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.

- 4. The issue and acceptance of this is form by instrained 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 08/07/2021 15:09 (SGT) Date of Accident 07/07/2021 10:20 (SGT) Exact Location of Accident Upper Serangoon Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF3150A

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner THE PAMPERED PET CORNER Company Reg No 52848758B Email Address efzpat@gmail.com Mobile Phone No (Phone) +65-97481446 Alternative Phone No (Office) +65-63455345

VEHICLE PARTICULARS

Manufacturer

Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 3000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number 2070125591 Cover Note Number

DRIVER

Name of Driver **CHEW BAN HOE** NRIC No. S7228288D

Date Of Birth 11/08/1972 Occupation Outdoor Date Of Driving Pass 19/03/1994 Driving experience 27 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-97481446 Alt. Phone Number Email Address efzpat@gmail.com Address 7 IPOH LANE #13-03 Address complement Postcode 438610 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured **OWNER** Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT VEHICLE B IN FRONT MOVE OFF BUT BRAKE AFTER A SHORT DISTANCE. I BRAKE BUT UNABLE TO STOP IN TIME AND HIT ONTO VEHICLE B REAR PORTION. 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 SLB7888G Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Address

Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

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

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 interested parties.
- 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)

Lunderstand, 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' law yers/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
- (ii) investigating the accident and/or my claims;
- (ii) 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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

274 Joe Chill Rd Singapore 427528 Tel: 63455345

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



SWE

Describe Circumstances of the Accident

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ALG ASIA PACIFIC INSURANCE PTE LTD

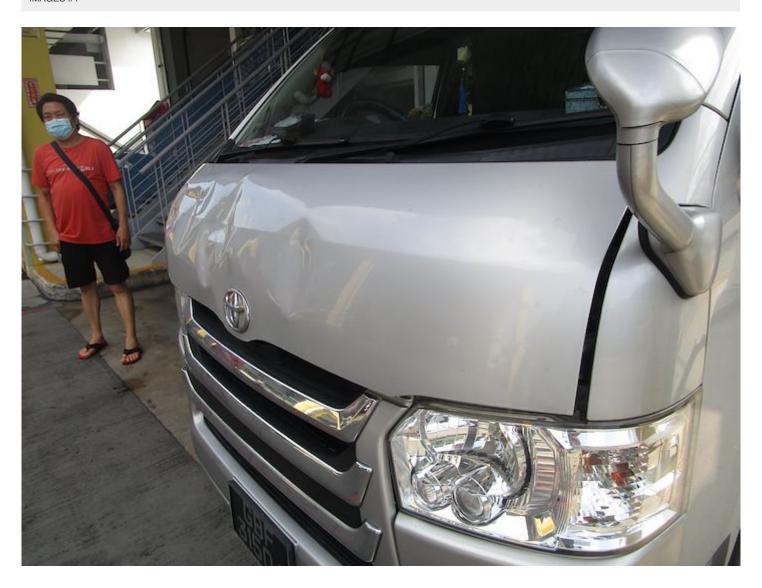
MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	CHEW BANG HOE
VEHICLE NUMBER	CART 315014
DATE/TIME OF ACCIDENT	07/07/2001 @ 10.00an
PLACE OF ACCIDENT	Upp SERANGOTAL RO
THIRD PARTY VEHICLE (IF ANY)	SUB 75886
	医水水溶涂剂 医克克克氏试验检尿病 医克克克氏病 医克克克克氏病 医克克克氏病 医克克克氏病 医克克克氏病 医克克克氏病 医克克克氏病 医克克克氏病 医克克克氏病 医克克克氏病 医克克克克克氏病 医克克克克克克克克克克
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WERE YOU OR YOUR PACCENA	ED? IF INJURED, WHICH HOSPITAL? WERE YOU STIGATION?
TAKEN TO THE TRAFFIC POLICE FOR INVE	STIGATION? WERE YOU
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Sirmed The Above Information Is Given To My	





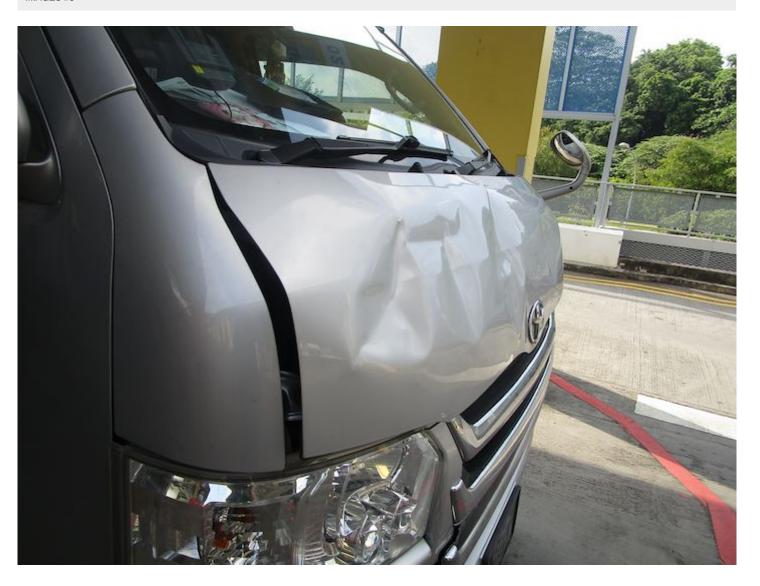


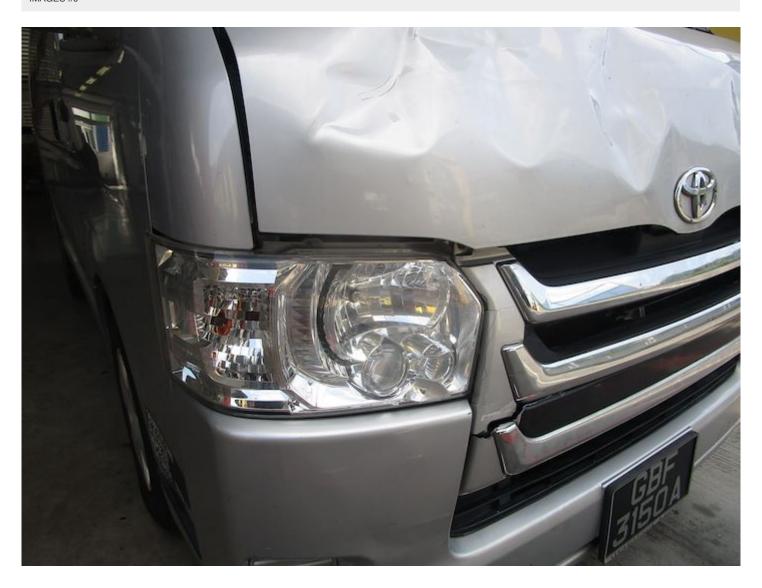






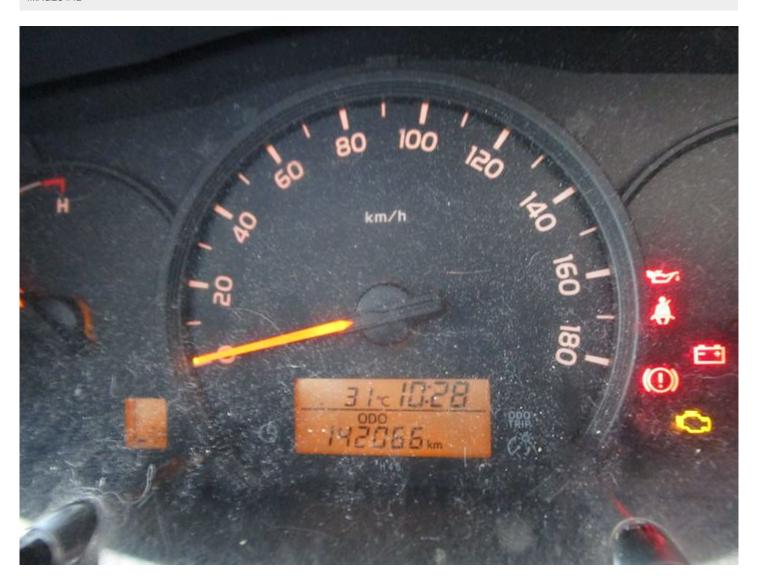














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	PERSON MAKING THE AMENDMEN		
Original Report N	: 331421780805	Vehicle Registration	No: 6872150A
Name(as shownin NR	THE PROPERT PET	NRIC/FIN/Passport	No:758B
	Vehicle Owner) (*) Please delete as		
Address	8		Singapore(
	:		9740 1446
Contact (Tel)			
Email Address	:		00,00
Date of Accident	: 09/09/2027 : UPP RERANGO	Time of Accident :	1000
Place of Accident	: UPP RERANGO	IN ROMO	
	ny:	187	
	AMENIO INGUREC	> NOTONE_	
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FOLICY SCHEDULE

JMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Jolicy No.

: 2070125591

Period of Insurance : 07 Sep 2020 to 06 Sep 2021

Issued Date : 25 Aug 2020

ABOUT THE POLICYHOLDER

Name of Policyholder

: THE PAMPERED PET CORNER

Address

: 274 JOO CHIAT ROAD SINGAPORE 427528

Occupation/Nature of Business: Wholesale and Retail Trade

ABOUT THE VEHICLE

Registration No. : GBF3150A Chassis No.

: KDH2010192477

Seating Capacity: 2

First Year of Registration : 2016

Make/Model : TOYOTA HIACE VAN 1.4 ton [Van]

Hire Purchase Company/Employer's Loan : NA

Engine Capacity/Tonnage: 1.4 Tonnage

Engine No.

: 1KD2580261

: Van

Body Type

ABOUT THE COVER

Sum Insured Driver Restriction : Market Value

: 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

It is no 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 feet, rucing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trialer except the towing of anyone disabled using a mechanically propelled vehicle.c) use for any purpose in connection with Motor Trade.

Other Key Policy Benefits:

Key Reptacement Cover-\$800, Strike, Riots and Civil Commissions, Dealer (First 3 years from original registration) + AIG Authorised Workshops, Act of God, In-Car Camera Excess Waiver

⇒ X(ESS	

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

PREMIUM Premium

GST (7%) :\$

:\$ 925.34 64.77

Total

:\$

990.11

Your Premium includes the following discount(s):

No Claim Discount - 20%