIL

Address 7030 ANG MO KIO AVE 5 #07-48/50 NORTHSTAR @ AMK (S) 569880

Postcode

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 **COLLISION - HEAD TO REAR**

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

2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

I have been approached by unknown person(s)

Was any other material or property damaged?

soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1 : CHUA BOON SONG Name:

> Gender: : Male

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

refer with attach.

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 SLV4733J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE LIM TOW GIM Name of Driver

NRIC/Passport Number Contact Number

86493435

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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.

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.:

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DECLARATION		nrs are true i n every respect.			A MED

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.:







CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Period of Insurance : 22 Dec 2019 To 21 Dec 2020

Name of Policyholder : THIAN CHUA PTE LTD

Engine No. Chassis No.

: 1KD2447082 : KDY2318017333 Vehicle No.

: GBD59L

Policy No. Endorsement No.

: 1900244688

Issued Date

: 07 Nov 2019

ABOUT THE COVER

Make/Model

: TOYOTA DYNA 3.0 M

Engine Capacity/Tonnage : 1.7 Tonnage

Sum Insured : Market Value

First Year of Registration : 2014

Driver Restriction

: NA

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.

rised Driver (named or unnamed) is under the age of 23 and/or has less

Age Condition

: All Age Condition

Limitation as to use* :

1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for frire or reward) in connection with the Policyholder's business.
3) Use for the carriage of passenger (other than for frire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasures purposes. This Policy does not cover a) use for hise or reward, driving fullion, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a transfer 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 Tra (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)

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

est 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 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/MDA Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Molor 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).

Insure Link Pte Ltd 2 Kallang Avenue #08-16

CT Hub S(339407)

Off: 6444 4644

Fax: 6444 0040

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

0501295000 INSURE LINK PTE LTD 2 KALLANG AVE #08-16 CT HUB SINGAPORE 339407 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.













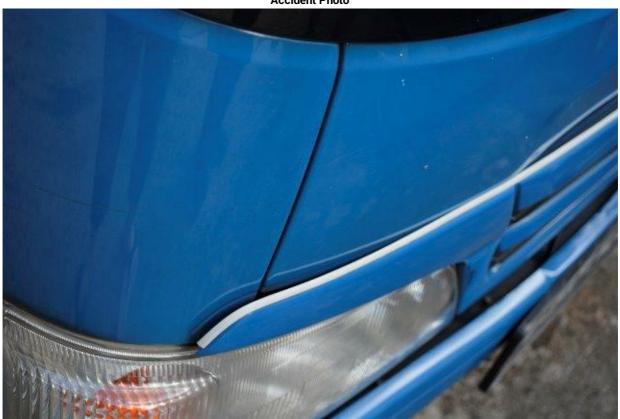
































Accident Photo

