

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	22/04/2019 16:16
Date Of Accident	18/04/2019 09:15
Exact Location Of Accident	8 BIOMEDICAL GROVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN5433G
Insured/Policyholder	
Name Of Registered Owner	Q SON KITCHEN EQUIPMENT PTE LTD
Co Reg No	0
Email Address	SALES@QSON.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64727337

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR85
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	THIRD PARTY
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	999994261/100873690
Cover Note Number	

Driver

Name of Driver	KOON SOON HONG
Passport No/FIN	G7797527L
Date Of Birth	06/04/1987
Occupation	OUTDOOR
Date Of Driving Pass	08/04/2014
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96403382
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	C/O
Postcode	
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	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)	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 AND 6 MALES COLLEAGUE.

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	SMA7116U
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 Pg. 1

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 APR 2013

GIARMC SketchPlanForm_V3

[Handwritten signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time: 22 APR 2013

16:12:40

[Handwritten signature]

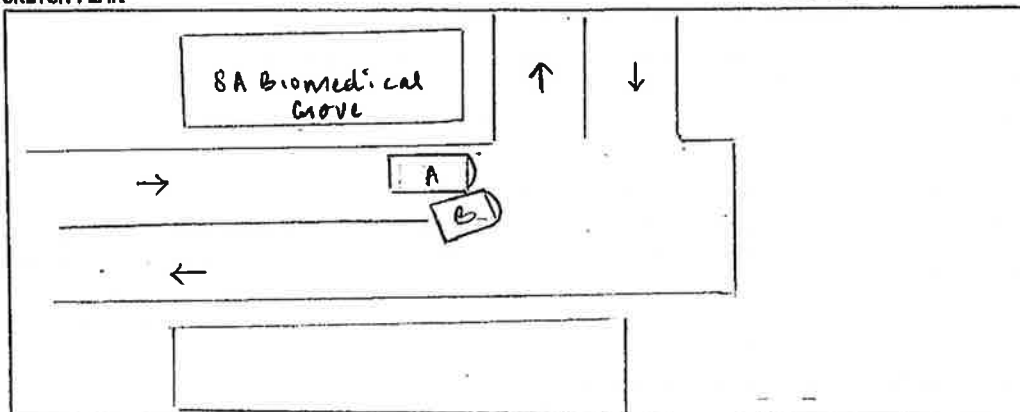
Reporting Centre Personnel's Signature
Name: Poh Kwee Choo
NRIC/FIN No: S6840583A

[Handwritten signature]

Sketch Plan Pg. 2

Date of accident: 18/04/19 Time: 09:15 Location: 8 Biomedical Grove
 Veh A: 7N5433G Veh B: SMA 7116 U No of pax: 1 Weather: Clear/dry Rain/Wet

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had just stop and parked my vehicle by the road side.
 When vehicle B, intending to make a left turn into the
 carpark, while overtake my stationary vehicle, veh B left
 side hit into my vehicle front right side.
 Nobody was injured except both vehicles sustain damages.

☐ Claim OD/TP at Falcon-Air ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my file accident report to :

My workshop :

Email address :

& myself :

Email address : 96403382

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature

Date & Time:

22 APR 2019

G:\NMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

22 APR 2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

Poh Kwee Choo

S6840583A

CERTIFICATE OF INSURANCE Pg. 1



TROUBLESHOOTING TEL: (65) 6418-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MZ900

COMPREHENSIVE COMMERCIAL MOTOR		OWN DAMAGE EXCESS	S\$800.00	(1)
CERTIFICATE NO. 999994261/100873690		WINDSCREEN EXCESS	S\$100.00	
		(for policies with effect from 1st November 2002)		
		SUM INSURED	S\$1.00	
		INSURING WITH COE/PAF	Yes	
		YN6433G		
		Q Son Kitchen Equipment Pte Ltd		
1) VEHICLE REGISTRATION NO.				
2) NAME OF INSURED				
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	15 Dec 2018			
4) DATE OF EXPIRY OF INSURANCE	14 Dec 2019			
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 driver (named and unnamed) who is below age 23 or has less than 2 years driving experience.

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 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 27 Feb 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD.

185005-000

KOH TONG POH

AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120 SP-LLL

Authorized Representative

ORIGINAL

SSCDEK

AIG Building, 78 Shenton Way #09-16 Singapore 079120

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AIG Asia Pacific Insurance Pte. Ltd.

DRIVER'S WORK PERMIT & DRIVING LICENCE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G7797527L**
 Name: **KOON SOON HONG**

Birth Date: **06 Apr 1987**
 Issue Date: **03 Jun 2017**
 Valid Till: **11/06/2022**

002689915A




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

Employed by:
G'SON KITCHEN EQUIPMENT PTE LTD

Name:
KOON SOON HONG

Work Permit No.: **4 02054034** Sector: **MANUFACTURING**

002689915A



K0136068

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	12 Jun 2012
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	12 Jun 2012
Class 4A	Omnibuses	06 Jul 2012
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg	08 Apr 2014



NP 428A

VISIT PASS Immigration Regulations

13-09-2018

Name:
KOON SOON HONG

FIN:
G7797527L

Date of Birth: **06-04-1987** 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



Accident Photo



CHASSIS NUMBER

		HOE HENG PTE LTD	
		No.7 Pioneer Place	
		Singapore 627824	
		Tel: 6898 5566 Fax: 6898 6556	
Chassis Number			
JAANPR85HE7N00210			
Unladen Weight			
2300		Kg	
Max Laden Weight			
5000		Kg	
Passenger Capacity			
1 Driver		Others	

