

## 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	28/10/2020 10:09
Date Of Accident	27/10/2020 15:15
Exact Location Of Accident	CHIN SWEE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP2570C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMMUNE LIFESTYLE PTE LTD
Co Reg No	201118420Z
Email Address	CALEB.TAN@THECOMMUNELIFE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-97379597

<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2070071861
Cover Note Number	

<b>Driver</b>	
Name of Driver	CHEN ZENGLIANG
Passport No/FIN	G3887067Q
Date Of Birth	24/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	02/01/2020
Driving Experience	0 YEAR AND 9 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-89415410
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	C/O 28, DEFU LANE 4, DEFU INDUSTRIAL PARK A, SINGAPORE 539424
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	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)	3
Passenger 1	Name: : XIAO FANG Gender: : Male
Passenger 2	Name: : XIAO FEN Gender: : Male

#### 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

REFER TO THE ATTACHED.

#### 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	SJU7178X
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED DUFAIL S/O HAJ MOHAMED
NRIC/Passport Number	S8572026J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Vehicle Registration Number	YP2222H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAHMAN TOUFIK
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

## Accident Sketch Plan

### SKETCH PLAN

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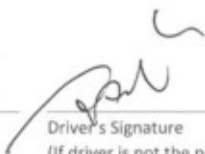
#### 8. Consent under the Personal Data Protection Act (PDPA)

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:



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

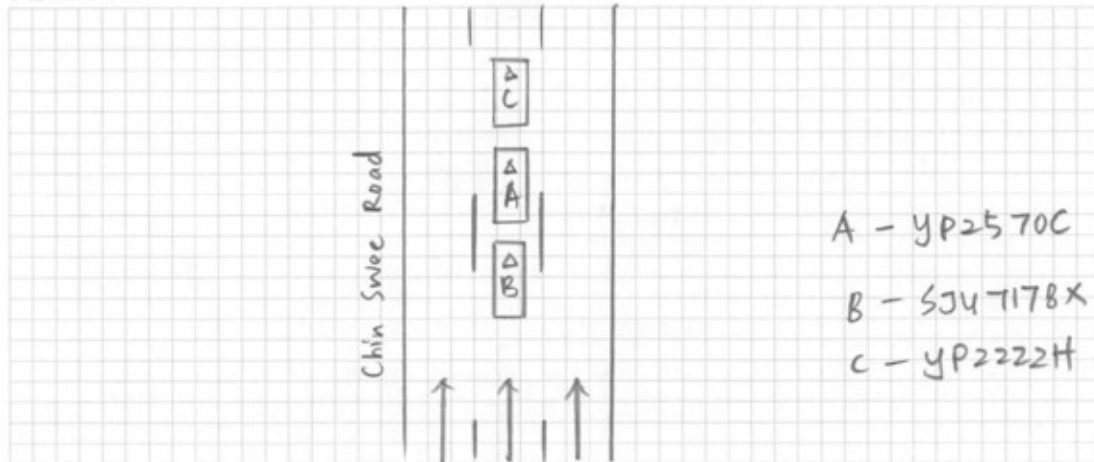
Date & Time: 28/10/2020

@ 0945hr



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the mentioned date & time, I was driving vehicle YP2570C and stationary along Chin Swee Road due to Red light traffic ahead. After about 1 min later, suddenly I felt an impact from behind and realised that my vehicle was hit by vehicle SJU7178X. Due to the great impact my vehicle was pushed forward and hit vehicle in front YP2222H.

Insurance Co. AIG Ins  
 Vehicle No. YP2570C Date of Accident 27/10/2020  
☐ Reporting Only  
☐ Own Damage Claim  
☒ Third Party Claim  
☒ Other Workshop  
Kan Fook Sing Motor

## 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:

28/10/2020

@ 09:45h

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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

Employer  
**KODA LTD**

Name  
**CHEN ZENGLIANG**

Work Permit No.  
**078387072**

Sector  
**MANUFACTURING**





**FOR KFS ACCIDENT CLAIM USE ONLY**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number  
**G3887067Q**

Name  
**CHEN ZENGLIANG**

Birth Date  
**24 Jun 1981**

Issue Date  
**27 Aug 2019**

Valid Till  
**26/08/2024**





**FOR KFS ACCIDENT CLAIM USE ONLY**

**VISIT PASS**  
Immigration Regulations

Name  
**CHEN ZENGLIANG**

Pass No.  
**G3887067Q**

Date of Birth  
**24-06-1981**

Sex  
**M**

Nationality  
**CHINESE**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**





**FOR KFS ACCIDENT CLAIM USE ONLY**

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

Class 3  
Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2100 kg

Effective Date  
**02 Jan 2020**

S / No  
**9000346597**

Licence No:  
**G3887067Q**



**NP 428A**



AIG Asia Pacific Insurance Pte. Ltd.  
78 Shenton Way  
#09-16  
AIG Building  
Singapore 079120  
Co.Reg.No.201009404M

22 Apr 2020

COMMUNE LIFESTYLE PTE LTD  
28 DEFU LANE 4  
DEFU INDUSTRIAL PARK A  
SINGAPORE 539424

Dear COMMUNE LIFESTYLE PTE LTD

COMMERCIAL AUTOPLUS COMMERCIAL Insurance Policy 2070071861  
Period Of Insurance: 26 May 2020 - 25 May 2021 For Vehicle Registration No. YP2570C

Thank you for placing your insurance policy with AIG Asia Pacific Insurance Pte. Ltd.

Your policy documents will be sent to you in a separate mail. A copy of the Proposal Form containing details of Information disclosed and declared to us prior to the inception of your motor insurance cover ("Disclosed Information") is enclosed.

Please take note that this insurance cover is incepted on the basis of the Disclosed Information contained in the Proposal Form. You have an obligation to disclose all facts which you know or ought to know in the Proposal Form fully and faithfully. Any inaccuracy, discrepancy and/or omission may result in the policy being void or affect your rights at the time of claim. Please notify us in writing or call our Customer Care Centre at +65 6419 3000 (9am - 5pm, Mondays to Fridays, excluding public holidays) within 15 days from the date of this letter to advise us of any inaccuracy, discrepancy and/or omission in the Disclosed Information. If we do not hear from you within this period, the Disclosed Information shall be taken to have been verified by you as true and accurate and we shall rely on the Disclosed Information as the basis of this insurance cover.

Please also take note that it is a fundamental and absolute Special Condition of the insurance that the total premium due must be paid to us, or via our agent or broker on or before the inception of your insurance cover. Otherwise, the insurance cover shall not attach and no benefits whatsoever shall be payable by us.

This letter also confirms your undertaking to pay to us the shortfall in premium for your motor insurance within 14 working days from the date of our notification in the event the No Claim Discount disclosed by you in the Proposal Form is incorrect thereby resulting in the shortfall in the premium paid. Your policy will lapse automatically upon the exhaustion of the premium paid term in the event you fail to pay the premium within the above said period.

Once again, thank you for choosing AIG as your preferred insurer.

Yours sincerely

Manik Bucha  
Head of Personal Insurance

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Scene



A black delivery truck with 'Commune HOME' branding is parked on a paved road. To its right, a brown minivan is partially visible. The background features a concrete retaining wall, some greenery, and a city skyline under a clear sky.



Accident Scene





Accident Scene



Accident Scene



Accident Scene





Accident Scene



Accident Scene





Accident Scene

