

## 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 .....	06/02/2021 13:29 (SGT)
Date of Accident .....	05/02/2021 16:20 (SGT)
Exact Location of Accident .....	Clementi, Singapore
Additional Location Information .....	AYE(TUAS) TO CLEMENTI ROAD EXIT TOWARDS BUKIT TIMAH
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBE8352G
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SB PEST CONTROL PTE LTD
Company Reg No .....	200410568G
Email Address .....	sbcarefreepest@gmail.com
Mobile Phone No .....	(Phone) +65-81886639
Alternative Phone No .....	(Office) +65-62443343

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv350
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 .....	AIG
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	2070036953
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	KRAMLI BIN KASSIM
NRIC No .....	S1638192F
Date Of Birth .....	02/05/1964
Occupation .....	Outdoor

Date Of Driving Pass .....	28/05/2002
Driving experience .....	18 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97616639
Alt. Phone Number .....	-
Email Address .....	sbcarefreepest@gmail.com
Address .....	BLK 853 WOODLANDS ST 83 #02-132
Address complement .....	-
Postcode .....	S(730853)
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 .....	Side Swipe
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

KINDLY REFER TO SKETCH PLAN.

#### 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 .....	SJH9898G
Vehicle Manufacturer .....	BMW
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	DING XIAOLING
- .....	S7564517A
Contact Number .....	(Phone) +65-92275658
Address .....	-
Address complement .....	-
Postcode .....	-

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

## SKETCH PLAN

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7. 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:

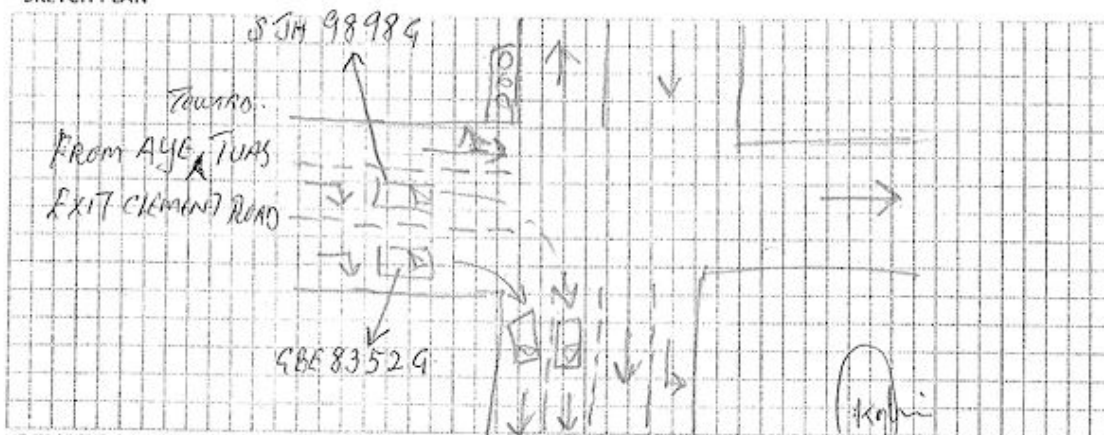
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
  - (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: 6-1-21

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 5.1.2021 @ 1030 HRS FROM AYE TUAS EXIT CLEMENTI ROAD, I STOP MY VAN WHEN TRAFFIC LIGHT RED. SO WHEN TURN GREEN I MOVE MY VAN ON THE SAME LANE ON RIGHT SIDE AND SUDDENLY BMW (SJH 98989) ON MY LEFT LANE CONTACT ON TO MY FRONT LEFT BUMPER. NO INJURY ON BOTH PARTY.

Kohli

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- ☒ - Reporting Only
- ☐ - Claim OD
- ☐ - Claim TP
- ☐ - Claim OD/ TP at other workshop

DECLARATION

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



Policyholder's signature  
Date & Time

Kohli


Driver's Signature  
(if driver not the policyholder)  
Date & Time 6.1.21

Kohli

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.

af





# POLICY SCHEDULE

**COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE**

Policy No : 2070009953  
 Period of Insurance : 31 Mar 2020 to 30 Mar 2021  
 Issued Date : 10 Mar 2020

**ABOUT THE POLICYHOLDER**

Name of Policyholder : SB PEST CONTROL PTE LTD  
 Address : 63 HILLVIEW AVENUE  
 #10-02A LAM ECHO INDUSTRIAL BUILDING  
 SINGAPORE 669560  
 Occupation/Nature of Business : Wholesale and Retail Trade

**ABOUT THE VEHICLE**

Registration No : 08E83526	Engine Capacity/Tonnage : 1.5 Tonnage
Chassis No : JN1WC2E2670006837	Engine No : VD25389354A
Seating Capacity : 3	First Year of Registration : 2015
Make/Model : NISSAN NV350 PANEL VAN	Body Type : Van
Hire Purchase Company/Employer's Loan : Citibank Financial Services Africa & Asia Pacific Ltd	

**ABOUT THE COVER**

Sum Insured : Market Value	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 Policyholders order or with their permission  
 b) This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition  
 You must to pay an additional sum of \$2,000 as "Young and/or Inexperienced Driver Excess" ("YIDE") if you are or Your Authorized Driver, named or unnamed is under the age of 21 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 passenger (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 use for hire or reward, driving tuition, driving test, racing, pace-making, stability test or speed-testing, and all use whilst driving a trailer except the towing of a trailer using a mechanically propelled vehicle to use for any purpose in connection with Motor Trade.

Other Key Policy Benefits :

Key Replacement Cover: \$800; Stroke, Hole and Oil Corrosion: Dealer (First 3 years from original registration) + AIG Authorized Workshop; Out of Gas: In Car Camera Excess Waiver

**EXCESS**

Section 1  
 Fire - \$0; Over Damage - \$800; Theft - \$0; Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen - \$100

**PREMIUM**

Premium	: \$	1,238.40
GST (7%)	: \$	86.69
<b>Total</b>	: \$	<b>1,325.09</b>

Your Premium includes the following discount(s):  
 No Claim Discount - 20%

75 Selegie Road #10-19 AIG Building 20700201 T: +65 6419 3000 Email: ag@sg.aig.com

AIG Risk Transfer Insurance Pte Ltd







































