

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	09/10/2020 14:56
Date Of Accident	08/10/2020 07:50
Exact Location Of Accident	ALONG WOODLANDS AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9907P
Insured/Policyholder	
Name Of Registered Owner	CHUANG YIN CONSTRUCTION
Co Reg No	5XXXX251K
Email Address	TAYRUBY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96912327
Alternative Phone No	OFFICE-96912327

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	NO
Policy Number	1700092353-02
Cover Note Number	

Driver

Name of Driver	LEONG TOO LAI
NRIC No	SXXXX300E
Date Of Birth	04/06/1970
Occupation	OUTDOOR
Date Of Driving Pass	11/02/1999
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96912327
Fax Number	
Contact Number	OTHERS-96912327
Email Address	TAYRUBY@HOTMAIL.COM

Address	BLK 182B WOODLANDS STREET 13 #14-743
Postcode	732182
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	NO
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)	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

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	GBJ8924E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YL7214U
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:



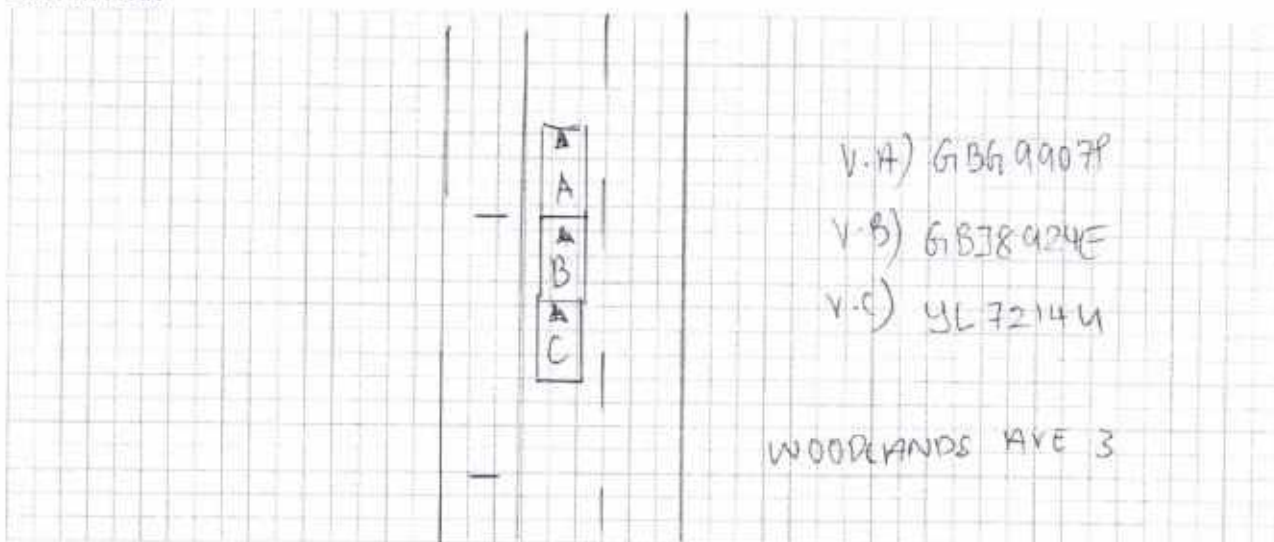
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

09/10/2020

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, I vehicle V# G1B6 9907P

was travelling on the stated venue. I was travelling straight

in my lane. I slowed down my vehicle and came to

a complete stop as the traffic in front was standstill.

A few moments I heard a loud bang, the next second

I felt an impact and bang. shortly I got out to

realised that I was involved in a 3 car chain collision.

DECLARATION

I/We declare 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.:

29/10/2020
Koh Jiah AB

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 08/10/2020 (dd/mm/yy) Time of Accident: 07 50 (24-HR-FORMAT)
Vehicle No.: GBG 9907 P Vehicle Make & Model: NISSAN NV350 PANEL VAN 2.5 5A
Exact location of Accident: WOODLANDS AVE 3
Policyholder's Name / IC No.: CHUANG YIN CONSTRUCTION 52823251K
Driver's Name / IC No.: LEONG TOO LAI S7073300E (As Above) ☐
Driver's Contact No.: 9691 2327 Company Contact No.: _____
Driver's Address: 182B WOODLANDS ST.13 #14-743 S732182
Insurance Company: AIG Email address (if any): TAYRUBY@HOTMAIL.COM

Relationship between Owner & Driver: OWNER

or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

No. of Passengers (Including Driver): 01

Passenger Name : _____
Passenger Name : _____

Gender : _____
Gender : _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBJ 8924 E

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: YL 7214 U

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : Chuang Yin Construction
 Period of Insurance : 22 Dec 2019 To 21 Dec 2020
 Engine No. : YD25422483A
 Chassis No. : JN1MC2E26Z0008557

Vehicle No. : GBG9907P
 Policy No. : 1700092353-02
 Endorsement No. :
 Issued Date : 12 Dec 2019

ABOUT THE COVER

Make/Model : NISSAN NV350 PANEL VAN

Engine Capacity/Tonnage : 1.5 Tonnage

Driver Restriction : NA

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

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PAFF : Yes

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

Loss Of Use (7 Days) Commercial Auto

* Limitations rendered imperative 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: 513 B1 Timah Road Singapore 589623 84894091 84894092 84894093

2 AutoKwik Industrial Add: 18 Ulu Road 4 Singapore 408523 84809666

3 TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 87038511 87038512 87038513

4 TC AutoClinic Add: No 1, Bukit Luk Yang Road Singapore 628099 82822212

5 Tan Chong Motor Sales, Add: 17 Lor 8 Toa Payoh Singapore 318254 83370753 83370754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 9200. 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: TAN CHONG CREDIT 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, 1950 (Malaysia))

0500810544

TAN CHONG CREDIT PTE LTD - CHU

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

Get Chee Sylvia Lim