SC1K211D0002 / ComfortDelGro Engineering Pte Ltd [579701] ENTRY DATE & TIME: 13/01/2021 11:16 (SGT) SUBMITTED BY: Brenda Ng VERSION: 1 (13/01/2021 11:16 (SGT))

# **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 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 13/01/2021 11:16 (SGT) Date of Accident 02/01/2021 15:00 (SGT) Exact Location of Accident Near 291 Yishun Street 22, #01-343, Singapore 760291 Additional Location Information BLK 291 YISHUN ST 22 CARPARK INY21 - OPENSPACE **CARPARK** Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBC6132Z

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TOH ENG LEE MINI-SUPERMARKET Company Reg No 35523700L Email Address hongaik@ajtrading.com.sg Mobile Phone No (Phone) +65-67589886 Alternative Phone No +65-67589886

### VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Canter 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? No - Reporting only Vehicle Category Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number 1900019411 Cover Note Number

### DRIVER

Name of Driver **TOH HONG TEE** NRIC No S1450456G Date Of Birth 11/08/1960

Occupation Indoor Date Of Driving Pass 11/12/1981 Driving experience 39 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-84946888 Alt. Phone Number Email Address hongaik@ajtrading.com.sg Address BLK 27 YISHUN CENTRAL #04-57 Address complement Postcode 768803 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Other Does Driver Own Other Vehicles? Nο 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 Raining Road Surface 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? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name XIAO YU Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED. - REVERSE AND HIT 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	YP439M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

Contact Number	(Phone) +65-81448378
Address	<del>-</del>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

### SKETCH PLAN

### IMPORTANT NOTICE

- 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.
- 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:
  - 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:
  - 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.:

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT while On 02/01/21 around 3pm, I was reversing my car other retrick to leave the carpart int 161; I not onto remak No. YP 439 M. H was raining hearing on that day. I didn't realise 1 hr onto wellick no YP459m until when I park my remicle into lot 101 the other party came to me to tell me I have icnock onto his vehide PELARATION horipregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Date & Time: Name:

https://docisolation.prod.fire.glass/?guid=bef06241-8909-45f7-91d3-615c757dd0ae

Date & Time:

NRIC/FIN No.:



## CERTIFICATE OF INSURANCE

### COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Toh Eng Lee Mini-Supermarket Period of Insurance : 24 Apr 2020 To 23 Apr 2021

: 4M42A91635 Engine No. Chassis No. : FB70BBA20587 Vehicle No. Policy No.

: GBC6132Z : 1900019411-02 Endorsement No. : 000000000344273

Issued Date : 17 Jun 2020

### ABOUT THE COVER

: MITSUBISHI VAN 1 ton [Van]

Engine Capacity/Tonnage: 1 Tonnage Sum Insured : Market Value First Year of Registration : 2013 Off Peak Car : No Driver Restriction : NA Insuring with COE/PARF : Yes

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 neets 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.

e 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 Policyheider'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 driving a seafer except the towing of anyone disabled using a mechanically propelled vehicle.c) use for any purpose in connection with Motor Trade making, reliability trial or speed-testing; and b) use whilst

\* Limitations rendered inoperative 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

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

### PROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the

accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/A/G Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to A/G website www.aig.sg or A/G SG Mobile App. Simply search and download "A/G SG" from fitures or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/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, 1959 (Malaysia).

0160002000

KHOR BOON KEE

66 SENGKANG SQUARE #10-36 LA FIESTA

SINGAPORE 544703

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

## 卓 荣 利 超 级 市 场 TOH ENG LEE MINI SUPERMARKET

## Blk 291 Yishun St 22 01-347 Singapore 760291.

Tel :67589886 Fax:67589887

### Letter of Authorisation

Company Name	Toh Eng Lee Mini-Supermarket
BRN/ UEN	35523700L

I, Toh Hone			ng Aik	_ (Ow	wner)		S1333893J				(NRIC) declare		
that I	am	the	sole-pro	prietor/	dire	ctor/ au	thorise	ed office	r to the	abo	ove-n	nentioned	
compa	any	and	hereby	autho	rised		Tol	1 Youqii	n			_(Name)	
S822	2443	2H	(	NRIC)	to	handle	the	matters	relating	to	the	accident	
involv	ed v	ehicl	e number	GBC6	132Z	on beha	alf of t	he comp	any.				

Yours sincerely

Toh Eng Lee Mini-Supermarket Mr Toh Hong Aik























