Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 13/10/2020 11:44

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 conse aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	13/10/2020 11:36
Date Of Accident	19/09/2020 14:00
Exact Location Of Accident	MIDDLE ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH2412R
Insured/Policyholder	
Name Of Registered Owner	AVO & CO PTE LTD
Co Reg No	201730005W
Email Address	RAYCHAN1281@GMAIL.COM
Mobile Phone No	
Alternative Phone No	Office-90700181
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 1.5T-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	2070051428
Cover Note Number	
Driver	
Name of Driver	YAP GUAN TEE
NRIC No	S0188012H
Date Of Birth	29/06/1954

OUTDOOR

09/09/2003

17 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91765588

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 880 YISHUN ST 81 #09-257

Postcode 760880

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

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?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

Was any other material or property damaged?

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 ATTACHED SKETCH PLAN AND STATEMENT.

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 SH8026G

Vehicle Make/Model/Colour TOYOTA BLUE

Details Of Properties SIDE SWIPE

Vehicle Category TAXI

Name of Driver TAN CHEE HENG
NRIC/Passport Number S0987734G

Contact Number

Address Postcode Insurance Company Name Nature Of Damage

SIDE BUMPER DENT

No. Of Passenger (Including Driver)

Accident 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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) of:
 - 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 Sig Date & Time:

B/10/ 10

Driver's Signature
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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RATION

e 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.:



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: YAP GLAN TEE
VEHICLE NUMBER	: GBH 2412 R
DATE/TIME OF ACCIDENT	: (9/9/20 (400na.
PLACE OF ACCIDENT	: MIDDLE ROAD .
THIRD PARTY VEHICLE (IF ANY)	: SH BOLLOG.
********	***********
DESTINATION BEFORE THE ACCI	
	C DRINKS BEFORE YOU DRIVE ON THE DAY OF IE TRAFFIC POLICE CONDUCT ANY BREATHE, WHAT IS THE RESULT?
TO ALL VEHICLES INVOLVED?	ON AND THE EXTENSIVENESS OF THE DAMAGES N2L DAMA GR. DN OGR VBYZLLA.
	CR/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?
Name: YAP GUAN TEL	

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000



Traffic Police Singapore Police Force 10. Ubi Avenue 3 Singapore 408865 Tel : 6547 0000 Fax : 6547 6259

Date: 23 Sep 2020

Your Ref :

Our Ref : TP/IP/41197/2020

YAP GUAN TEE APT BLK 880 YISHUN STREET 81 #09-257 SINGAPORE 760880

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Dear Sir / Madam,

CASE OF TRAFFIC ACCIDENT INVOLVING GBH2412G ALONG MIDDLE ROAD ON 19 SEP 2020 @ 2.00 PM___

000069

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

- 2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (http://www.police.gov.sg/epc).
- Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.
- You may contact the Investigation Officer MOHAMAD ZULFAZDLI BIN ABDULLAH at his / her office number: 65476204 or the supervisor YIP YEW SENG NELSON at 65476182 if you have any further

5 Thank you. GB412412R

Yours faithfully,

PUTEH BTE SHARIFF (SUPT) CHIEF INVESTIGATION OFFICER INVESTIGATION BRANCH TRAFFIC POLICE

This is computer generated and does not require a signature.

A FORCE FOR THE NATION





Policy/Reference No. 2070051428 19 Jun 2020 AVO & CO PTE LTD 1557 KEPPEL ROAD #02-11A SINGAPORE 089066

Dear AVO & CO PTE LTD

No Claim Discount Declaration

We are writing to you about the No Claim Discount (NCD) you declared when you submitted the proposal form for your COMMERCIAL AUTOPLUS COMMERCIAL, Policy No. 2070051428, for Vehicle No. GBH2412R. Based on your declaration, you received an NCD of 15%.

However, your previous insurer EQ Insurance Company Ltd has informed us that the information you supplied on the proposal form does not match the information in their records relating to your NCD.To correct this error, we have issued an Endorsement Quote to adjust the NCD to 0% and 5% SDD (if affected) will be removed.

With your NCD and/or claims adjusted, there is now an outstanding premium of \$856.97 (inclusive of GST) payable.

If you believe that the information supplied to us by your previous insurer is not correct, please contact them for clarification. Should your previous insurer notify us that they were in error, we will gladly reinstate the NCD anytime during your policy period.

For further information, please refer to the attached endorsement.

New Declaration

To avoid any disruption to your policy, we would like you to complete the attached declaration form verifying whether you have had any claim experiences in the past three years.

Please be reminded that under Section 25(5) of the Insurance Act (Cap 142) (or any subsequent amendments thereof), you are required to disclose fully and faithfully on the proposal form, all the facts which you know or ought to know. If your disclosure is found to be inaccurate, it may render your policy void.

Payment Required

To ensure that your policy and the coverage it provides is not interrupted, we strongly urge you to pay the outstanding premium as soon as possible. Please note that if your outstanding premium payment is not received within 14 days from the date of this letter, your policy period will be shortened accordingly.

You may pay your outstanding premium by mailing us the enclosed payment slip completed with your credit card details or a cheque payable to AIG Asia Pacific Insurance Pte. Ltd. via the Business Reply Envelope.

For More Information

If you have any questions or require more information, please contact our customer service representatives Monday through Friday between 9am to 5pm at +65 6419 3000. Alternatively, you can send us an email at www.aig.sq.

Yours sincerely

Client and Policy Servicing
This is a computer-generated letter which requires no signature.

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CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

 Name of Policyholder
 : AVO & CO PTE LTD

 Period of Insurance
 : 23 Mar 2020 To 22 Mar 2021

 Engine No.
 : 1KD2788415

 Chassis No.
 : JTFAT35Y60K209959

Vehicle No. : GBH2412R Policy No. : 2070051428

Endorsement No.

: 17 Mar 2020 Issued Date

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.8 ton [Lorry]

Engine Capacity/Tonnage : 1.75 Tonnage Sum Insured : Market Value First Year of Registration : 2018 Driver Restriction Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) Any parson who is driving on the Policyholder's order or with their parmission. b) This Policy will indemnify the Policyholder or any authorised driver only if helphs meets the specified age condition.

You have to pay as additional sum of \$3,000 as "Young and/or Inexperienced Dever Excess" ("YIOR") if You are or Your Authorised Driver (named or unnersed) is under the age of 23 ancilor has less than 2 years driving experience.

Age Condition : All Age Condition

Limitation as to use* :

If the in correction with the Policyholder's business.

1) Use in correction with the Policyholder's business.

2) Use for fine carrage of passenger (other than for him or reward) in connection with the Policyholder's business.

3) Use for solid. dotnestic or pleasant purposes. The Policy does not cover all use for him or reward, deving lastice, driving lest, racing, pace-making, reliability trial or speed-lossing; and b) use white deserge a traiter except the towing of anyone disabled using a mechanically propelled vehicle. () use for any purpose in inneraction with Motor Triede.

* Limitations rendered inoperative by Section 8 of the Motor Victicios (Third-Party Risks and Compensation) Act (Cap. 169), Section 86 of the Road Transport Act, 1587 (Melnysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

Section 1 Fire - 50 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2 Property Demage - 50

Windsomen: \$100

Named Driver and Excess (wive applicable)

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

Any accident require to the Vehicle must be carried out by one of our Authorised Repaires. Within the first 13 years of the first registration of the Vehicle is Singapors, You have the option of having the accident repairs carried out at the finis Agent's servicion.

For other Approved Reporting CentralsASD Activitied Repaires, please contact our 24-boar accident emergency holise at 465-6338-6200. Alternatively, You may refer to AIQ website wave aig ag or AIQ SQ Website App. Simply search and downood "AIQ SQ" from (Tunks or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: UOB LIMITED

I/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 (Cep. 169). Part IV of the Read Transport Act, 1957 (Malaysia), Road Transport (Amendment) Act 2019 and Notor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

ALLINK INSURANCE AGY-TOYOTA CV

BLK 153 BURIT BATOK ST 11 #02-290

SINGAPORE 650153

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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