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.

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 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 16/08/2021 12:38 (SGT) Date of Accident 15/08/2021 10:00 (SGT) Exact Location of Accident 120, Lower Delta Rd, #02-15, Singapore 169208 Additional Location Information JUNCTION OF LOWER DELTA & JALAN BUKIT MERAH Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK784P

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **GUAN TECK IMP & EXP PTE LTD** Company Reg No 199402051E **Email Address** gtguan@singnet.com.sg Mobile Phone No (Phone) +65-65613303 Alternative Phone No (Office) +65-65613303

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? No - Reporting only Vehicle Category Commercial vehicle Transmission Auto CC 3000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1900258675-01 Cover Note Number

DRIVER

Name of Driver **GUI YEW TECK** NRIC No. S1700643F

Date Of Birth 16/04/1965 Occupation Outdoor Date Of Driving Pass 01/11/1989 Driving experience 31 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-93888428 Alt. Phone Number Email Address gtguan@singnet.com.sg Address BLK 194B BUKIT BATOK WEST AVE 6 #11-235 Address complement Postcode S(652194) Is the driver the policyholder? No If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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? 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 KINDLY REFER TO SKETCH PLAN. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMU4306C Vehicle Manufacturer Honda Vehicle Model Freed Vehicle Variant Vehicle Colour Blue Vehicle Category Private car Name of Driver ONG CHUAN LEE NRIC No S6822276A Contact Number (Phone) +65-92239881

Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
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 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.
- 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
- 7. By the lodgment 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)
 - (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
- 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No .:

Reporting Centre Personn

	SKETCH PLAN B - S
	Ed & SALMIBUL
	AT AMBU
	AT ATTENION
,	DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
	~
	on 15/8/2001 about 10 an, I was driving my Company
-	van (GBK-184P) along Lower detta Read, when
+	reaching to the tarthe light junction of Lover delta Ra
-	and Tolan Bukit mont, Front Welfele (Smy 4306c)
ŀ	Soulderly jammed brake even the traffic was cleared
r	and hit onto his vapicle
	TO TO THE NO VOLICIE
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I	
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-	
Y	ou had been advised by workshop that in the event that you wish to claim
1	gainst your own policy (OD claim), there is a Fourteen (14) days clause Claim OD Claim TP
L	the day of occurance. Claim OD / TP at other workshop
	CLARATION
	Ve declar the total one particulars are true in every respect.
1/W	



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : GUAN TECK IMP & EXP PTE LTD

Period of Insurance

: 18 Dec 2020 To 17 Dec 2021

Engine No.

: 1KDB015499

Chassis No.

: JTFHT02P800249853

Vehicle No.

: GBK784P

Policy No.

: 1900258675-01

Endorsement No.

Issued Date

: 16 Nov 2020

ABOUT THE COVER

Make/Model

: TOYOTA HIACE 1.2 ton [Van]

Engine Capacity/Tonnage : 1.2 Tonnage Driver Restriction

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2019 Insuring with COE/PARF : Yes

: NA

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, identifies or pleasare 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

Fire - \$0 Own Damage - \$1300 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

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 Repairing Centres/MSC Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 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: Maybank Singapore Limited

I/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 I/V 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

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SINGAPORE 415934

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

78 Sherton Way #09-16 AIG Building \$079120 | T +65 6419 3000 | www.nig.sg

NO 1 KAKI BUKIT ROAD 1 #02-27 ENTERPRISE ONE

SSCNEY

Accident report SE0O218G0004

EXP PTE LTD
1 (Owner Name) Gunn Teck Imp 8 i/c 1994020518 owner of this
car no. ABK 7848 authorize the driver (Name) Qui YEW TEKK i/c no.
S 17006437 to file accident report which happened on (Accident Date)
18/21 at (Location) Lower Delfor & Jahon Rulet Mench Justion.



Owner's Name : __

Signature

















































