

## 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 ..... 04/05/2021 15:46 (SGT)  
Date of Accident ..... 30/04/2021 15:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ST HILDA'S PRIMARY SCHOOL  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBE8528S

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MAGINET PLUMBING CONTRACTOR PTE LTD  
Company Reg No ..... 53077061W  
Email Address ..... MAGINET8@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-86134589  
Alternative Phone No ..... (Home) +65-86134589

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
Variant ..... -  
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? ..... No - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 3000

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2070086565  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... NG GEOK YUE  
NRIC No ..... S1214928Z

Date Of Birth .....	08/06/1956
Occupation .....	Outdoor
Date Of Driving Pass .....	26/11/1981
Driving experience .....	39 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96725101
Alt. Phone Number .....	-
Email Address .....	MAGINET8@YAHOO.COM
Address .....	530 JELAOANG ROAD #12-53
Address complement .....	-
Postcode .....	670530
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 .....	Collided into Parked Vehicle
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	AHMED
Gender .....	Male

#### 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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

#### ATTACHMENT(S)

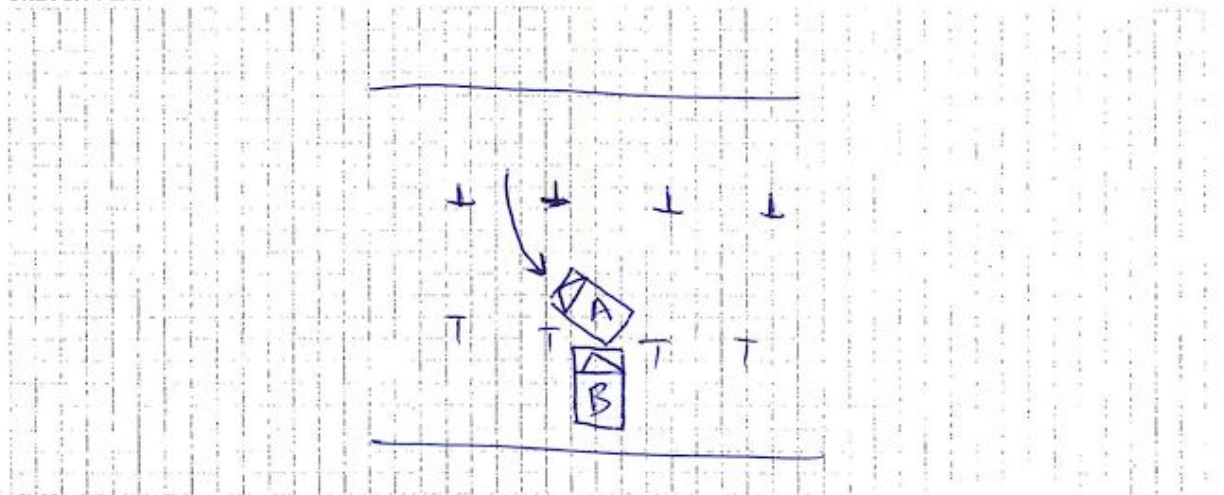
Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJF1138E
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 .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

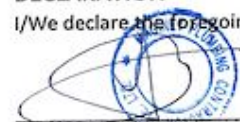


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Reversing out from parking lot and accidentally  
hit into another car.

DECLARATION

I/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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**SKETCH PLAN****IMPORTANT NOTICE**

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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:

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















# MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Ng Geok Yee  
 VEHICLE NUMBER : GBE 852PS  
 DATE/TIME OF ACCIDENT : 20/4/21 @ 1530  
 PLACE OF ACCIDENT : St Hilda's Primary School.  
 THIRD PARTY VEHICLE (IF ANY) : SJF 113PE

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WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

exit from parking lot

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

carpet collision -

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No.



Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd.  
 AIG Building 78 Shenton Way #07-16 Singapore 079120  
 Tel: 6419 3000

## MAGINET PLUMBING CONTRACTOR P<sub>TE</sub> LTD

30 Mandai Estate #02-09, Mandai Industrial Building S'729918  
Tel : 64654544 / 64650082 HP : 94385965 / 97539541 Fax : 63655144 / 68931674  
e-mail : [magnet8@yahoo.com](mailto:magnet8@yahoo.com)  
Coy Reg No. 201405827W

Date : 03<sup>rd</sup> May 2021

To Whom It May Concern

Subject : AUTHORISE DRIVER FOR VEHICLE GBE8528S

Dear Sir/Mdm,

Mr Ng Geok Yue of NRIC S12149282 is our driver for vehicle GBE8528S.

We hereby authorize him to make the reporting for the accident happen on 30.04.2021 (Fri) as he is the driver involve the accident.

Your help is very much appreciated.

Yours faithfully,  
Magnet Plumbing Contractor Pte Ltd  
Sandy Pang  
Admin & Sales Executive  
HP 94385965





## CERTIFICATE OF INSURANCE

### COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

**Name of Policyholder** : MAGINET PLUMBING CONTRACTOR PTE LTD  
**Period of Insurance** : 13 Jun 2020 To 12 Jun 2021  
**Engine No.** : 1KD2592028  
**Chassis No.** : JTFAT35Y00K206166

**Vehicle No.** : GBE8528S  
**Policy No.** : 2070086565  
**Endorsement No.** :  
**Issued Date** : 12 Jun 2020

#### ABOUT THE COVER

**Make/Model** : TOYOTA DYNA 150 VAN  
**Engine Capacity/Tonnage** : 1.78 Tonnage  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2016  
**Insuring with COE/PAF** : 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.

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 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 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 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 Flood Cover - \$0

**Section 2**  
Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

#### APPROVED 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/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website [www.aig.sg](http://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

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).

0503982000  
KHC HOLDINGS PTE. LTD.

389A BALESTIER ROAD  
SINGAPORE 329796

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

Seah Kit Ng

78 Shenton Way #09-16 AIG Building S079120 | T: +65 6419 3000 | [www.aig.sg](http://www.aig.sg)

AIG Asia Pacific Insurance Pte. Ltd.