

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	02/06/2021 17:19 (SGT)
Date of Accident	01/06/2021 08:30 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TOWARDS WOODLANDS NEAR WOODLANDS AVENUE12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3854G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STARCO GROUP PTE LTD
Company Reg No	2XXXXX655R
Email Address	stargroup33655@gmail.com
Mobile Phone No	(Phone) +65-87258992
Alternative Phone No	+65-81804199

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070051704-01
Cover Note Number	-

DRIVER

Name of Driver	LIU WEIFENG
Passport No/FIN	GXXXX378N

Date Of Birth	28/12/1977
Occupation	Outdoor
Date Of Driving Pass	02/10/2020
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81804199
Alt. Phone Number	-
Email Address	stargroup33655@gmail.com
Address	BLK 312 SEMBAWANG DRIVE
Address complement	-
Postcode	750312
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	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	3
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

PLEASE 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	SLT9947L
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN5410Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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

IMPORTANT NOTICE

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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.



TOPFLIGHT GROUP PTE LTD

8A ADMIRALTY STREET #05-18

FOOD XCHANGE @ ADMIRALTY

SINGAPORE 757437

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SUE TOWARDS WOODLANDS NHAAR WOODLANDS AVENUE 12



A - GBS 3854 G

B - ST9947L

C - YN5410Y

Describe Circumstances of the Accident

AS PER STATED TIME 8 DATE, I WAS TRAVELLING ALONG SLE FOWARDS
 WOODHARD NEAR WOODHARD AVE 12, THE TRAFFIC WAS IN SLOW MOVING (CONGESTION)
 MY VEHICLE A IN LANE 2 AND HAD COME TO A COMPLETE STOP AS VEHICLE
 C INFRONT OF MINE HAD STOP HIS VEHICLE DUE TO THE SLOW TRAFFIC. SUDDENLY
 VEHICLE B FROM BEHIND THEN REAR ENDED MY VEHICLE CAUSING MY VEHICLE
 TO SURGE FORWARD AND THERE FORE HIT ONTO THE REAR OF VEHICLE C
 THE THREE VEHICLES DRIVER INCLUDING ME WRIGHT FROM OUR VEHICLE TO
 ACCESS THE DAMAGE, BUT NO PARTICULARS WAS EXCHANGE AS I HAVE ASK
 FROM THEM BUT THEY HAVE REFUSE TO GIVE. AFTER TAKING PHOTO ON OF
 THE ACCIDENT SCENE, WE ALL OF US PROCEEDED TO LEAVE THE AREA.

Declaration

We declare the foregoing particulars are true in every respect.

TOPFLIGHT GROUP PTE LTD
 8A ADMIRALTY STREET #05-18
 FOOD XCANGE @ ADMIRALTY
 SINGAPORE 757437



2/2/21

2/2/21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

02/06/2021

ACCIDENT STATEMENT

Date of accident: 1/6/2021 Time: 0830H
 Location of accident: ALONG SLE TOWARDS WOODLAND NEAR WOODLAND AVE 12

Details of Own Vehicle

Vehicle Number: GBJ 3854 G Make/Model: TOYOTA HIACE
 Insurer: AIG INSURANCE Passenger (incl. Driver): 1
 Policy No: 2070051704-01 Policy Type: C PFT/ TPO

Policyholder

Name: STARCO GROUP PTE LTD NRIC/FIN no.: 201133655R
 Contact no.: 8725 8992

Driver

Name: LIU WEIFENG NRIC/FIN no.: G8676378N
 Contact no.: 8180 4199 D.O.B: 28/12/1977
 Email: STARCO GROUP 33655 @ GMAIL COM Occupation: DRIVER
 Address: BLK 312 SEMBawang DRIVE SINGAPORE 750312
 Driving pass date: 2/10/2020 Relationship with Policyholder: EMPLOYEE

General Information

Weather conditions: Clear / Raining

Road surface: Dry / Wet

Police report: Yes/ No

Video Footage: Yes/ No

Prosecution Letter: Yes/ No

If Yes against whom: _____

Injuries: Yes/ No

If Yes, provide Injuries details:-

Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/N)

Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:	<u>SL5 9947L</u>	<u>YN 5410Y</u>
Driver name:		
NRIC/ FIN no.:		
Contact no.:		
Insurance Co.:		
Remarks: (Make/Model, Passenger, property info & etc)		

Detail of Witness

	Witness 1	Witness 2
Name:		
Contact no.:		

Claim Type & Acknowledgement

Claim Type: Own Damage/ Third Party/ Reporting Only

Policyholder/ R
 driver/

Workshop: _____

Signature: 7/12/2021

TOPFLIGHT GROUP PTE LTD
 8A ADMIRALTY STREET #05-18
 FOOD XCHANGE ADMIRALTY
 SINGAPORE 757437





CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : STARCO GROUP PTE LTD
Period of Insurance : 09 Apr 2021 To 08 Apr 2022
Engine No. : 1KD2851950
Chassis No. : JTFHT02P700248886

Vehicle No. : GBJ3854G
Policy No. : 2070051704-01
Endorsement No. :
Issued Date : 25 Mar 2021

ABOUT THE COVER

Make/Model : TOYOTA HIACE 1.1 ton [Van]
Engine Capacity/Tonnage : 1.1 Tonnage Sum Insured : Market Value First Year of Registration : 2019
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.

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 - \$600 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 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 hotline 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: 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).

0504631000
B.A.S. INSURANCE AGENCY
NO 30 KAKI BUKIT ROAD 3 #05-06

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