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.
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	14/06/2021 16:08 (SGT)
Date of Accident	13/06/2021 09:20 (SGT)
Exact Location of Accident	Loyang Ave, Singapore
Additional Location Information	T-JUNCTION OF PASIR RIS DRIVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4009J

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PROBUILD SOLUTIONS PTE. LTD.
Company Reg No	2XXXXX552W
Email Address	teckchye@probuildsolutions.com
Mobile Phone No	(Phone) +65-98504680
Alternative Phone No	(Office) +65-63161060

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070063339-01
Cover Note Number	-

DRIVER

Name of Driver	LIM TECK CHYE
NRIC No	SXXXX100H

Date Of Birth	07/11/1969
Occupation	Indoor
Date Of Driving Pass	30/01/1990
Driving experience	31 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98504680
Alt. Phone Number	-
Email Address	teckchye@probuildsolutions.com
Address	BLK 171 STIRLING ROAD #09-1115
Address complement	-
Postcode	140171
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	YM9148J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHU PUI PING
Passport No/FIN	FXXXX483K
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM TECK CHYE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBH4009J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

PROBUILD SOLUTIONS PTE. LTD. Co. Reg. No. 200918552W

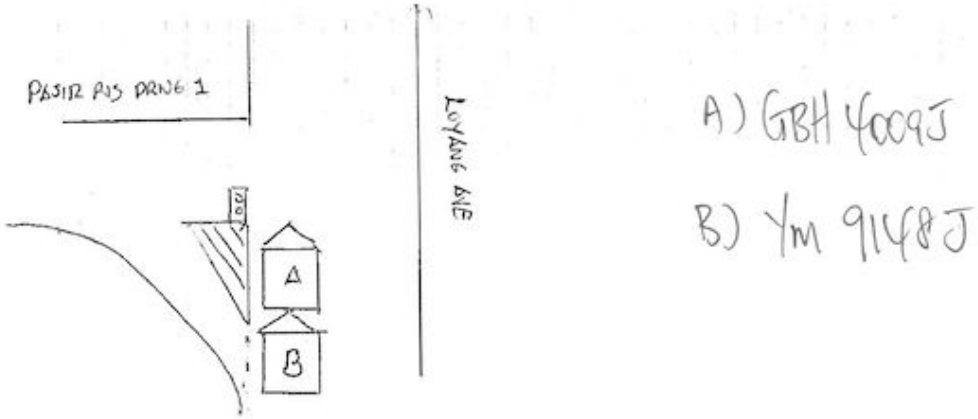
Policyholder's Signature / Date & Time

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

14/06/2021

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

AS PER REPORTED TIME & DATE, I WAS TRAVELLING ALONG LOYANG AVE APPROACHING THE TRAFFIC JUNCTION, MY VEHICLE HAS COME TO A COMPLETE STOP WHEN THE TRAFFIC LIGHTS TURN RED. AFTER A FEW SECOND WHEN MY VEHICLE WAS STATIONARY POSITION, I SUDDENLY FELT AN IMPACT AS VEHICLE B FROM THE REAR HAD HIT ONTO MY VEHICLE A. THE IMPACT THEN CAUSED DAMAGE TO THE REAR PORTION OF THE VEHICLE. WE BOTH THEN ALIGHT FROM OUR VEHICLES AND ACCESS THE DAMAGE AND ALSO EXCHANGE OUR PARTICULARS. DUE TO THE ACCIDENT, I HAVE SUFFER INJURIES AND WAS BEEN GIVEN 2 DAYS MC FROM THE GP CLINIC.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 1:15pm.

14/6/21

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

Witnessed by Reporting Centre Personnel 14/06/202


YM
9146

IMAGES #2

IMAGES #3


PROBUILD
SOLUTIONS
WACKER
6316 1060
9771 5999
48 TOH GUAN RD EAST 06-103
ENTERPRISE HUB, S608586
70
13
Pax
DYNA
TOYOTA
EXPERT SEALANT TECHNOLOGY

IMAGES #4


WACKER
6316 1060
9771 5999
48 TOH GUAN RD EAST 06-103
ENTERPRISE HUB, S608586
13 Pax
GBH
4009J

IMAGES #5


TOYOTA MOTOR CORPORATION JAPAN
MODEL KDY231R-TLMKY
ENGINE 1KD-FTV 2982 mL
FRAME No. JTFAT35Y20K210302
COLOR TRIM PLANT OPTION
199 EA13 P11
TRANS./AXLE R451 A06B 638
0.5
XJ 74567-25041

IMAGES #6

IMAGES #7

IMAGES #8


PROBUILD
SOLUTIONS
WACKER
6316 1060
9771 5999
45 TOH GUAN RD EAST 06-103
ENTERPRISE HUB S608586
DYNA
TOYOTA

IMAGES #9


EXPERT SEALANT TECHNOLOGY
WACKER
GAO
You Call,We To
900 900 92
idac
GAOE

IMAGES #10


GAO EXPRESS
CCTV
WACKER
PROBUILD
SOLUTIONS
高 GAO
You Call,We To
900 900 92
bizSAFE

IMAGES #11


高 GAO
Express Towing Services
You Call, We Tow
900 900 92
13 Pax
DYNA

IMAGES #12

IMAGES #13


PROBUILD
SOLUTIONS
WACKER
6316 1060
9771 5999
48 TOH GUAN RD EAST 06-103
ENTERPRISE HUB, S608586
13
Pax
DYNA

IMAGES #14


PROBUILD
SOLUTIONS
6316 1060
9771 5999
48 TOH GUAN RD EAST 06-103
ENTERPRISE HUB, S608586
WACKER
70
km/h
13
Pax
DYNA
GBH
4009 J

IMAGES #15


PROBUILD
SOLUTIONS
6316 1060
9771 5999
48 TOH GUAN RD EAST 06-103
ENTERPRISE HUB, S608586
WACKER
70
km/h
13
Pax
WACKER
DYNA
GBH
4009J

IMAGES #16