

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	28/07/2020 12:03
Date Of Accident	27/07/2020 11:00
Exact Location Of Accident	ALONG KALLANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK3335H
Insured/Policyholder	
Name Of Registered Owner	ALLIANCE PRODUCTION PTE LTD
Co Reg No	201542887C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-90825666

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	THIRD PARTY
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	1900232142
Cover Note Number	

Driver

Name of Driver	GOH CHIN SIONG
NRIC No	S7589936Z
Date Of Birth	28/10/1975
Occupation	INDOOR
Date Of Driving Pass	29/08/2007
Driving Experience	12 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90825666
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 516 HOUGANG AVE 10 #06-207
Postcode	530516
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 - CHANGE/CROSS LANE
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)	4
Passenger 1	Name: : UNKNOWN GENDER: UNKNOWN Gender: : Male
Passenger 2	Name: : UNKNOWN GENDER: UNKNOWN Gender: : Male
Passenger 3	Name: : UNKNOWN GENDER: UNKNOWN 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

AT THE SAID LOCATION AND TIMING, I WAS MAKING A RIGHT TURN IN MY LANE. OUT OF A SUDDEN, I FELT AN IMPACT ON THE RIGHT PORTION OF MY VEHICLE. I THEN REALISED THAT VEHICLE B HAVE SWERVED INTO MY LANE WHILE TURNING RIGHT TOO. WE EXCHANGED PARTICULARS AND LEFT.

Attachment(s)

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

Vehicle Registration Number	SHD3350D
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	TAN CHIN TECK
NRIC/Passport Number	
Contact Number	98137573
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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. 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) 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:

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

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

LEE PROTHERS

SKETCH PLAN

Along Kallang Way

veh A → GBK3335H

veh B → SHD3350D

Kallang Way

Kallang Road

A

B

A

B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the said location and timing, I was making a right turn in my lane. Out of a sudden I felt an impact on ~~the~~ ^{the} right portion of my vehicle. I then realised that vehicle B have swerved into my lane while turning right too. We exchanged particulars and left.

DECLARATION

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

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7589936Z



Name
GOH CHIN SIONG

Place
CHINESE

Date of birth
28-10-1975

Country/Place of birth
MALAYSIA

Sex
M

57589936Z




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7589936Z

Name: GOH CHIN SIONG

Birth Date: 28 Oct 1975

Issue Date: 14 Mar 2017




002665518H

Usage for Insurance Motor Accident Reporting
and Claims Purposes Only

Vehicle no: GBX 3335H

Date of Accident: 22/07/20

9370289



NRIC No: S7589936Z



Nationality
MALAYSIAN

Date of issue
06-05-2015

APT BLK 518 HOUGANG AVENUE 10 #06-207
SINGAPORE 630518

NRIC No: S7589936Z


Date: 11/12/2018

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

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles <= 200 cc	29 Aug 2007
Class 3	Motor cars with unladen weight <= 3000kg w.l. <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	29 Aug 2007

NP 428A

Licence No: S7589936Z





CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : ALLIANCE PRODUCTION PTE LTD
 Period of Insurance : 21 Oct 2019 To 20 Oct 2020
 Engine No. : JTRHT02PX00249711
 Chassis No. : 1KDB014042

Vehicle No. : GBK3335H
 Policy No. : 1800232142
 Endorsement No. :
 Issued Date : 18 Oct 2019

ABOUT THE COVER

Make/Model : TOYOTA HIACE 1.1 ton [Van]

Engine Capacity/Tonnage : 1.1 Tonnage

Sum Insured : Market Value

First Year of Registration : 2019

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.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are of Your Authorised Driver (named or unnamed) is under the age of 25 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 passengers (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 towing a trailer except the towing of a trailer propelled 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 loadings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$500 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/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6228 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: Hitachi Capital Asia Pacific Pte. Ltd.

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, 1998 (Malaysia).

0501295000

INSURE LINK PTE LTD
 2 KALLANG AVE #08-16 CT HUB
 SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Insure Link Pte Ltd
 2 Kallang Avenue #08-16
 CT Hub S(339407)
 Off : 6444 4644
 Fax : 6446 9545

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

