

# 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 ..... 09/06/2021 17:34 (SGT)  
Date of Accident ..... 08/06/2021 14:45 (SGT)  
Exact Location of Accident ..... Upper Serangoon Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBC2246E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... King Juice (2002) Pte Ltd  
Company Reg No ..... 200207617R  
Email Address ..... shihming@kingjuicesg.com  
Mobile Phone No ..... (Phone) +65-67525951  
Alternative Phone No ..... +65-82224539

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Fb70bb1srdea  
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 ..... Manual  
CC ..... 2977

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2070123633  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Wong Shih Ming  
NRIC No ..... S9222552F

Date Of Birth .....	29/06/1992
Occupation .....	Outdoor
Date Of Driving Pass .....	26/11/2013
Driving experience .....	7 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82224539
Alt. Phone Number .....	-
Email Address .....	shihming@kingjuicesg.com
Address .....	Blk 289 Choa Chu Kang Avenue 3 #10-258
Address complement .....	-
Postcode .....	680289
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 .....	Side Swipe
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 .....	Jason Choo Shao Jie
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002448999
Alt. Police Station Phone No .....	(Fax) +65-62446558
Police Station Address .....	20 Chai Chee Drive Singapore 469045
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 .....	GBF9435P
Vehicle Manufacturer .....	Toyota

Vehicle Model .....	Dyna
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

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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

09 JUN 2021

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

Witnessed by Reporting Centre Personnel

Angie Soh

Sketch Plan

A) GB2246E  
B) GBF9435P

**Describe Circumstances of the Accident**

*Refer To Police Report No: T/20210608/2060*

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

09 JUN 2021

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

Witnessed by Reporting Centre Personnel

Angie Soh

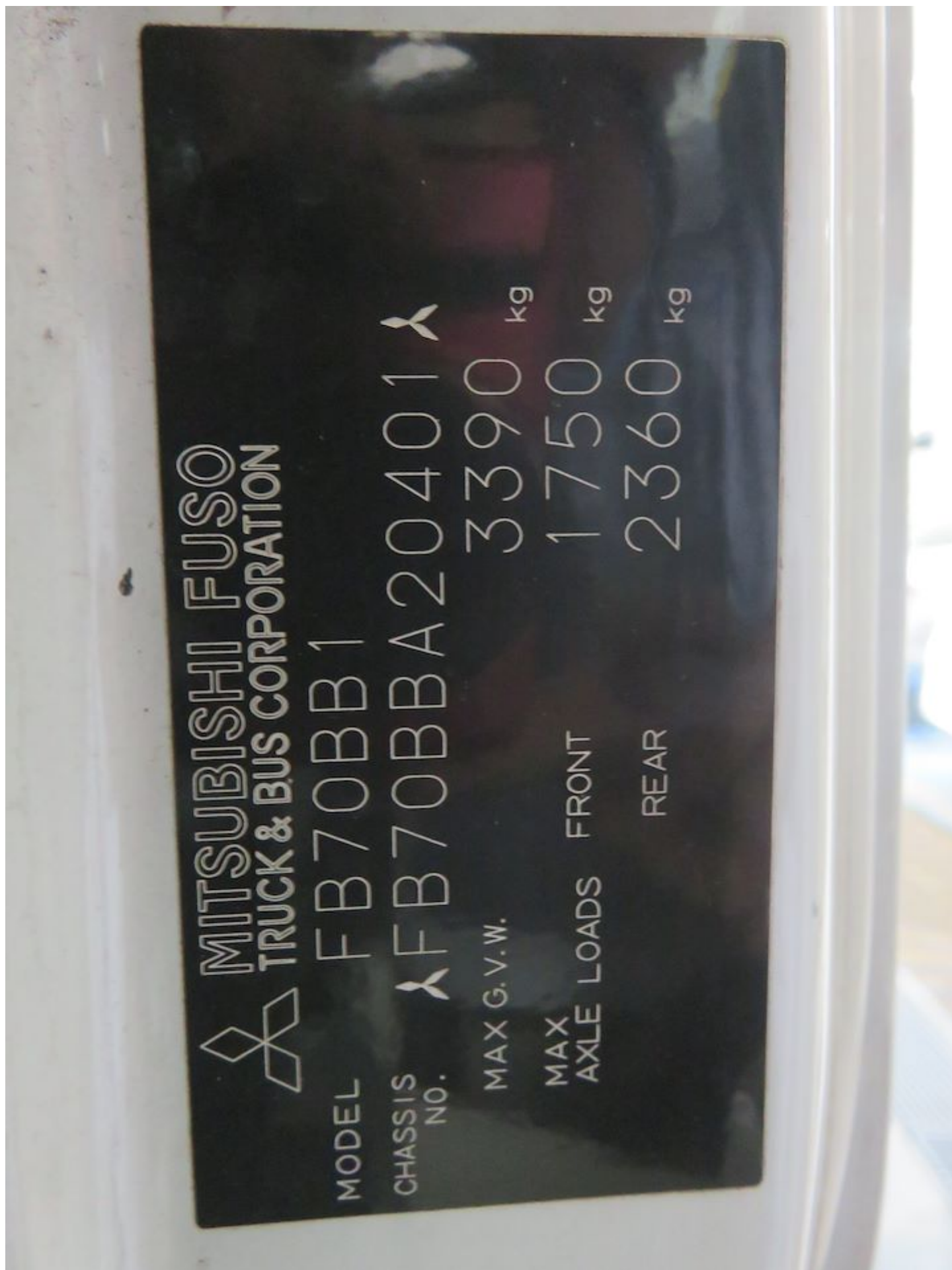














**SINGAPORE  
POLICE FORCE**



T/20210608/2060

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

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Report No. T/20210608/2060

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/06/2021 17:43		Vide Report No.: E/20210608/0095		Station Diary No.: 13	
<b>Informant's Particulars</b>					
Name of Informant: WONG SHIH MING			Address: APT BLK 289 CHOA CHU KANG AVENUE 3 #10-258 SINGAPORE 680289		
ID Type / ID No.: NRIC NO / S9222552F			Contact No.: Home/Office: Mobile: 82224539		
Nationality: SINGAPORE CITIZEN			Email: shihming@kingjuicesg.com		
Sex: Male	Age: 28	Date of Birth: 29/06/1992	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OPERATION MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/06/2021 14:45	Type of Location: X-Junction
Location:  UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC2246E	Van	MITSUBISHI	FB70BB1SR DEA		Slightly Damaged	1
GBF9435P	Lorry	TOYOTA	DYNA 3.0 MANUAL		Slightly Damaged	0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210608/2060

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Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

Report No. T/20210608/2060

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	WONG SHIH MING		ID No. S9222552F
Related Vehicle	GBC2246E (Van)		Contact No. 82224539
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	JASON CHOO SHAO JIE		ID No. S9404306I
Related Vehicle	GBC2246E (Van)		Contact No. 91823219
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 08/06/2021 at about 1440hrs, I was travelling on Jln Toa Payoh beside Woodsville Mansion towards Toa Payoh. I was driving my company registered van bearing plate number GBC2246E with one passenger sitted at the front passenger seat, on the left most lane. When the traffic light was green in my favour, I cruised straight towards a merging lane. I had checked all my all my blind spots to make sure the lane was clear and safe.

About a few metres away, I felt an impact on my right side driver seat door. I realised that one lorry bearing plate number GBF9435P had grazed against the right side of my van. As the lorry was travelling at high speed, the lorry mounted a kerb, hit one of the traffic lights and toppled over.

I immediately got down my vehicle and went to assist the driver of the lorry. I also assisted to call for the police. Me and my passenger were not injured due to the accident. Ambulance came shortly after to assess the condition of the lorry driver, and the lorry driver was not conveyed.

Due to the accident, my lorry had suffered scratches on the right side. My windscreen was shattered, right side mirror dropped out and my front bumper was dented. My vehicle front right headlight dropped out.

The traffic police came, took down my particulars and requested me to lodged a police report. My vehicle does not have any in car camera.



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T/20210608/2060

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Report No. T/20210608/2060

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999



T/20210608/2060

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Report No. T/20210608/2060

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 QUEK MAY MAY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RASHIDAH BINTE AZMAN

Contact No.: 65476216

Signature Of Informant:

Date/Time:

08/06/2021 17:43

Classification Of Case:

Authentication Stamp

NP168



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : King Juice (2002) Pte Ltd  
 Period of Insurance : 01 Sep 2020 To 31 Aug 2021  
 Engine No. : 4M42A88345  
 Chassis No. : FB70BBA20401

Vehicle No. : GBC2246E  
 Policy No. : 2070123633  
 Endorsement No. :  
 Issued Date : 20 Aug 2020

### ABOUT THE COVER

Make/Model : MITSUBISHI FB70BB1SRDEA 1.6 ton [Lorry]  
 Engine Capacity/Tonnage : 1.6 Tonnage Sum Insured : Market Value First Year of Registration : 2011  
 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 - \$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 5338 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).

0501842000

HO CHEE KHEONG

607 JURONG WEST ST 65 #03-570

SINGAPORE 640607

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

CHEE KHEONG HO