

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	25/06/2020 10:56
Date Of Accident	24/06/2020 10:10
Exact Location Of Accident	ALONG ROAD 1 DAIRY FARM ROAD BT TIMAH EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3943T
Insured/Policyholder	
Name Of Registered Owner	RH2SDECO CURTAINS
Co Reg No	5XXXX976W
Email Address	RH2SGENERAL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94238608
Alternative Phone No	Office-83859367

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? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2070064703
Cover Note Number	

Driver

Name of Driver	AKKAS
NRIC No	GXXXX372K
Date Of Birth	28/06/1985
Occupation	INDOOR
Date Of Driving Pass	04/10/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83859367

Fax Number
 Contact Number
 EMail Address NOEMAIL
 Address BLK 23 KIM KEAT LANE
 Postcode 328878
 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 COLLIDED INTO PROPERTY
 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 1
 Was any body injured in the Accident? YES
 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) 2
 Passenger 1 Name: : CUNTAPAY EDWINDAQUIAOG
 Gender: : Male

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address **ROAD:** 32 YISHUN ST 81 , **POSTCODE:** 768456 , **COUNTRY:** SINGAPORE
 Police Station Contact **TEL NO:** 1800-8522999 - **FAX NO:** 68522239
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED .

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: DRIVER DID NOT PROVIDE AT TIME OF REPORTING
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
 Vehicle Make/Model/Colour
 Details Of Properties TREE
 Vehicle Category NA/UNKNOWN

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CUNTAPAY EDWIN DAQUIAOG
Approximate Age	
Injuries Sustain	CHEST PAIN
Injured person in which vehicle?	GBH3943T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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.

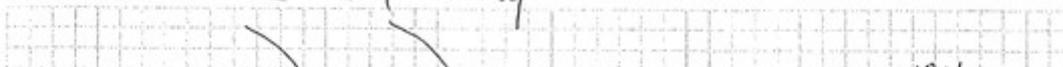


Policyholder's Signature: *[Signature]*
 Date & Time: 25/6/20 1055

Driver's Signature (if driver is not the policyholder): *[Signature]*
 Date & Time: 25/6/20 1055

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

SKETCH PLAN





**SINGAPORE
POLICE FORCE**



T/20200624/2075

1 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20200624/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2020 16:41	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars

Name of Informant: AKKAS		Address: BLK 23 Kinkeat land SINGAPORE 328878	
ID Type / ID No.: FIN NO / G8267372K		Contact No.: Home/Office: Mobile: 83859367	
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 34	Date of Birth: 28/06/1985	Type of Informant: Driver
Race: Bangladeshi		Language:	Institution / School Name:
Occupation: Working proprietor (construction)		Driving Licence Information: Class: 3 Date of Expiry: 03/10/2022	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/06/2020 10:00	Type of Location: T-Junction
Location: Along Road 1 DAIRY FARM ROAD BUKIT TIMAH EXPRESSWAY dairy farm road slip road into BKE(PIE)				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: self skid			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH3943T	Van		Totota	Silver	Seriously Damaged	2



SINGAPORE
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2 of 3

Report No. T/20200624/2075

CONTINUATION OF REPORT

Brief Details.

On 24/06/2020 at about 1000hrs, I was driving along diary farm road turning right into slip BKE(PIE), my vehicle skidded due to unknown reason. during the skid, my van had brushed against one of the tree. there is slight chip off of tree bark. Police and ambulance had attended to my case. the front bumper of my van is seriously damaged. one of my passage had a chest pain after the accident and currently at Khoo teck puat hospital doing a check . I am not injured.



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T/20200624/2075

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3 of 3
Report No. T/20200624/2075

CONTINUATION OF REPORT

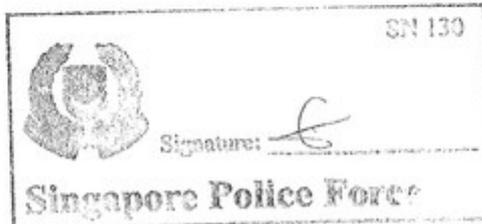
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: L / SCSGT(1) ANG WEI GUANG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/06/2020 16:41
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:

Authentication Stamp
NP168





CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : RH2S DECO CURTAINS
Period of Insurance : 23 May 2020 To 22 May 2021
Engine No. : 1KD2803526
Chassis No. : JTFHT02P300242812

Vehicle No. : GBH3943T
Policy No. : 2070064703
Endorsement No. :
Issued Date : 22 Apr 2020

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** : 2018
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 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 Flood Cover - \$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 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: 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, 1999 (Malaysia).

0502503000

CHUA TIEN SENG BENSON

371 ALEXANDRA ROAD #07-28 AIA ALEXANDRA

SINGAPORE 159963 SP-NEAM

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

TIEN SENG BENSON CHUA

RH2S DECO CURTAINS

Showroom Workshop : 21 Woodlands Close # 02-22 Primz Bizhub Singapore 737854
Handphone: 94238608 Tel:67293060 Email: rh2sdeco@gmail.com

Letter Of Authorization Date : 01/01/2019

We authorise Mr AKKAS Fin number G8267372K to operate RH2S DECO CURTAINS company vehicle GBH3943T.

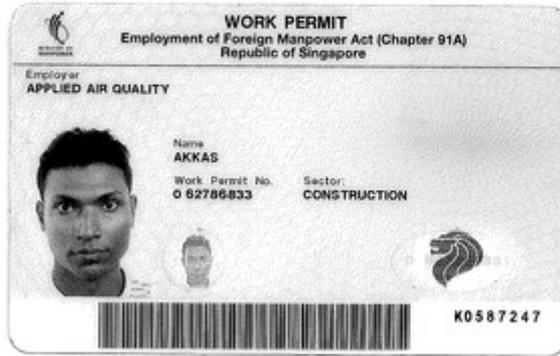
Your sincerely

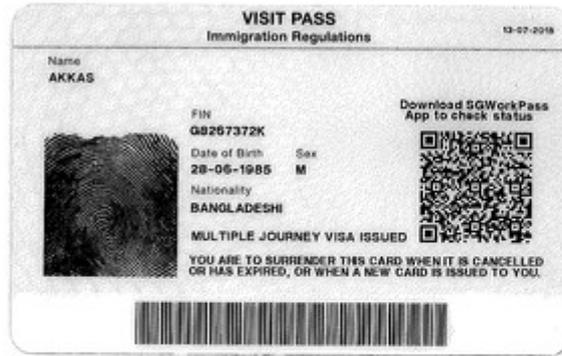


Thanks and Regards

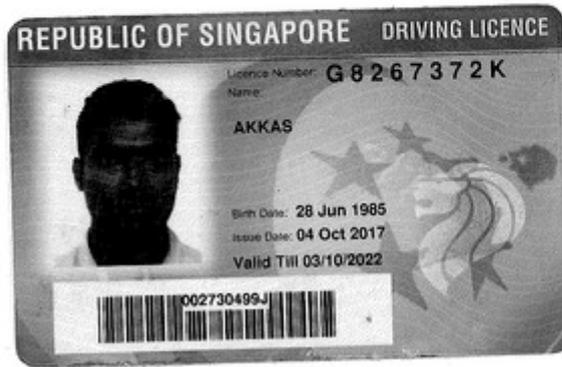
**Director Neo Yan Loy
Rh2s Deco Curtains**

Identification Card





Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

