

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	23/06/2020 10:55
Date Of Accident	22/06/2020 14:15
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9891A
Insured/Policyholder	
Name Of Registered Owner	DOTS TECHNOLOGY & TRADING
Co Reg No	53046849B
Email Address	FINANCE@DOTSTECHNOLOGY.COM.SG
Mobile Phone No	
Alternative Phone No	Office-62685823

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
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	1900251084
Cover Note Number	

Driver

Name of Driver	KANG KOK KENG
Passport No/FIN	g8229438x
Date Of Birth	07/03/1988
Occupation	OUTDOOR
Date Of Driving Pass	01/11/2016
Driving Experience	3 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-85046473
Fax Number	
Contact Number	
EMail Address	KANGKOKKENG@GMAIL.COM
Address	BLK 665 CHOA CHU KANG CRESCENT #05-275
Postcode	680665
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	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	2
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

KINDLY REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB9797U
Vehicle Make/Model/Colour	TOYOTA ALPHARD
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	84988879

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

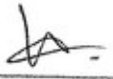
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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

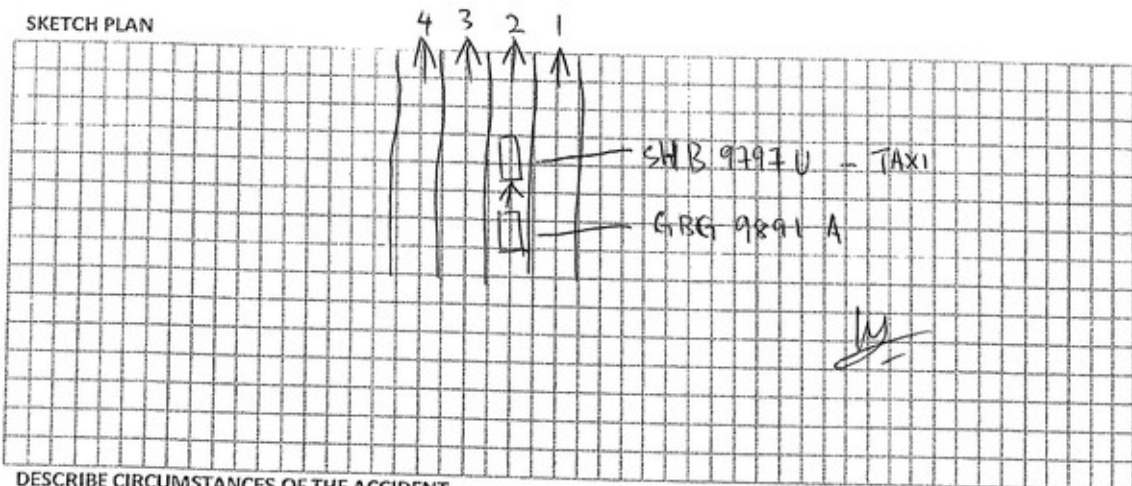
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time: 22/06/2020


Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/06/2020


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On June 22, 2020 at 2.15PM, I was driving a GRG9891A TOYOTA Hilux van in PIE>TVAS. HIT a taxi SHB9797U, because the other party suddenly E-braked. The road is too slippery, too late to brake.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.




- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

DECLARATION

I/WE declare the foregoing particulars are true in every respect.

X 
Policyholder's signature
Date & Time 22/06/2020.


Driver's Signature
(if driver not the policyholder)
Date & Time 22/06/2020.


Reporting Centre Personnel's Signature
Name:
Nric/Fin No.



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : DOTS TECHNOLOGY & TRADING
Period of Insurance : 22 Dec 2019 To 21 Dec 2020
Engine No. : 1KD2753940
Chassis No. : JTFHT02P000234456

Vehicle No. : GBG9891A
Policy No. : 1900251084
Endorsement No. :
Issued Date : 28 Nov 2019

ABOUT THE COVER

Make/Model : TOYOTA HIACE 1.1 ton (Van)
Engine Capacity/Tonnage : 1.1 Tonnage
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
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 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169), 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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).
For Approved Reporting Centres/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

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503706000
ALPET AGENCY

7030 ANG MO KIO AVE 5 #08-07 NORTHSTAR @ AMK
SINGAPORE 669880

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Pha Sam Lee

AIG Asia Pacific Insurance Pte. Ltd.



DOTS TECHNOLOGY & TRADING

2 Bukit Batok St 23, Bukit Batok Connection #05-03
S(659554)

Tel : 6268 5823 Fax : 6268 3772

Business / GST Reg no-53046849B

Dated: 23 AUGUST 2019

Authorisation Letter – Vehicle Drive Back Home – GBG9891A

I, DOTS TECHNOLOGY & TRADING hereby authorize
Name: MR KANG KOK KENG
FIN NO: G8229438X

To drive back Vehicle Number GBG9891A (TOYOTA HIACE)

Commencing from 31/08/19 time 1.35pm till Further Notice

Dots Technology & Trading will not liable for any indirect, incidental: consequential, punitive or Special damage to any personnel or property whomsoever

The above named will bear sole responsibility in such cases not related to official form of duty

I hereby declare that this Letter of Authorization has been confirmed as being authentic

For any enquiries, please do not hesitate to call Steven Li (MD) at 9007 4711 or 62685823

Thank you



On and behalf of
Dots Technology & Trading
Stamp & Signature

Accepted and Agreed By:

Driver Signature

Name: Kang kok keng.

Address: Block 665, 665 chon chu leang
crk, 680655.

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G8229438X**

Name: **KANG KOK KENG**

Birth Date: **07 Mar 1988**
 Issue Date: **28 May 2016**
 Valid Till: **27/05/2021**

002572098G

FOR ACCIDENT CLAIM USE ONLY

WORK PERMIT
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer: **DOTS TECHNOLOGY & TRADING**

Name: **KANG KOK KENG**
 Work Permit No.: **4 02785152**
 Sector: **MANUFACTURING**

K1222842

FOR ACCIDENT CLAIM USE ONLY

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

		EFFECTIVE DATE	
Class 2B	Motorcycles <= 200 CC	28 Mar 2016	§
Class 3	Motor cars <= 2000 kg with <= 7 passengers, excluding the driver, and motor tractors/vehicles <= 2500 kg	01 Nov 2016	§

G8229438X S / No. 9000236913

Licence No: G8229438X

NP 428A

FOR ACCIDENT CLAIM USE ONLY

VISIT PASS
 Immigration Regulations

Name: **KANG KOK KENG**

FIN: **G8229438X**
 Date of Birth: **07-03-1988** Sex: **M**
 Nationality: **MALAYSIAN**

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Accident Photo



Accident Photo



Accident Photo



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