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.

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 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 09:32 (SGT) Date of Accident 03/05/2021 15:45 (SGT) Exact Location of Accident Woodlands Ave 12, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBJ3865A**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Yak Hai Kuan NRIC No. S7511581D Email Address michaelyak2804197510051974@gmail.com Mobile Phone No (Phone) +65-81112293 Alternative Phone No +65-81112293

VEHICLE PARTICULARS

Manufacturer

Opel Model Vivaro 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? Yes Vehicle Category Commercial vehicle Transmission Manual CC 1598

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number 7210023625 Cover Note Number

DRIVER

Name of Driver Yak Hai Kuan NRIC No. S7511581D

Date Of Birth 28/04/1975 Occupation Indoor Date Of Driving Pass 05/08/1993 Driving experience 27 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-81112293 Alt. Phone Number +65-81112293 Email Address michaelyak2804197510051974@gmail.com Address Blk 509 Ang Mo Kio Avenue 8 #02-2740 Address complement Postcode 560509 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name Lin Lin Gender **Female** 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 the sketch plan. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **GBF3013M** Vehicle Manufacturer

Commercial vehicle

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	Koh Chai Kok
NRIC No	S6838245I
Contact Number	-
Address	Blk 766 Choa Chu Kang North 5 #12-299
Address complement	-
Postcode	680766
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	Unknown
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Gan Chang Siong
NRIC No	S1832253F
Contact Number	-
Address	Blk 306 Yishun Central #08-191
Address complement	-
Postcode	760306
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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- 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 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;

UNKNOW

- (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' 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.

gnature / Date & Time 4 MAY 2021

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

Personnel

Witnessed by Reporting Centre Jenny Lim

Sketch Plan

Woodland Ave 12

-3013M

Describe Circumstances of the Accident

The incident happened on 03/05/2021 at around 3.45pm.
I was driving my van no. GBJ 3865A along woodlands Avenue 12,
the traffic was conjected. When the traffic light turned green,
I was driving my van no. GBJ 3865A along woodlands Avenue 12, the traffic was conjected. When the traffic light turned green, all vehicles started to move on. Just after the traffic light junction, a taxi in front of vehicle no. GBF 3013M syddenly jammed brakes and he manage to stop in time. The van infront of me could not stop in time and hit onto the rear of GBF 3013M. As it was too sydden, I unable to stop in time and hit onto the van in front of me. After the accident, the taxi just drop off. We exchanged particulars, but I did not take down the van number which was infront of me. No one was injured.
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and hit onto the van in front of me. After the accident, the
taxi just drop off. We exchanged particulars, but I did not
take down the wan number which was infruit of me. No one
was injured.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

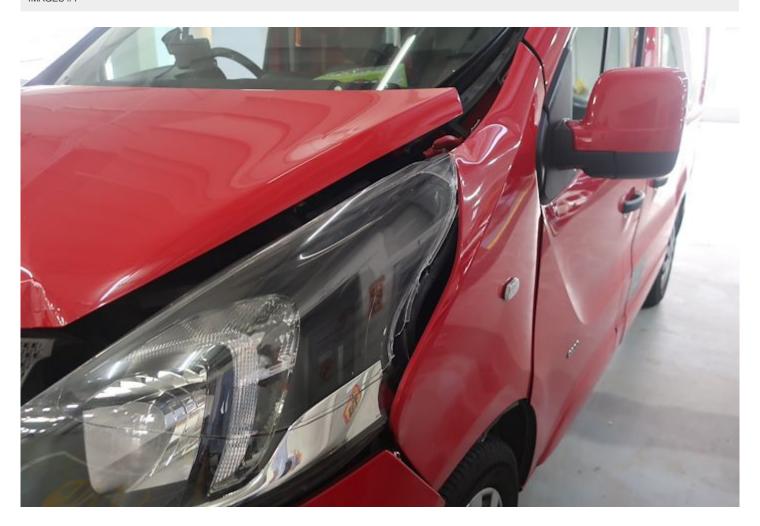
Witnessed by Reporting Centre Personnel

Jenny Lim















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THEAMENDMENTS: Original Report No : SL032153000L Vehicle Registration No: GBJ 3865A Name(as shownin NRIC) : Yak Hai Kuan ____NRIC/FIN/Passport No: SXXXX581D (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Blk 509 Ang Mo Kio Avenue 8 #02-2740 ____Singapore(560509) Address Mobile No.: 81112293 Contact (Tel) **Email Address** ___Time of Accident : 15:45 hours : 03/05/2021 Date of Accident Place of Accident : Woodlands Avenue 12 Insurance Company: AIG Asia Pacific Insurance Pte Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: To upload video footage.

Policyholder / Driver's Signature

SIANAT addamuniform, VI.

Date:



Reporting Centre Personnel's Signature

Name: Jenny Lim NRIC/FINNo.: Date: 04/05/2021



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : YAK HAI KUAN

Vehicle No. : GBJ3865A : 7210023625 Period of Insurance : 08 Apr 2021 To 07 Apr 2022 Policy No.

: R9MH413C101730 Endorsement No. Engine No.

: W0VF7G605JV608385 Issued Date : 09 Mar 2021 Chassis No.

ABOUT THE COVER

: OPEL VIVARO F9Q-U760 Make/Model

First Year of Registration : 2019 Engine Capacity/Tonnage : 1.2 Tonnage Sum Insured : Market Value Off Peak Car : No Insuring with COE/PARF : Yes : NA Driver Restriction

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder b) Any other person who is driving on the Policyholder's order or with his/her permission. This Policy will indemnify the Policyholder or any authorised driver only if heishe 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.

: All Age Condition Age Condition

Limitation as to use* :

1) Use in connection with the Policyholder's business.
2) Use for the carriage of passengor (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 fution, driving test, racing, pace-making, resability 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.

Loss Of Use (7 Days) Commercial Auto

* 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

YAK HAI KUAN - \$600 (Own Damage)

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 hotine at 455 5338 5200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Motels Age, Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Carzy Financial PTE LTD

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 Fisks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504641000

ASSURE INSURANCE AGENCY

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SINGAPORE 200029

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

29 KELANTAN ROAD #01-111 KELANTAN COURT

Assure Insurance Agency Pte Lt

