

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	30/06/2020 15:14
Date Of Accident	29/06/2020 21:00
Exact Location Of Accident	PUNGGOL FIELD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC1836J
Insured/Policyholder	
Name Of Registered Owner	I LOGISTICS PTE LTD
Co Reg No	200001562E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93968567
Alternative Phone No	Office-93968567
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE 3.0 DX M
Exact Purpose for which vehicle was being used at time of accident	Company
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	YES
Policy Number	999993961/100869707-00000
Cover Note Number	
Driver	
Name of Driver	YAN YUANYUAN
NRIC No	G2173557X
Date Of Birth	09/12/1989
Occupation	OUTDOOR
Date Of Driving Pass	19/10/2017
Driving Experience	2 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-93968567
Fax Number	
Contact Number	
EMail Address	447121305@QQ.COM
Address	BLK 199C PUNGGOL FIELD #16-427
Postcode	823199
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	CHAIN COLLISION
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	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?	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	FBD6615D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLQ218H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
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
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature Date
& Time:

30 JUN 2020

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

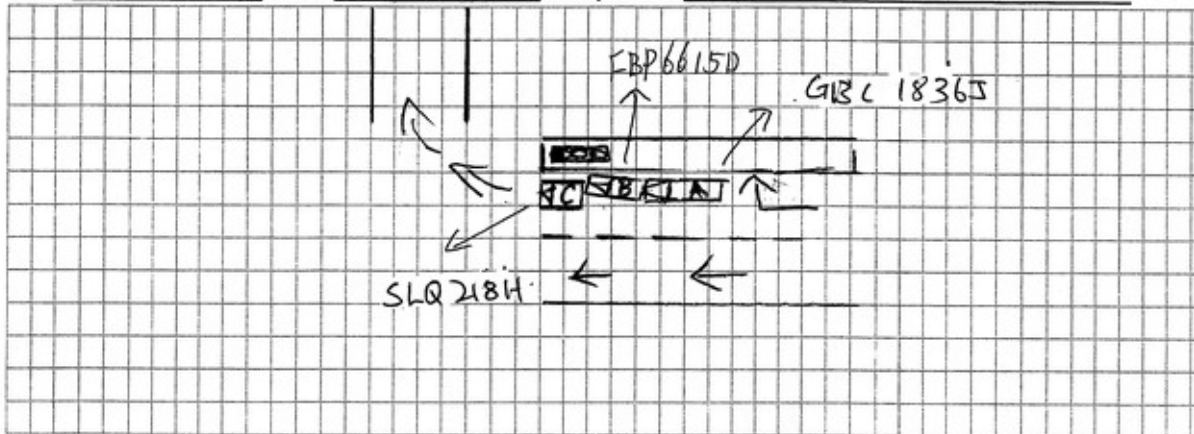
30 JUN 2020

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

30 JUN 2020

SKETCH PLAN

Date & Time of Accident: 29.06.20, 21:00 Location: Punggol Field Road.
 Veh A: GBC 1836J Veh B: FBP 6615D Veh C/Others: SLQ 218H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29.06.20 @ 21:00 hr, ven. A was travelling along Punggol Field. As I approached the traffic light, vehicle B & C have stopped. Vehicle A also stopped but the gear was engage at Gear 2. He accidentally release his leg and ven A ~~he~~ moved forward and hit ven. B. Thus, ven. B hit ven. C.

☐ Own Damage Claim at Lim Tan Motor ☐ TP Claim at Lim Tan Motor
☐ Own Damage Claim at Other Workshop ☐ TP Claim at Other Workshop ☒ Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email: site@logpttehd.com.sg
 My/Our email: motorclaims@ltm.sg

DECLARATION

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



Yan Yuan
 Policyholder's Signature Date
 & Time:

30 JUN 2020

GIARMC SketchPlanForm_V3

Yan Yuan
 Driver's Signature
 (If driver is not the policyholder) Date
 & Time:

30 JUN 2020

[Signature]
 Reporting Centre Personnel's Signature
 Name: Traun Leong
 NRIC/FIN No.: **30 JUN 2020**

2

Insurance Certificate



HOTLINE TEL: (65) 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.300

COMPREHENSIVE COMMERCIAL MOTOR
CERTIFICATE NO. 999993961/100869707-00000

OWN DAMAGE EXCESS S\$2,000.00 (I & II)
WINDSCREEN EXCESS S\$100.00
(for policies with effect from 1st November 2002)
SUM INSURED S\$1.00
INSURING WITH COE/PARF YES

- 1) VEHICLE REGISTRATION NO. GBC1836J
2) NAME OF INSURED I Logistics Pte Ltd
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 15 Dec 2019
4) DATE OF EXPIRY OF INSURANCE 14 Dec 2020
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

Any person who is driving on the insured's order or with their permission.

An additional Young and Inexperienced Driver (YIDR) Excess of S\$3,000 (unless otherwise stated) applies to any drivers (named and unnamed) who is below age 21 or has less than 2 years driving experience.

DECLARED

*Please refer to policy terms and conditions

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE *

- 1) Use in connection with the insured's business.
2) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business.
3) Use for social, domestic or pleasure purposes.
The Policy does not cover
a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY NA


* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 4 Dec 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD.

503982-000
KHC HOLDINGS PTE. LTD.
389A BALESTIER ROAD
SINGAPORE 329796


Authorised Representative

ORIGINAL

SSCDSK

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G2173557X

Name: YAN YUANYUAN

Birth Date: 09 Dec 1989

Issue Date: 12 Jul 2018

Valid Till: 16/05/2022

002822682J

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	19 Oct 2017

NP 428A



Work Permit

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

Employer
LLOGISTICS PTE LTD



Name
YAN YUANYUAN

Work Permit No
0 75338406

Sector
SERVICE



 K2072749

VISIT PASS
Immigration Regulations

22-01-2020

Name
YAN YUANYUAN



FIN
G2173557X

Date of Birth
09-12-1989

Sex
M

Nationality
CHINESE

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status





Chassis Number

CHASSIS NO : KDH2010069634
U.W. : 1760 KG
M.L.W. : 3205 KG
PASS. CAP. : 02
TYRE SIZE : F.195 / 80R-15
 : R.195 / 80R-15(S)

Accident Photo



Accident Photo



Accident Photo



Accident Photo

