

### 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 Submission 14/12/2020 14:53 (SGT) Date of Accident 12/12/2020 16:05 (SGT) Exact Location of Accident Near 586 Geylang Rd, Singapore 389525 Additional Location Information **GEYLANG ROAD** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **GBF8748T** 

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TAI YAN CORPORATION PTE LTD Company Reg No 200903605C Email Address SALES@TAIYAN.COM.SG Mobile Phone No (Phone) +65-68444474 Alternative Phone No +65-68444474

VEHICLE PARTICULARS

Toyota Model Dyna Variant 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 - Reporting only

Manufacturer

Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 2070061947 Cover Note Number

DRIVER

Name of Driver **LIM HOCK GUAN** NRIC No S1579267A Date Of Birth 13/10/1963 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	10/05/1993 27 YEARS AND 7 MONTHS Male (Phone) +65-90045711 - SALES@TAIYAN.COM.SG BLK 52 CHAI CHEE STREET #08-330 - 460052 No Employee No	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Raining Wet	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1	
DETAILS OF POLICE ACTION		
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -	
CIRCUMSTANCES OF ACCIDENT		
REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336		
ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No	
DETAILS OF OTHER VEHICLE PROPERTY 1		
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver	SHD5825M - - - - Taxi	

Contact Number
Address
Address complement

Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) -

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>porrectly</u> the details of the accident to speed up the claims process.
   This Formmust be <u>completed by the Policyholder and/or the Authorised Driver</u>.
   Morrison provided must be as <u>truthful and accurate as pose pilot</u>, but yill mirrepresentation or withholding of material for allow insurance companies to <u>repuddate policy liability</u>.
   The tissue and acceptance of the Form by issurance companies is not an admission of policy liability on the part of the insurance.

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.

5. Any false reporting may be referred to the Police for investigation.

6. The report this flow or warder by the insurance of the CRR executed Menagement Centre established by the Central Insurance Association of Singapore (CAI) for archiving and that cepies of this report will five a fee he made available upon application by therefore parties.

7. By the obogenem of this report to the insurance, you hereby consent to the archiving of this report at the centre and to copies of the report temp made available alroreaux.

8. Consent under the Personanial Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose another process my personal citatopersonal information set out in this (prom) and any other personal information provided by me or processes of your insurer (collectively internal to the Singapore ("GIA") may/are permitted to collect, use, disclose another process my personal citatopersonal information and collectively internal transcription to all insurance (collectively internal transcription to all insurance) who to have been been developed by many collectively internal benefit to a bit "Insurance" is well-associated in the succession of Singapore ("GIA") may/are permitted to collectively internal transcription to all insurance (collectively internal transcription to all insurance) who to the succession of Singapore and many resonation to all insurance (collectively internal submitted by the collectively internal transcription of the procession of the collective internal submitted and the policy, for the purpose(s), of the collective internal submitted in the succession of the collective internal submitted and the p

- disclosure of certain personal state acout ine to the system of certain personal state acout ine to the special personal personal

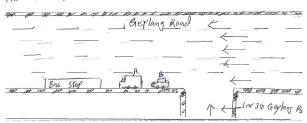
ANT CUP OF A

insture (# driver is not the poscyrrous).

refer to attach

Describe Circui	mstances of th	e Accident
	Doller	to attach -
	KYLUC	to attach -
***		
Declaration		
		s are true in every respect.
If you-wish to clain	n against your own	n policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim imetrame from the day of occurrence, kindry check with your insurer for more details.
must be made with	nin the stipulated ti	merrame from the day of occurrence. Kindly check with your insuler for more details.
(高學)		
24		#
	nature / Date &	Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre
Time		& Time Personnel QN
		14112020
		14/12/2020
		111-1200

(B) SHD 582514 (N) GBF 8748T



On 12 Dec 2020, I drove out from Lor 34 Cerlang Rd to Gerlang Rd. The shap to be defivered to is at corner after Lor 34 Cerlang Rd. After turning out, I recaised there is a bus stop along Gerland Rd, infront the shap, so I had to reverse slightly to make sure I don't block that bus stop nowever, due to the heavy rain condition, the vision was not good from my side univor, so my vehicle (GDF \* 15 F) hitted slightly with a toxic (SHO S\$25H) behind. Thus, resulted in a slight dent on its sumper. No one was injured.



















