

# 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 ..... 15/06/2021 18:10 (SGT)  
Date of Accident ..... 04/06/2021 16:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Along / At 137 Lorong Ah Soo Open Space Carpark  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK4127K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Old Rochor Beancurd Pte Ltd  
Company Reg No ..... 201415381N  
Email Address ..... desmond\_teohcs@gmail.com  
Mobile Phone No ..... (Phone) +65-96247282  
Alternative Phone No ..... +65-87771226

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv200  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2070104184  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Teoh Chow Soon  
NRIC No ..... S2630542Z

Date Of Birth .....	07/06/1965
Occupation .....	Outdoor
Date Of Driving Pass .....	23/04/1997
Driving experience .....	24 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87771226
Alt. Phone Number .....	-
Email Address .....	desmond_teohcs@gmail.com
Address .....	Blk 110 Hougang Ave 1
Address complement .....	#08-1038
Postcode .....	530110
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 - Change/cross lane
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 vehicle 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

See Attached Sketch Plan & letter from LKK

#### 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 .....	SHA8548D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	Mr. Fong
Contact Number .....	(Phone) +65-98533472
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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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)**

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.



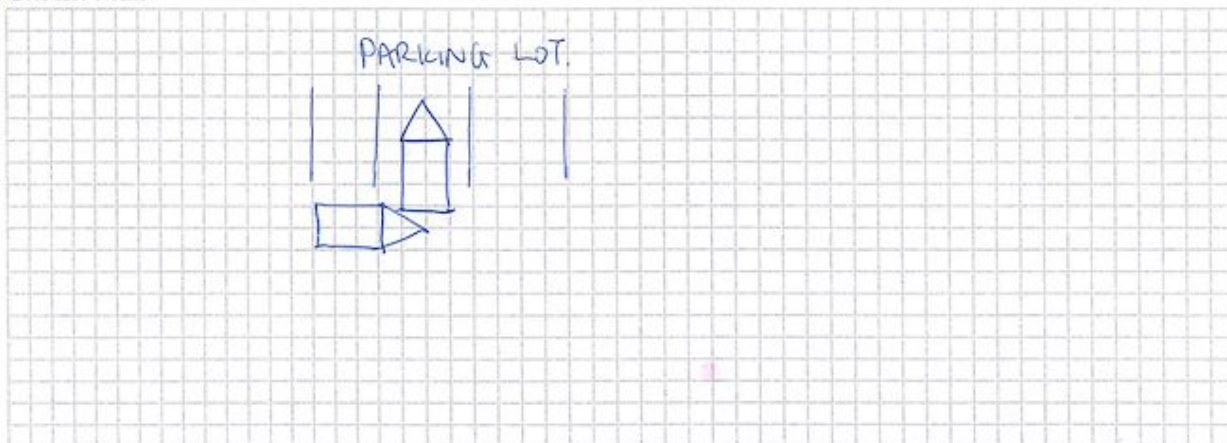
Policyholder's Signature / Date & Time

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

TAN CHONG MOTOR SALES PTE LTD  
17 Toa Payoh Lorong 8  
Singapore 319254 Tel: 67038012  
Tel: 6357 0756 Fax: 6356 4922

Witnessed by Reporting Centre Personnel

## Sketch Plan



Describe Circumstances of the Accident

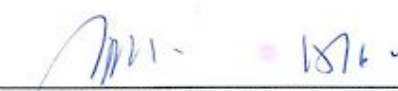
ON 04 JUN 16:45, I WAS ABOUT TO REVERSE MY VAN (GBK 4127K) FROM PARKING LOT @ 137 LORONG AH 300, I ACCIDENTALLY HIT A TAXI (SHA 8648D).

I REMEMBERED I CHECK BOTH RIGHT & LEFT SIDE BEFORE REVERSE, LUCKY NO ONE WAS INJURED.

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

TAN CHONG MOTOR SALES PTE LTD  
17 Toa Payoh Lorong 8  
Singapore 319254 Tel: 6703801  
Tel: 6357 0755 Fax: 6356 4922

  
Witnessed by Reporting Centre Personnel









































# CERTIFICATE OF INSURANCE

## NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder	: OLD ROCHOR BEANCURD PTE. LTD.	Vehicle No.	: GBK4127K
Period of Insurance	: 11 Jul 2020 To 10 Jul 2021	Policy No.	: 2070104184
Engine No.	: HR16160426D	Endorsement No.	:
Chassis No.	: JN1YAAM20Z0000567	Issued Date	: 22 Jul 2020

### ABOUT THE COVER

Make/Model	: NISSAN NV 200 PETROL		
Engine Capacity/Tonnage	: 0.8 Tonnage	Sum Insured	: Market Value
Driver Restriction	: NA	Off Peak Car	: No
Person or Classes of Persons Entitled to Drive*		First Year of Registration	: 2020
		Insuring with COE/PARF	: Yes

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" ("YIDER") 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.

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 2018, 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. Tan Cheng Motor Sales Add: 913 Bt Timah Road Singapore 588623 64894091 64894092 64894093  
2. Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64908668  
3. TC AutoClinic Add: 25 Leng Kee Road Singapore 156097 67038511 67038512 67038513  
4. TC AutoClinic Add: No. 1, Sixth Lek Yang Road Singapore 628099 62622212  
5. Tan Cheng Motor Sales Add: 17 Ler 8 Tea Payoh Singapore 319254 63570753 63570754

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

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).

0500610309

TAN CHONG CREDIT PTE LTD-CHH

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE  
SINGAPORE 588622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

RSCASD



Auto  
Consultants  
Pte Ltd

511 BRIDGE 1, #01-25 PAYA LEBU INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC4/AIG21006463/Nra3

08 June, 2021

**OLD ROCHOR BEANCURD PTE. LTD.**  
27 FOCH ROAD  
HOA NAM BUILDING #01-03  
SINGAPORE 209264

Dear Sirs,

**ACCIDENT INVOLVING GBK 4127K AND SHA 8648D ON 04/06/2021 16:45  
ALONG/ AT 137 LOR AH SOO, BLOCK 137 OPEN SPACE CAR PARK**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD-PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centers. You may refer to your Certificate of Insurance for the list of the reporting centers.

If you have any information to add or any amendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc would be affected.

Yours faithfully,

**Jaslin Kok**  
Claims  
Tel : 6841 2157  
Fax: 6741 4108  
Email : Jaslinkok@lkkauto.com

c.c. *Claims Manager*  
*AIG Asia Pacific Insurance Pte Ltd*  
*(Motor Claims Dept)*