

# 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 Submission ..... 31/12/2020 14:44 (SGT)  
Date of Accident ..... 30/12/2020 15:04 (SGT)  
Exact Location of Accident ..... Upper Thomson Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ1545L

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TIAN WEI SIGNATURE PTE LTD  
Company Reg No ..... 2XXXXX865D  
Email Address ..... sales@tianweisignature.com  
Mobile Phone No ..... (Phone) +65-92389433  
Alternative Phone No ..... (Office) +65-67275599

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv200  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... Yes  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2000001818  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TING JIAN RONG  
NRIC No ..... SXXXX319J  
Date Of Birth ..... 11/01/1993  
Occupation ..... Outdoor

Date Of Driving Pass .....	08/10/2015
Driving experience .....	5 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92389433
Alt. Phone Number .....	-
Email Address .....	janice1993janice@gmail.com
Address .....	BLK 111 YISHUN RING ROAD #06-375
Address complement .....	-
Postcode .....	760111
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING STRAIGHT ALONG UPPER THOMSON ROAD AT THE THIRD LANE OF 5 LANES. VEHICLE B IN FRONT OF ME SUDDENLY JAMMED THE BRAKE AFTER THE STOP LINE WHILE THE TRAFFIC LIGHT WAS STILL AMBER AND THERE WAS NO VEHICLE IN FRONT OF HIM, RESULTING IN ME BEING UNABLE TO STOP IN TIME AND COLLIDED ONTO VEHICLE B REAR PORTION. I WISH TO STATE THAT VEHICLE B MIGHT BE WANTING TO MAKE A RIGHT TURN AS HIS VEHICLE WAS LEANING TOWARDS MORE TO THE RIGHT SIDE AND AS A RESULT HE JAMMED THE BRAKE WHEN HE NOTICED THAT HE WAS NOT IN THE RIGHT LANE.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJR8939B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

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

**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:

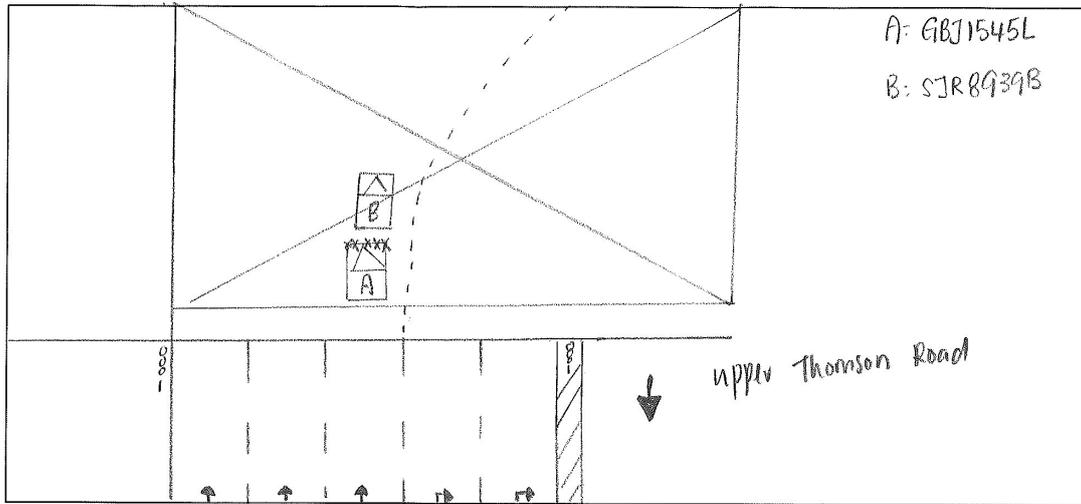
\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

GIA/RYA Sketchplanform\_03

I authorized SMZ Email  
 the GIA to New Hock Teck  
 PTE LTD

\_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Upper Thomson Road at the 3rd lane of 5 lanes.

Vehicle "b" in front of me suddenly jammed the brake after the stop line while the traffic light was still amber and there was no vehicle in front of him, resulting in me being unable to stop in time and collide into veh "b" rear portion.

I wish to state that veh "b" might be wanting to make a right turn as his vehicle was leaning towards more to the right side and as a result he jammed the brake when he noticed that he was not in the right lane.

*[Handwritten Signature]*

DECLARATION

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

*[Handwritten Signature]*  
 Policyholder's Signature  
 Date & Time:

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



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



**NISSAN**

**VSKYBAM20Z0174415**

<b>1 -</b>	<b>980</b>	<b>Kg</b>
<b>2 -</b>	<b>1100</b>	<b>Kg</b>

**COLOUR, TRIM FABRE, POLST Z10 K 466**

**PYTKARURM20TWPBCAAC**

**TYPE TYP**















**CERTIFICATE OF INSURANCE**

**COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE**

<b>Name of Policyholder</b>	: TIAN WEI SIGNATURE PTE. LTD	<b>Vehicle No.</b>	: GBJ1545L
<b>Period of Insurance</b>	: 07 Feb 2020 To 06 Feb 2021	<b>Policy No.</b>	: 2000001818
<b>Engine No.</b>	: K9KE628D635253	<b>Endorsement No.</b>	:
<b>Chassis No.</b>	: VSKYBAM2020174415	<b>Issued Date</b>	: 20 Jan 2020

**ABOUT THE COVER**

<b>Make/Model</b>	: NISSAN NV 200	<b>Sum Insured</b>	: Market Value	<b>First Year of Registration</b>	: 2019
<b>Engine Capacity/Tonnage</b>	: 0.79 Tonnage	<b>Off Peak Car</b>	: No	<b>Insuring with COE/PARF</b>	: Yes
<b>Driver Restriction</b>	: 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) The Policy will indemnify the Policyholder or any authorized 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 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.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 96 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. Civil 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 CLAIM)**

Any accident repairs to the vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).  
 For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6336. 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**: United Overseas Bank Limited

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, 1993 (Malaysia).

0500718000  
 JG MOTOR AGENCY  
 80 CHANGI ROAD #04-06 CENTROPOD @ CHANGI  
 SINGAPORE 419715  
**Underwritten by AIG Asia Pacific Insurance Pte. Ltd.**

**AIG Asia Pacific Insurance Pte. Ltd.**  
 This computer generated document does not require a signature.

Seek Fong Joanne Gu

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AIG Asia Pacific Insurance Pte. Ltd.