

# 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 ..... 08/05/2021 08:38 (SGT)  
Date of Accident ..... 16/04/2021 15:00 (SGT)  
Exact Location of Accident ..... Near 348 Tampines Street 33, Block 348, Singapore 520348  
Additional Location Information ..... Upper Changi Rd E  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH6076B

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KENDRA (S) PTE LTD  
Company Reg No ..... 1XXXXX740k  
Email Address ..... Colleen@kenda.net  
Mobile Phone No ..... (Phone) +65-98502802  
Alternative Phone No ..... (Office) +65-65431183

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... K2500 EURO 6  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2500

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1800092507-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIU XIAOLIANG  
Passport No/FIN ..... GXXXX712Q

Date Of Birth .....	07/12/1981
Occupation .....	Outdoor
Date Of Driving Pass .....	28/08/2020
Driving experience .....	8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88914139
Alt. Phone Number .....	-
Email Address .....	164807823@qq.com
Address .....	2 LOYANG VIEW
Address complement .....	SINGAPORE
Postcode .....	507268
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 .....	Collision - Head to Rear
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

I WAS TRAVELLING ALONG UPPER CHANGI ROAD E TOWARDS LOYANG WAY,I WAS TURNED MY HEAD RIGHT TO VIEW ONCOMING TRAFFIC BEFORE I JOINT INTO UPPER CHANGI RD EAST MAIN ROAD,WHEN I TURNED BACK MY HEAD TO FRONT ,THE TRUCK INFRONT OF ME GBK8018R OUT OF SUDDEN STOPPED,I CANNOT REACT AND CANNOT STOP MY VEHICLE AND ACCIDENTALLY HIT INTO FRONT TRUCK.

#### 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 .....	GBK8018R
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Dyna
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Commercial vehicle
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**

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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)**

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.



Policyholder's Signature / Date & Time

*Liu Xiao Liang*

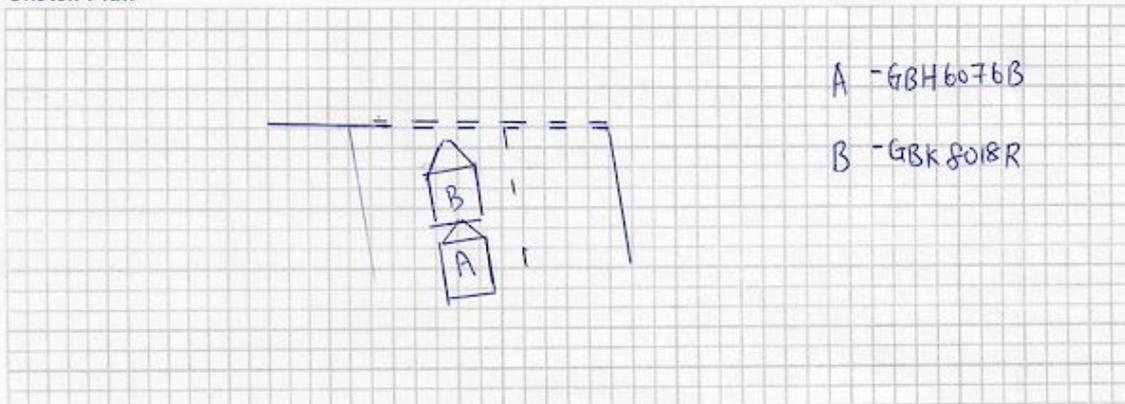
*7/5/2021*

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

A large rectangular area with horizontal lines for writing. A diagonal line is drawn from the bottom-left corner to the top-right corner. The text "Refer to Attachment" is written in blue ink across the middle of the page, following the diagonal line.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*Liu Xiaozhang 7/5/2021*

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

*[Signature]*



Witnessed by Reporting Centre Personnel

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TOWARDS LOYANG WAY , I WAS TURNED MY <sup>HEAD</sup> NECK RIGHT TO  
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OF SUDDEN STOPPED , I CANNOT REACT AND CANNOT STOP  
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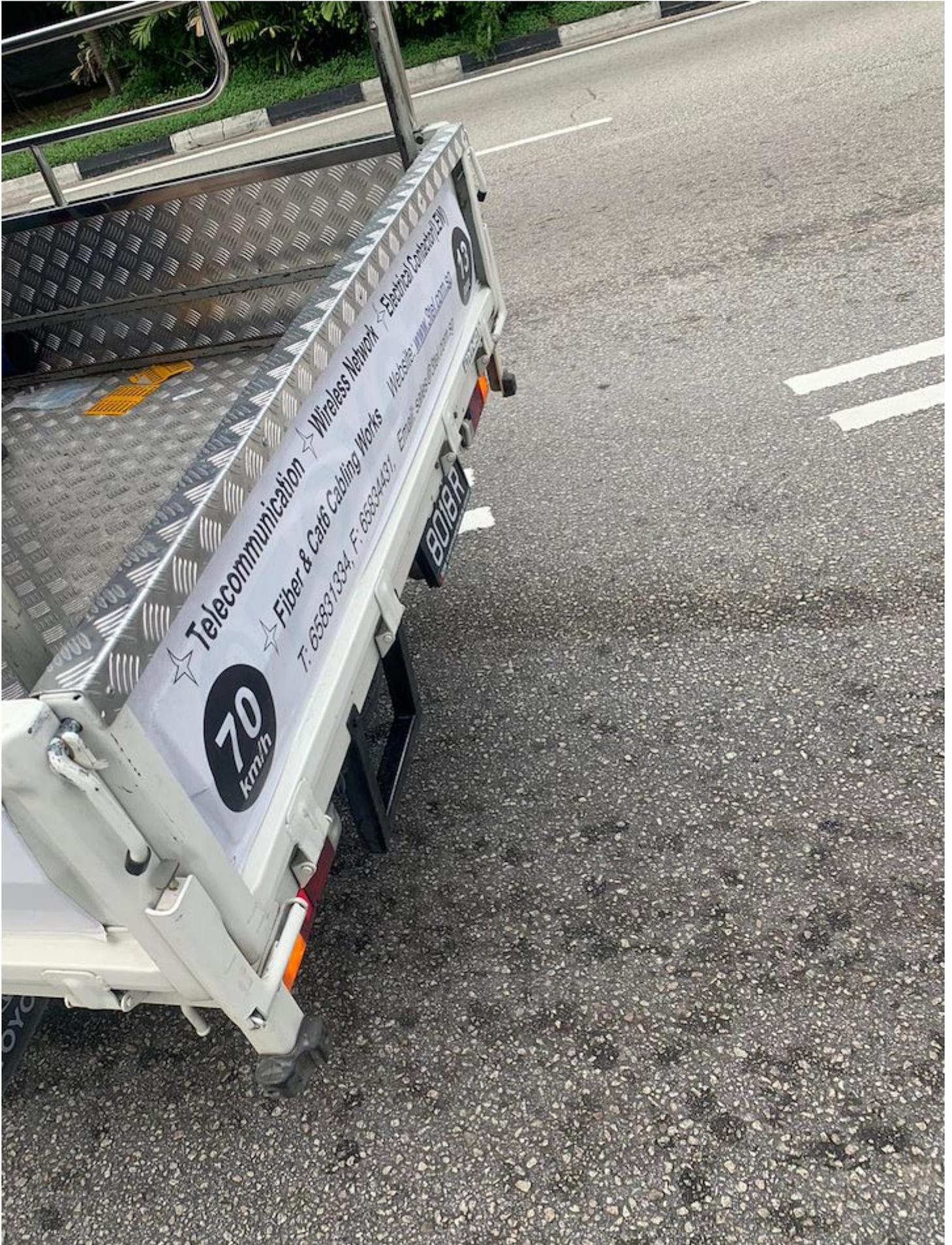
Zi Xiao Liang  
G88367128

7/5/21































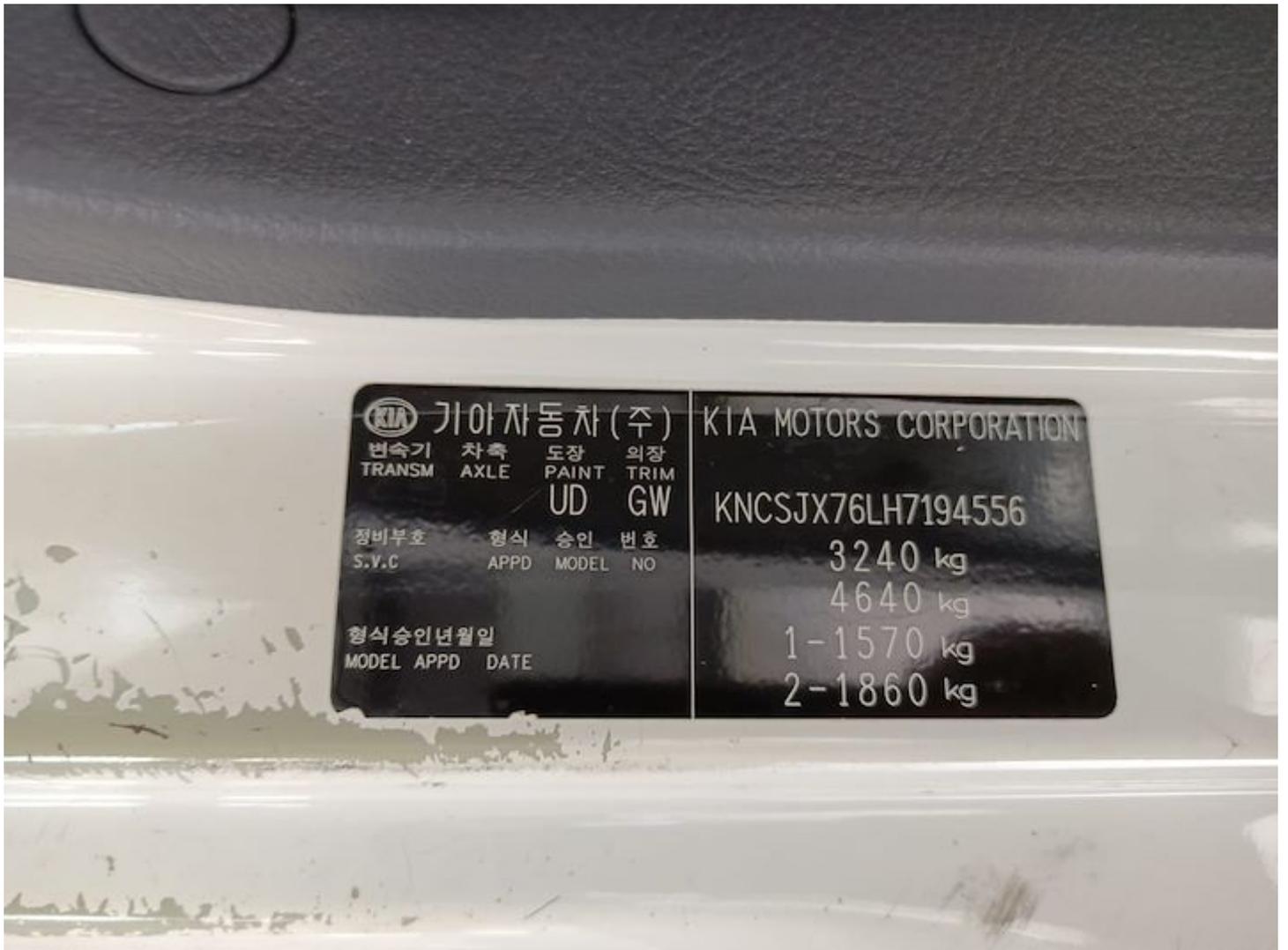
















# CERTIFICATE OF INSURANCE

## CYCLE & CARRIAGE COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

<b>Name of Policyholder</b>	: Kenda (S) Pte Ltd	<b>Vehicle No.</b>	: GBH6076B
<b>Period of Insurance</b>	: 03 Aug 2020 To 02 Aug 2021	<b>Policy No.</b>	: 1800092507-02
<b>Engine No.</b>	: D4CBH321575	<b>Endorsement No.</b>	:
<b>Chassis No.</b>	: KNCSJX76LH7194556	<b>Issued Date</b>	: 09 Jul 2020

### ABOUT THE COVER

<b>Make/Model</b>	: KIA K2500	<b>Sum Insured</b>	: Market Value	<b>First Year of Registration</b>	: 2018
<b>Engine Capacity/Tonnage</b>	: 1.6 Tonnage	<b>Off Peak Car</b>	: No	<b>Insuring with COE/PARF</b>	: Yes
<b>Driver Restriction</b>	: NA				
<b>Person or Classes of Persons Entitled to Drive*</b> :					

- 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)

1. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000
2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Lang Kee Rd Singapore 159094 64708685
4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Lang Kee Rd Singapore 159094 64708600
5. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
6. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

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:** Daimler Financial Services Africa & Asia Pacific Ltd

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).

0500710050  
C&C FULCO-CORP SALES

22 UBI ROAD 4 FULCO BUILDING  
SINGAPORE 408617 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

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