SP0Q21770001 / PREMIUM AUTOCARE CENTRE [629857]
ENTRY DATE & TIME: 07/07/2021 17:12 (SGT)
SUBMITTED BY: CHANG CHEE SING
VERSION: 1 (07/07/2021 17:12 (SGT))

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	07/07/2021 17:12 (SGT)
Date of Accident	06/07/2021 08:25 (SGT)
Exact Location of Accident	Near 35 Yishun Industrial Park A, Singapore 768763
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2902D

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PACIFIC PACKAGING PTE LTD
Company Reg No	2XXXXX419G
Email Address	office@pacific51.com.sg
Mobile Phone No	(Phone) +65-98189671
Alternative Phone No	(Office) +65-67580080

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	2998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210035342
Cover Note Number	-

DRIVER

Name of Driver	GOH HEE KENG
NRIC No	SXXXX263I

Date Of Birth	08/08/1972
Occupation	Outdoor
Date Of Driving Pass	16/10/1992
Driving experience	28 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98189671
Alt. Phone Number	-
Email Address	goh.heekeng@gmail.com
Address	BLK 436C FERNVALE ROAD
Address complement	#03-166
Postcode	793436
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 - Major/Minor Rd
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MYAM HLAING
Gender	Male

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

I WAS DRIVING STRAIGHT, SUDDENLY THIS VEHICLE B CAME OUT FROM THE MINOR RD AND HIT ONTO MY RIGHT HAND SIDE.

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	SMC9617S
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 PLAN

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4 The eventual acceptance of this Form by insurance companies is not an admission of act or liability on the part of the insurers or their agents.

5 Any false reporting may be referred to the Police for investigation.

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 registered persons.

7 By the submission of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of this report being made available aforesaid.

8 Consent under the Personal Data Protection Act (PDPA)

I/we understand, acknowledge, agree and consent that :

(a) I/we authorise 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/on my behalf to my insurer (collectively the "Personal Information") and any related and required Personal Information to the insurer who have insured vehicle(s) involved in the accident (all insurer(s) who have insured vehicle(s) involved in the accident collectively referred to as the "Insurers"), the Insurers' law yer/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 into 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 making of correspondence, statements, invoices, reports or notices to me, including sending certain personal data about me to party about delivery of the same as well as on the enclosing envelope or cover; and

(v) complying with applicable law or administering, processing, handling and/or dealing with my claims

(collectively, the "Purposes");

(b) I/we have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may 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 (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

pacific packaging

Policyholder's Signature (if any) & Date & Time: 7/7/2021 @1030

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

Witnessed by Insurer's Personnel

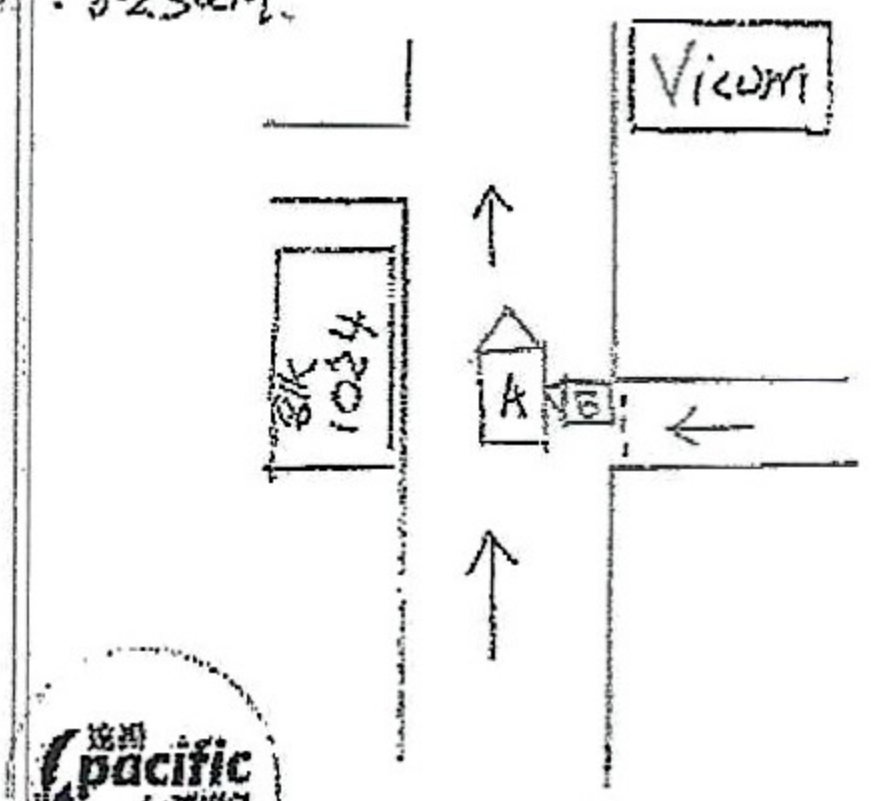
Sketch Plan

Refer attachment.

SKETCH PLAN #2

遠揚私人有限公司
PACIFIC PACKAGING PTE LTD

Date: 06/07/2021.
Time: 8.25am.



Vehicle A: YP2702D

Vehicle B: SMC 9617S

SKETCH PLAN #3

Describe Circumstances of the Accident

I was driving straight, suddenly the vehicle B came out from the mirror Rd and hit onto my Right hand side.

Declaration

(We) hereby declare that the above particulars are true in every respect.

Policyholder's Signature / Date & Time: 7/7/2021 @ 1030

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

Witnessed by Reporting Centre Personnel: Chang Chee Sing 17/7/21