

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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.
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	10/02/2020 17:05
Date Of Accident	10/02/2020 10:00
Exact Location Of Accident	LOWER DELTA ROAD BLK 120 CENDEX CENTER LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5177G
Insured/Policyholder	
Name Of Registered Owner	KIAN TIONG EGGS SUPPLIER TRADING
Co Reg No	53090127K
Email Address	UNITYEGGS@GMAIL.COM
Mobile Phone No	
Alternative Phone No	Office-97821877

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	1900248039
Cover Note Number	

Driver

Name of Driver	WANG DONG
Passport No/FIN	G2654672P
Date Of Birth	08/10/1991
Occupation	OUTDOOR
Date Of Driving Pass	18/07/2017
Driving Experience	2 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-82308169
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	C/O 213 YISHUN STREET 21 #07-175
Postcode	760213
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?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : LAU Gender: : Male

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
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	SHA9980L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

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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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:
 - (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
- (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

建忠 for 蛋行 with requirements under any regulations, laws or court orders.

KIAN TIONG EGGS SUPPLIER TRADING
Blk 213 Yishun St 21 #07-175 Singapore 760213

H/p: 9764 3833

Policyholder's Signature

Date & Time:

17:0510

Driver's Signature

(If driver is not the policyholder)

Date & Time:

17:0510

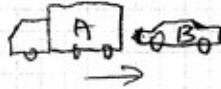
Reporting Centre Personnel's Signature

Name: Poh Kwee Choo

NRIC/FIN No.:

SKETCH PLAN

Lower Delta Road BIK 120
Cendex Center - Loading Bay



A - GBB 5177G
B - SHA 9980L

Date of Accident: 10/2/20

Time: 10 am
about.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

我目的地送货停在那里。送完货后，上车打着火后就开始察看后视镜，没有车后，就开始倒车。结果不知道后面什么时候停在了我车后面，结果就撞上了后车的车牌和车头，车盖。

我驾驶的丰田里 GBB 5177G
对方驾驶的现代的士 SHA 9980L

I was reversing my company vehicle A - GBB 5177G
at BIK 120 Lower Delta Road Cendex Center at loading Bay and
knocked onto the Car B - SHA 9980L front portion only Car plate
number scratched and sides scratched too.

My company B back portion no damages.

The weather was clear.

No one injured.

Additional: the Car B SHA 9980L stationary and parked very
closed near my company vehicle A and also no indicator light on.

建忠蛋行贸易
KIAN TIONG EGGS SUPPLIER TRADING
Bik 213 Yishun St 21 #01-176 Singapore 760213
Hp: 97543833

Policyholder's Signature

Date & Time: 10 FEB 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10 FEB 2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

CERTIFICATE OF INSURANCE



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Kian Tiong Eggs Supplier Trading
Period of Insurance : 18 Nov 2019 To 17 Nov 2020
Engine No. : 1KD1923657
Chassis No. : JTFAT35Y20K200532

Vehicle No. : GBB5177G
Policy No. : 1900248039
Endorsement No. :
Issued Date : 14 Nov 2019

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 VAN
Engine Capacity/Tonnage : 1.78 Tonnage
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2009
Insuring with COE/PAF : Yes

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

Limitation as to use* :

1) Use 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 social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, 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)

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 hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.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 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).

0504405000

JZ ASSURE PTE LTD


8 UBI ROAD 2 #05-19 ZERVEX
SINGAPORE 408538

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.


This computer generated document does not require a signature.

0504405000



S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore



Employer
KIAN TIONG EGGS SUPPLIER TRADING




Name
WANG DONG

S Pass No.
0 7669804-

Sector
SERVICE





K2036392

VISIT PASS
Immigration Regulations

08-01-2020

Name
WANG DONG

FIN
G2654672P

Date of Birth
08-10-1991

Nationality
CHINESE

Sex
M

Download SGWorkPass App to check status




MULTIPLE JOURNEY VISA ISSUED



Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **G 2654672 P**


Name: **WANG DONG**

Birth Date: **06 Oct 1991**

Issue Date: **28 Feb 2017**

Valid Till: **27/02/2022**



 002661321G

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg 18 Jul 2017

S / No. 9000301371

G2654672P

Licence No: G2654672P

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER

