

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 25/06/2021 17:02 (SGT)
Date of Accident 16/06/2021 13:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG AT 1002 JALAN BUKIT MERAH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB2099T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner D&C (DESIGN & COMFORT) HOLDING PTE LTD
Company Reg No 201200087H
Email Address MEELIAN@DESIGNCOMFORT.COM.SG
Mobile Phone No (Phone) +65-62769698
Alternative Phone No +65-62769698

VEHICLE PARTICULARS

Manufacturer Toyota
Model DYNA 150 MANUAL 3SEATER
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 Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 2070127190
Cover Note Number -

DRIVER

Name of Driver HTAIN LIN
Passport No/FIN G6085781X

Date Of Birth	31/01/1978
Occupation	Outdoor
Date Of Driving Pass	09/10/2018
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83284684
Alt. Phone Number	-
Email Address	MEELIAN@DESIGNCOMFORT.COM.SG
Address	8 JLN BUKIT HO SEWW
Address complement	#03-96
Postcode	161008
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	Collided into Parked Vehicle
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

-

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	SJT2642K
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) -

SKETCH PLANIMPORTANT NOTICE

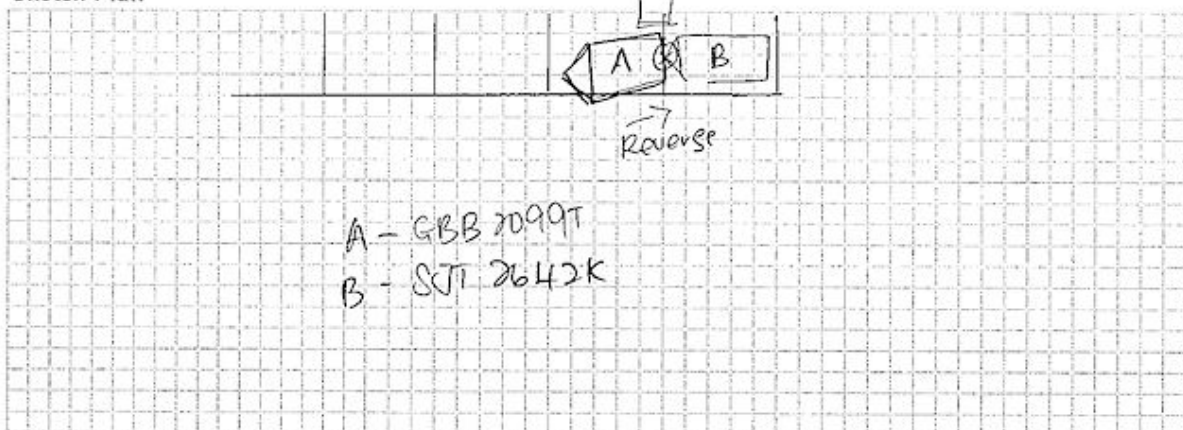
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

AIG CERTIFICATE OF INSURANCE			
COMMERCIAL AUTO THIRD PARTY FIRE AND THEFT COMMERCIAL VEHICLE			
Name of Policyholder	: D & C (DESIGN & COMFORT) HOLDING PTE. LTD.	Vehicle No.	: GBB2099T
Period of Insurance	: 24 Sep 2020 To 23 Sep 2021	Policy No.	: 2070127190
Engine No.	: 1KD1861969	Endorsement No.	:
Chassis No.	: JTFAT35Y80K200051	Issued Date	: 09 Sep 2020
ABOUT THE COVER			
Make/Model	: TOYOTA DYNA 150 VAN	Sum Insured	: Market Value
Engine Capacity/Tonnage	: 1.72 Tonnage	Off Peak Car	: No
Driver Restriction	: NA	First Year of Registration	: 2008
Person or Classes of Persons Entitled to Drive*		Insuring with COE/PAF	: 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.			
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 Theft - \$0			
Section 2 Property Damage - \$0			
Windscreen : NA			
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 5338 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: 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).			
0500659000 INSMART (INSURANCE) AGENCY PTE NO 1 KAKI BUKIT ROAD 1 #02-27 ENTERPRISE ONE SINGAPORE 415934 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.		AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature.	







