Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 14/09/2020 15:40

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 witholding 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	14/09/2020 15:26
Date Of Accident	27/08/2020 13:50
Exact Location Of Accident	PIE TO CTE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH7916X
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE HAI DI LAO DINING PTE LTD
Co Reg No	A201201446C
Email Address	LIUJZ@HAIDILAO.COM
Mobile Phone No	
Alternative Phone No	OFFICE-87679783
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 CARAVAN-2.5 5AT (A)
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	1800116953-01
Cover Note Number	
Driver	
N	WE WE

Name of Driver XIE WEI NRIC No S8386105C Date Of Birth 10/12/1983 Occupation **OUTDOOR** Date Of Driving Pass 11/05/2013

7 YEARS AND 3 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-87679783

Fax Number

Contact Number

EMail Address LIUJZ@HAIDILAO.COM Address APT BLK 309 CANBERRA ROAD

#04-111

Postcode 750309

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 SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

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?

Was any injured conveyed to hospital by

NO

YES

Was any other material or property damaged?

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

SEE ATTACHED SKETCH PLAN AND PHOTO

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 SLA3527E Vehicle Make/Model/Colour MAZDA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LEO CHIN HWEE

NRIC/Passport Number

S1252432C

Contact Number

Address APT BLK 114 LENGKONG TIGA

#02-175

Postcode 1441

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Vehicle No: _____
- 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.
- 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.
- 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.
- 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.
- 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)
 - 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.

Chop's Syn Drector

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

AUTOLUTION INDUSTRIAL PTE LTD 19 (VBI ROAD 4

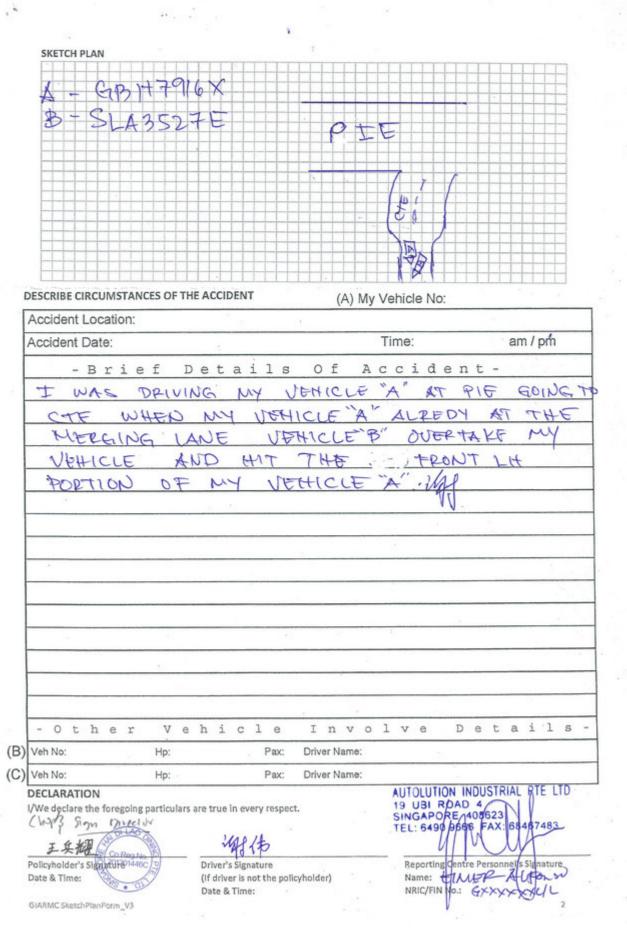
SINGAPORE 406623

TEN: 6490,9666 FAX: 68467483

Reporting Centre Personnel's Signature

NRIC/FIN No.: 6

GIARMC SketchPlanForm_V3





CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Period of Insurance

Name of Policyholder : Singapore Hai Di Lao Dining Pte Ltd : 02 Oct 2019 To 01 Oct 2020

Engine No.

: YD25034375B

: JN1MC2E26Z0030552

Vehicle No. Policy No.

: GBH7916X : 1800116953-01

Endorsement No. Issued Date

: 25 Sep 2019

ABOUT THE COVER

Make/Model

Chassis No.

: NISSAN NV350 PANEL VAN

Engine Capacity/Tonnage : 1.5 Tonnage Driver Restriction

: NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2018 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.

1) This Policy will indemnity 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 their perienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the ego 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 passanger (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 busines, driving test, racing, pace-making, reliability that or speed cesting, and b) use whilst crawing a trailer except the towing of anyone disabled using a reschanically propelled vehicle of use for any purpose in connection with Motor Trade.

Loss Of Use (7 Days) Commercial Auto

* Limitations rendered inoporative by Section 8 of the Mater Vehicles (Third-Party Risks and Companisation) Act (Cap. 189), Section 95 of the Road Transport Act. 1967 (Malaysia) and Renderent) Act 2019, are not to be included under these headings.

Section 5 Fire - S0 Own Damage - \$1300 Theft - \$0 Flood Cover - \$0

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

| Ten Chong Motor Sates Aut. 913 Bt Tenah Road Singapore 563623 64694091 64694092 64694093 2.TG AutoClinic Add: No.1, Stath Loit Yang Road Singapore 626099 62622212 3.Tan Chung Motor Sates Add: 17 Lor 9 Top Payoti Singapore 319234 63510753 63670754 4.AutoLinic Industrial Add: 19 Uik Road 4 Singapore 16997 67038511 67038512 67038513 5.TG AutoClinic Add: 25 Leng Kee Road Singapore 169097 67038511 67038512 67038513

For other Approved Reporting Cantres/AKG Authorised Repairers, please contact our 24-hour oci or AKG SQ Mobile App. Simply search and download "AKG SQ" from IT unles or Google Play. thergency hadine at +65 6338 6200. Alternatively, you may refer to AIG website www.alg.com.sg

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hereby serify that the policy to which this Certificate of Insurance relates is lasced in accordance with the provisions of the Motor Vehicles (Third Perty 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. 1859 (Malaysia).

0500610335

TAN CHONG CREDIT PTE LTD-LFM 913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589623 ANSP-MOTOR Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE



































