

## 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	10/09/2020 15:07
Date Of Accident	09/09/2020 17:30
Exact Location Of Accident	CHOA CHU KANG AVE 4 & CHOA CHU KANG LOOP JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8339G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TONG HUAT MACHINERY CO PTE LTD
Co Reg No	198401581N
Email Address	THMC84G@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-84984904
Alternative Phone No	Office-68633011

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.0 (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	2100337549-07
Cover Note Number	

### Driver

Name of Driver	YEO CHYE YONG
NRIC No	S1548006H
Date Of Birth	06/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	25/11/2013
Driving Experience	6 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-84984904
Fax Number	
Contact Number	
E-Mail Address	THMC84G@SINGNET.COM.SG
Address	APT BLK 276 CHOA CHU KANG AVE 2 #13-305
Postcode	680276
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 - HEAD TO REAR
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

I AM DRIVER OF VEHICLE A. ON 09.09.20 @ ABOUT 5.30PM, AT A TRAFFIC LIGHT JUNCTION, CHOA CHU KANG AVE 4 & CHOA CHU KANG LOOP, I WAS BEHIND VEHICLE B. AT POINT WHEN TRAFFIC LIGHT WAS CHANGED TO "GREEN", VEHICLE B MOVED FORWARD. I FOLLOWED MOVED FORWARD. I FOLLOWING ALONG, VEHICLE B SUDDENLY STOPPED. I WAS CAUGHT UNAWARE, AND HIT THE BUMPER OF VEHICLE B AFTER JAM STOPPED. THERE WERE SCRATCHES ON VEHICLE B UPON CHECKING.

#### 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	SHB5931A
Vehicle Make/Model/Colour	SMRT TAXI
Details Of Properties	
Vehicle Category	TAXI

Name of Driver	MR ANG
NRIC/Passport Number	
Contact Number	85183498
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

10-09-20 3pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

10-09-20 3pm

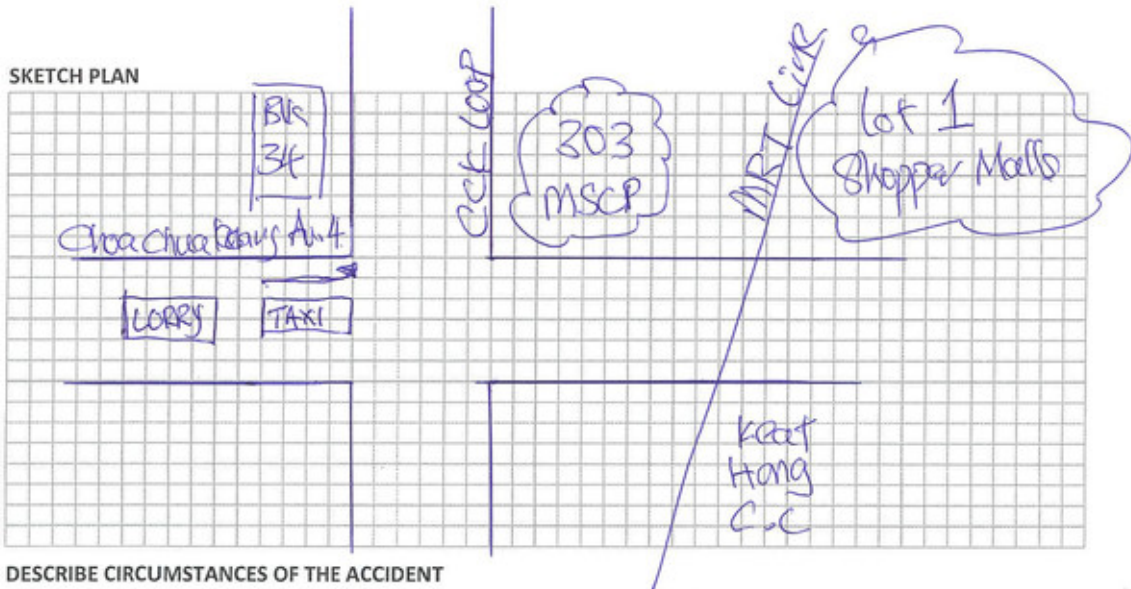
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

TC AutoClinic Pte Ltd  
1 SIXTH LOK YANG ROAD  
SINGAPORE 628099  
TEL: 6262 2212  
FAX: 6262 3092

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, am driver of Vehicle A. On 09-09-20, @ about 5-30 pm, at a traffic light junction, Choa Chu Kang Ave 4 & Choa Chu Kang loop, I was behind Vehicle B. At point when traffic light was changed to "green" Vehicle B moved forward. I followed along. Vehicle B suddenly stopped. I was caught unaware, and hit the bumper of Vehicle B after jam stopped. There were scratches on Vehicle B upon checking.

## DECLARATION

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

Policyholder's Signature

Date & Time: 10-09-2020  
3 pm.

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10-09-2020  
3 pm.

TC Auto Clinic Pte Ltd  
1 SOUTH LOK YANG ROAD  
SINGAPORE 628098  
TEL: 6262 2212  
FAX: 6262 3882

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 09-09-2020		Time 5:30pm		2 Exact location of accident Choa Chu Kang Ave 4 x Choa Chu Kang loop junction		To be signed by BOTH drivers	
3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>							
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) NIL			

**Registration No. (VEHICLE A)** GBC8339G

6 Insured / policyholder (see insurance cert.)  
Name TONG HUAT MACHINERY  
(capital letters) CO. PTE LTD  
Address NO. 154 GUL CIRCLE  
SPORE 129517  
NRIC / Passport no. 68633011  
Tel no. (from 9am till 5pm) 85183498  
HP 85183498

7 Vehicle  
Make, type Nissan New Cabstar

8 Insurance company  
AIG  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. (if available) 2100337549-07

9 Driver (See driving licence)  
(if different from insured A above)  
Name YEO CHYE YONG  
(capital letters) S15480064  
NRIC / Passport no. S15480064  
Class of licence

**12 CIRCUMSTANCES**  
Put a cross (X) in each of the relevant boxes applicable to your vehicle

1	parked / stopped (at the roadside)
2	leaving a parking space / opening the door (at the roadside)
3	entering a parking space (at the roadside)
4	emerging from a car park, from private grounds, from a minor road
5	entering a car park, private grounds, a minor road
6	entering a roundabout or similar traffic system
7	circulating in a roundabout or similar traffic system
8	striking the rear of the other vehicle while going in the same direction and in the same lane
9	going in the same direction but different lane
10	changing lanes
11	overtaking
12	turning to the right, making a U-turn (official U-turn)
13	turning to the left
14	reversing
15	encroaching in the opposite traffic lane
16	coming from the right (at road junctions)
17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

← State TOTAL number of boxes marked with a cross →

**Registration No. (VEHICLE B)** SHB5931A

6 Insured / policyholder (see insurance cert.)  
Name SMRT taxi  
(capital letters)   
Address   
NRIC / Passport no.   
Tel no. (from 9am till 5pm)   
HP 85183498

7 Vehicle  
Make, type

8 Insurance company  
  
Does the policy cover damage to vehicle B?  
No ☐ Yes ☐  
Policy No. (if available)

9 Driver (See driving licence)  
(if different from insured B above)  
Name MR. ANG  
(capital letters)   
NRIC / Passport no.   
Class of licence

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A  
NIL

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

Alternatively, please make reference to one of the sketches on page 4:

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B  
Scratches on Bumper

14 My remarks

15 Signatures of drivers

14 My remarks

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

# INDIVIDUAL STATEMENT (Part II)

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured	1 Occupation (if more than one, state all)		Email: <u>thmc84g@singnet.com.sg</u>								
	2 Vehicle registration no. <u>GBC8339G</u> CC <u>1.6 tonnage</u>		If commercial vehicle, state permissible carrying capacity								
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable) <u>NA</u>										
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Others - please specify										
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no.										
	6 Are you claiming under your own insurance policy for repair to your vehicle? <u>NO</u> If no, state action to be taken <u>reporting only</u>										
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation (if more than one, state all)	Years of driving experience	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?						
	<u>06-04-62</u>	<u>DRIVER / outlas</u>	<u>25/11/2013</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability <u>- NA -</u>										
9 Full details of all driving convictions including pending prosecutions in the last 36 months											
<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Date	Offence	Penalty			
Date	Offence	Penalty									
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn? <u>NA</u>	Was injured conveyed to hospital by ambulance? <u>NA</u>					
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)						
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station										
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?										
Accident details	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>										
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>										
	16 Speed of vehicles A <u>5</u> km/hr B <u>5</u> km/hr (Sudden brake)										
	17 What warnings were given by driver or other party?										
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
	19 What lights were displayed on your vehicle/the other vehicle(s)? <u>N/A</u>										
20 If your vehicle is commercial, state weight of load carried at time of accident											
21 State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary)											
Declaration	I/We declare the foregoing particulars are true in every respect										
	Policyholder's signature <u>[Signature]</u>				Date <u>10-09-2020</u>						
	Driver's signature (if driver is not the policyholder) <u>[Signature]</u>				Date <u>10-09-2020</u>						

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1548006H**

Name: **YEO CHYE YONG**

Birth Date: **06 Apr 1962**

Issue Date: **25 Nov 2013**

002246650E



**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S1548006H**

Name: **YEO CHYE YONG**

楊再容

Race: **CHINESE**

Date of birth: **06-04-1962** Sex: **M**

Country of birth: **SINGAPORE**

S1548006H




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

**EFFECTIVE DATE**

**Class 3** Motor Cars  $\leq 3000$ kg with  $\leq 7$  passengers, exclusive of the driver; and other motor vehicles  $\leq 2500$ kg **25 Nov 2013**

NP 428A

Licence No: S1548006H

459994

NRIC No: **S1548006H**

Date of issue: **12-07-2010**

Address: **APT BLK 276 CHOA CHU KANG AVENUE 2  
#13-305  
SINGAPORE 680276**




**CERTIFICATE OF INSURANCE**





# CERTIFICATE OF INSURANCE

## NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : Tong Huat Machinery Co Pte Ltd  
 Period of Insurance : 24 Apr 2020 To 23 Apr 2021  
 Engine No. : ZD30324157K  
 Chassis No. : JN1SC2F24Z0855087

Vehicle No. : GBC8339G  
 Policy No. : 2100337549-07  
 Endorsement No. :  
 Issued Date : 08 Apr 2020

### ABOUT THE COVER

Make/Model : NISSAN NEW CABSTAR  
 Engine Capacity/Tonnage : 1.6 Tonnage  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2013  
 Insuring with COE/PARF : Yes

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 passengers (other than for hire or reward) in connection with the Policyholder's business.  
 3) Use for export, 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.

Loss Of Use (7 Days) Commercial Auto

\* 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)

1. Tan Chong Motor Sales Add: 913 Bt Timah Road Singapore 589623 64694091 64694092 64694093
2. Autolub Industrial Add: 19 Ubi Road 4 Singapore 408523 64909566
3. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513
4. TC AutoClinic Add: No. 1, Sixth Lok Yang Road Singapore 628099 62822212
5. Tan Chong Motor Sales Add: 17 Lor 8 Tea Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 5200. Alternatively, you may refer to AIG website [www.aig.sg](http://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: MayBank

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, 1959 (Malaysia).

0500610499

TAN CHONG CREDIT PTE LTD - KBY

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.

This computer generated document does not require a signature.

Calvin V Tsal

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

