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SN09213C000E / National Assessment Centre Services [408933] ENTRY DATE & TIME: 12/03/2021 17:10 (SGT) SUBMITTED BY: Hui Zhen VERSION: 1 (12/03/2021 17:10 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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

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.

In the issue and acceptance of this Form by insurance companies is not an admission of policy liability of the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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.
 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	12/03/2021 17:10 (SGT) 10/03/2021 22:25 (SGT) PIE, Singapore BEFORE CTE (SLE) EXIT Singapore
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DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2813Z
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner	Yes ZHICHENG STUDENT HOSTEL PTE LTD

2XXXXX659H Company Reg No MISSCHEE18@GMAIL.COM **Email Address** (Phone) +65-97596585 Mobile Phone No +65-97596585 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Berlingo
Variant	-
Exact purpose for which vehicle was being used at time of	Private use

accident Are you claiming under your own insurance policy for repair to

your vehicle?

No - Claiming third party Commercial vehicle Vehicle Category

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800066939-02
Cover Note Number	

DRIVER

Name of Driver	CHEE GEOK SWAN SXXXX463J
NRIC No	18/01/1962
Date Of Birth	
Occupation	Indoor

04/10/2002 Date Of Driving Pass 18 YEARS AND 5 MONTHS Driving experience Female Gender (Phone) +65-96175072 Mobile Number Alt. Phone Number MISSCHEE18@GMAIL.COM Email Address BLK 533 HOUGANG AVE 6 #04-343 Address Address complement 530533 Postcode No Is the driver the policyholder? Employee If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Change/cross lane Type of Accident Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Yes Was anybody injured in the Accident? 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) soliciting/offering accident claims assistance? PASSENGER 1 TAN SIEW YANG Name Female Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Toa Payoh Neighbourhood Police Centre Police Station Name (Phone) +65-18002519999 Police Station Phone No (Fax) +65-63548749 Alt. Police Station Phone No 93 Toa Payoh Central Toa Payoh Community Building #01-02 Police Station Address Singapore 319194 No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210311/2004 ATTACHMENT(S) Are accident photos available for attachment? Yes No Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 UNKNOWN Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant	7
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	15 m
Contact Number	•
Address	-
Address complement	-
Postcode	-
Insurance Company Name	•
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ3484R
Vehicle Manufacturer	-
Vehicle Model	-E
Vehicle Variant	¥6
Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	5
Contact Number	5
Address	
Address complement	5 A
Postcode	<u>설</u>
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	*
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJ		Œ	n	- 1
HI WO	on	-	ь.	

Name of injured person	CHEE GEOK SWAN
Address	•
Address Complement	-
Post Code	
Post Code	
Approximate Age Years Old	BODY
Injuries Sustained	
Injured person in which vehicle?	GBB2813Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	TAN SIEW YANG
Address	-
Address Complement	29
Post Code	₩.
Approximate Age Years Old	¥
Injuries Sustained	BODY
Injuries Sustained Injuries person in which vehicle?	GBB2813Z
Were seat belts worn?	Yes
Were seat beits worn?	No
Was this injured conveyed to hospital by ambulance?	NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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.
- Any false reporting may be referred to the Police for investigation.
- 6. 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)

Lunderstand, 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
- (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 aw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder

Driver's Signature (f/driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

non A: GBB 28132 MaB! Unknown Chich C. GBJ 3484R

cribe Circum	stances of the	Accident			
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Declaration

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre

Personnel





T/20210311/2004

1 of 4

Report No. T/20210311/2004

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

DEPORT	OF /	TRAFFIC	ACCIDENT
REPUBL	UF	INAFFIC	ACCIDENT

Date/Time Report Made: 11/03/2021 00:18			Vide Report No.:	Station Diary No.: 3		
Informan	t's Particu	ulars				
Name of Informant: CHEE GEOK SWAN			Address: APT BLK 533 HOUGANG AVENUE 6 #04-343 SINGAPORE 530533			
ID Type / ID No.: NRIC NO / S1522463J			Contact No.: Home/Office:	Mobile: 96175072		
Nationalit SINGAPO	y: DRE CITIZ	EN .	Email:			
Sex: Female	Age: 59	Date of Birth: 18/01/1962	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation:			Driving Licence Information: Class: 3	Date of Expiry:		

General Infor	mation of the Accide	nt			
Type of Accident:	Non-Injury Hit and Run	Drink Date/Time of Accident: No 10/03/2021 22:		Type of Location: Straight Road	
Location: PAN-ISLAND Weather: Clear) EXPRESSWAY	Road Surface:		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis	sion: ving Vehicles - Head T			Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
GBB2813Z					Seriously Damaged	
GBJ3484R	Van					1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20210311/2004

2 of 4

Report No. T/20210311/2004

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Passenger						
Name	TAN SIEW YANG		IE	ID No.		S1384588C
Related Vehicle	GBB2813Z (Van)		C	Contact No.		90060487
Hospital/Clinic	NIL		D	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dischar	rae	NIL	
THE WATER CONTRACTOR OF THE PARTY OF THE PAR	ted Medical Leave	NIL	Degree of In			
Driver				999	1000	
Name	CHEE GEOK SWAN		10	ID No.		S1522463J
Related Vehicle	GBB2813Z (Van)		C	Contact No.		96175072
Hospital/Clinic	NIL		D L	Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date D			rae	NIL	
	ted Medical Leave	NIL	Degree of Injury NIL			
Driver						
Name	DANIAL		10	ID No.		NIL
Related Vehicle	GBJ3484R (Van)		C	Contact No.		88173714
Hospital/Clinic	NIL		L	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dischar			
	ted Medical Leave	NIL	Degree of In		NIL	

Brief Details.

On 10/03/2021 at about 2225hrs, I was driving my vehicle (GBB2813Z) along PIE towards Tuas direction heading to Toa Payoh. When I was driving, I felt an impact from my vehicle and it swerved to the left side of the lane and hit another vehicle (GBJ3484R). My passenger saw that it was a black color Mercedes and saw the car plate 8845 driving off further. The vehicle did not stop and continued driving.

I stopped at the side of the road and alighted from the vehicle. I saw that the front right side of my vehicle was dented after the Mercedes had hit my vehicle. The left front side of my vehicle is also dented after hitting the vehicle (GBJ3484R). My left side passenger door is also unable to open from the accident.

Both myself and my passenger felt some pain on our neck area due to the accident and have yet to see a doctor. I wish to state that I do not have any in-car camera installed in my vehicle.





3 of 4

Report No. T/20210311/2004

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999
CONTINUATION OF REPORT





T/20210311/2004

4 of 4

Report No. T/20210311/2004

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 3 NEO ZUO QUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2021 00:18
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079 SINGAPORE Authentication Stamp SN 168	Classification Of Case:
SIGNATURE	



CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY FIRE AND THEFT COMMERCIAL VEHICLE

Name of Policyholder

: ZHICHENG STUDENT HOSTEL PTE LTD

Vehicle No. : GBB2813Z Policy No.

Period of Insurance

: 06 Jun 2020 To 05 Jun 2021

: 1800066939-02

Engine No. Chassis No. : 10JBBA3007811 : VF7GC9HWC8J039704 Endorsement No.

Issued Date : 08 May 2020

ABOUT THE COVER

Make/Model

: CITROEN BERLINGO VAN 0.7 ton [Van]

Engine Capacity/Tonnage: 0.7 Tonnage

Sum Insured : Market Value

First Year of Registration : 2008

Driver Restriction

- NA

Off Peak Car : No

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 meets the specified age condition.

Age Condition

: All Age Condition

Limitation as to use*

1) Use in connection with the Policyholder's business.

Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business

3) Use for social, comessive purposes. This Policy does not cover a) use for hire or reward, driving fulfillon, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whitst 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 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 Theft - \$0

Section 2

Property Damage - \$0

Windscreen: NA

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRESIAUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

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 hottine at +65 6338 6200. 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: 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).

CYCLE & CARRIAGE - CORPORATE

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

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

SSCZSS

Date of Accident	: 0 3 2021 Accident Time: 22:25hrg (24-HR-Format)
Accident Place	: PIE (TWAS) Before CTE (SLE) EXILY
	:GBB 1813 Z Make/Model: Citroen Berlingo
Vehicle. No. (Car Plate No.)	1800066939-02
Insurace Company	: Alla Policy No: 100 (2015 06659 H)
Owner or Company Name /IC No.	: Zhi dheng student Hostel Pte Htd (2015 06659H)
Owner or Company Contact No.	97596595 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Chee Geok Swan (S1522463J)
DRIVER'S Date Of Birth	: 18 \ 1962 DRIVER'S License Pass Date 4 oct 2002
	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
Relationship of Owner & Driver	: BIK 533 Hugany Au 6 #04-343 (5)530533
DRIVER'S Address	911357
DRIVER'S Contact No./ Alt No.	:1) 96175072 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: misschee 18 @gmail - com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Was the accident reported to the passenger was there any video Captured by Exact purpose for which vehicle Any Injury (If YES, Pls state):	bolice? YESINO
	or Party Driver's Particular (if any)
Vehicle. No: Un Know	- (-)5)10(LD (-)
Vehicle Make\Model:	Vehicle Make\Model:
	Name Driver
Name Driver:	ICAL Driver/Contact
IC No. Driver/Contact:	
* NEW - Passenger's nam	ne & gender: () Tan Siew Yang (F)