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SN082118000B / National Assessment Centre Services [159721] ENTRY DATE & TIME: 08/01/2021 15:06 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (08/01/2021 15:06 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process:

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

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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

08/01/2021 15:06 (SGT) 08/01/2021 08:30 (SGT) Sembawang Dr. Singapore TURN INTO ADMIRALTY STREET Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMC7917P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No

Yes ACE FLEET MANAGEMENT PTE LTD 2XXXXX914N spoon\_vins@hotmail.com (Phone) +65-92323494 +65-84503733

#### VEHICLE PARTICULARS

Manufacturer Model Variant

Toyota Noah

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? Vehicle Category No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

AIG Comprehensive 999993781

DRIVER

Name of Driver NRIC No

LIM CHEE SIONG SXXXX424E

Date Of Driving Pass	04/07/1988
Driving experience	32 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84503733
Alt. Phone Number	-
Email Address	spoon_vins@hotmail.com
Address	BLK 450B SENGKANG EAST WAY #17-337
Address complement	
Postcode	792450
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
	2
Insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet
	7100
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	2
soliciting/offering accident claims assistance?	No
PASSENGER 1	
PASSENGER I	
Name	UNKNOWN
Gender	Female
DETAILS OF POLICE ACTION	
DEFAILS OF FOLIOE POSIGN	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No No
If yes, against whom?	NO
ii yos, againsi wilaini	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Vac
Was there any video captured by Car Camera?	Yes
Was there any video captured by Car Carriera?  Was there any audio recorded?	Yes
was there any addit recorded r	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	GBE5178M
Vehicle Manufacturer	GDE3170W
Vehicle Model	(5)
Vehicle Variant	(5)
Vehicle Colour	·호
Vehicle Category	Commercial vehicle
Vernice category	Commercial venicle

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

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	LIM CHEE SIONG			
Address				
Address Complement	-			
Post Code				
Approximate Age Years Old				
Injuries Sustained	SLIGHT INJURY			
Injured person in which vehicle?	SMC7917P			
Were seat belts worn?	Yes			
Was this injured conveyed to hospital by ambulance?	No			

#### 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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.
- 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' law yers/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 invoive 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

WANAGE WENT

Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sembawang Dr Turn Into Admiralty Street

Vehicle A-SMC7917P Whicle B-GBE5178M

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#### Declaration

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

Winessed by Reporting Centre Personnel

# ACE FLEET MANAGEMENT PTE LTD

237 ALEXANDRA ROAD #02-03 THE ALEXCIER SINGAPORE(159929)

Replacement of New Contract/Agreement

Kindly fill up all of the details below

CAR MODEL: TOYOTA NOAH HYBRID CARPLATE: SMC7

MAIN HIRER NAME: CHEE SION G

NRIC/PASSPORT NO .: S6830424E

D.O.B:

**NEXT OF KINS:** 

CHEN SHAN SHAN

TEL:

ADDRESS: BIK 450B, SENG KANG WEST WAY, #17

CONTACT NO .:

503733

RENTAL DEPOSIT:

500

DATE OF COMMENCE:

09 SEPT 2020 (2:30Pm)

RELIEF DRIVER:

TEL:

ADDRESS:

RENTAL PER DAY:

**EMAIL ADDRESS:** 

@ gmail. Com

CONTRACT VAILDITY:

10 Auto 2021

1)INSURANCE 1 PARTY EXCESS \$ 2000

2)INSURANCE 3RD PARTY EXCESS \$2.0001-

3)INSURANCE EXCESS FOR OVERSEA WILL BE DOUBLED

4)INSURANCE EXCESS FOR DRIVING LICENCE LESS THEN 2 YEAR AND BELOW 24

YEAR OLD AND OLDER THEN 65 YEAR OLD WILL BE DOUBLED

Right Side

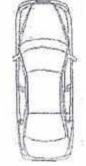
5)WINDSCREEN EXCESS # 2001-

\* 12 DAYS FREE RENTAL \* (FROM PREVIOUS CONTRACT)

Loft Side



LANCK & SCRATULB Front



REMARKS:



Hirer's Signature



DODENT SASCRATCHES CECHIPS RERUST MEMISSING

GENERAL DEFINITIONS

Date of Accident	of   01   NOM Accident Time: 0830NT (14-HR-FORMAT)
Accident Pince	: Sembawang Dr Turn Into Admiralty Street
Vehicle Reg. No (Car plate No.)	: SMC7917P Vehicle Maker/Model: Toyota Neah Hybrid
Інациансь Сопцину	: A1G Policy No. 999993781
Name of Registered Owner	: Company/Individual Ace Fleet Management PTE LTD
ID of Registered Owner	: Co Reg No: 2017 (1994N Owner's NRIC No:
	: Co Contact No: Owner's Contact No: 92323494
DRIVER'S Name	: Lim Chee Siong BRIVER'S NRIC No: S6830434E
DRIVER'S Date of Birth	: 19-09-1960 DRIVER'S License Pass Date 04 Jul 1988
Relationship bot. Owner & Driver	; Spouse \ Parents \Children\ Sibling \ Employee\Others: Hiver
DRIVER'S Address	: APT BIK 4508 Sengkang West Way #17-337 Singaporo 792450
DRIVER'S Contact No./ Alt No	01.50 1771
BRIVER'S Occupation	: INDOOR (OUTDOOR) (eg. working inside or outside of an ofc)
Email Address	: Spoon_vins@ hatmail.com
Westher & Road Surface	CLEAR & DRY (RAINING & WET) AFTER RAIN & WET
Reporting Type	Reporting Only Claim Other Party Claim Own Insurance
	ng Driver): 02 Passenger Name: Unkriown Gender M/E) e police? YES \ NO Passenger Name: — Gender M/E by car camera: YES \ NO Any Injuries: YES / NO Injured Name: Lim Chas Sion g
Exact purpose for which vehic	le was boing used at the time of accident: Private use (Work purpose)
	Other Party Driver's Particulars (if any)
Vehicle Reg Nov. GBG 51781	Vehicle Reg No:
Vehicle MakelModel;	Vehiale MakahMadel:
Name DRIVER:	Name DRIVER:
TO NO DRIVER.	C No. DRIVER:
DRIVER'S Contact & add	DRIVER'S Context & add:
was sufficient	Other Party Driver's Particulars (if any)
Vehicle Reg bloc	Vehicle Reg No:
Vehicle Makethlodel	Vehicle MakelModal:
Fiche,DRIVER.	Name DRIVER
THE DRIVER AND TO BE	(1) t DEFTER
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## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) AND ROAD TRANSPORT (AMENDMENT) ACT 2019 MOYOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

Comprehensive Commercial Motor

CERTIFICATE NO.

SMC7917P

POLICY NO.

999993781

(The below excess is subject to GST) POLICY EXCESS

\$\$2,000.00 (I)

POLICY EXCESS

S\$2,000.00 (II)

WINDSCREEN EXCESS

\$\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF Yes

SMC7917P

2) NAME OF POLICYHOLDER

1) VEHICLE REGISTRATION NO.

Ace Fleet Management Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

31 July 2020

30 July 2021

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

Any person who is driving on the insured's order or with their permission.

Authorised Drivers must be age 22 to 65 years old with at least 2 years Driving Experience

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

#### 6) LIMITATION AS TO USE\*

- 1) Use for social, domestic, pleasure purposes and business purposes of Insured
- 2) Use for social, demestic, pleasure purposes and business purposes of any person whom the vehicle is hired
- Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for fution, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade

LOSS OF USE

Not Applicable

HIRE PURCHASE COMPANY

SINGAPURA FINANCE LTD

"Limitations reridered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

17 We hereby Certify that the policy to which this Certificate relates is saued in accordance with the provisions of the Motor Vehicles (Third- Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019.

Issued in Singapore 05 Aug 2020

AIG Asia Pacific Insurance Pte. Ltd.

0504650-000

All Ins Agency Pte Ltd 22 Sin Ming Lane

#05-78 Midvlew City

Singapore 573969

AUTHORISED REPRESENTATIVE

SSPIUS

ORIGINAL