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SINGAPORE ACCIDENT STATEMENT

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 witholding of material facts may allow insurance companies to repudiate
- 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

07/09/2021 10:07 (SGT) 06/09/2021 12:30 (SGT) Alexandra Rd, Singapore TOWARDS LENG KEE ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YP8623U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

CHEONG FATT PET SUPPLY 5XXXX289A zhaoguoweialvin@icloud.com (Phone) +65-96864985 +65-96864985

VEHICLE PARTICULARS

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

Hino XZU710R

Employment

No - Reporting only Commercial vehicle Manual 4009

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. Comprehensive 2070061292-01

DRIVER

Name of Driver NRIC No

ZHAO GUOWEI, ALVIN SXXXX888Z

Date Of Birth	20/06/1983
Occupation	Outdoor
Date Of Driving Pass	24/06/2019
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96864985
Alt. Phone Number	-
Email Address	zhaoguoweialvin@icloud.com
Address	BLK 636B SENJA ROAD #23-323
Address complement	-
Postcode	672636
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 Coursed by D.	± <u>.</u>
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
	5.,
OTHER INFORMATION	
Was any foreign uphials in the day	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident Was anybody injured in the Accident?	2
Was any injured in the Accident? Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	•
Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	No
g and a state of the state of t	110
DETAILS OF POLICE ACTION	
THE STATE OF THE S	
Was the assident reported to the U.S.	
Was notice of intended December 2	No
Was notice of intended Prosecution given? If yes, against whom?	No
ii yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	V
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
And the second s	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Desistantian N	
Vehicle Registration Number Vehicle Manufacturer	SJX1382X
Valida Maria	-
VIII. A A A A A A A A A A A A A A A A A A	-
	-
	•
Vehicle Category Name of Driver	Private car
Contact Number	•
Address	•
Address complement	•
The state of the s	*·

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

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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.
- 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.
- 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' 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 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
- $(v) \ complying \ w \ ith \ applicable \ law \ in \ administering, \ processing, \ handling \ and/or \ dealing \ w \ ith \ my \ claims.$

(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.

ON PLANT

Policyholder's Signature / Date & Time

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

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan Al Exandra Rd + owards Ley kee Rd

Veh B: SJX 1382 X

UPLA: YP 8623U

Describe Circumstances of the Accident

O. Hea Clab A late
On the stated date and time I vehicle A was
travelling straight along the stated venue. As I signalled
my intention to turn right I saw a venicle mo B who
THE THOUSE TO TOPPE I JUNE TO SOW IN CONTROL MADE IN WHO
was on my right moving very close to my venicle.
We then collided, my venice right portion-collided anto
J. J
the Card Wolfe of a 1 D1 D2 time
the Said vehicle left portion.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

Date of Accident	: 6/9/21 Accident Time: 230 HR. (24-HR-Format)
Accident Place	: Alexandra Road Towards Leng kee Rol.
Vehicle. No. (Car Plate No.)	: YP8623U Make/Model: HIND X24 FOR AFT MDE
Insurace Company	: A1G. Policy No: 207006/292-01 CAB 77
Owner or Company Name /IC No.	: CHEONE Futt Pet Supply (53204289A)
Owner or Company Contact No.	:Owner's Hp 9686 4985 Company Tel
DRIVER'S Name / IC No.	: 24a0 Guora, Alun (583/88897)
DRIVER'S Date Of Birth	: 20.06. 1983 DRIVER'S License Pass Date 24.06.2019
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Employee
DRIVER'S Address	: 636B SMJa Rd \$23-323 S(672636)
DRIVER'S Contact No./ Alt No.	2) 9696 4985
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	: zhao guoweialin @ i claud. com.
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dr	river):
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accident: Private use Work purpose
Other P	arty Driver's Particular (if any)
Vehicle. No: SJX1382	Yehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : CHEONG FATT PET SUPPLY

Period of Insurance : 11 Apr 2021 To 10 Apr 2022

Engine No. : N04CVV10163

Chassis No. : JHHUCV1H60K025187 Vehicle No. : YP8623U : 2070061292-01

Policy No. Endorsement No.

Issued Date : 19 Mar 2021

ABOUT THE COVER

: HINO XZU710R 4.0 Manual Make/Model

Engine Capacity/Tonnage: 3 Tonnage Sum Insured . Market Value First Year of Registration : 2018 Insuring with COE/PARF : Yes Off Peak Car : No Driver Restriction

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, domesting funds used to reveal on the contraction with the Policytinider's business.

3) Use for social, domestic preparate purposes. This Policy does not cover a) use for his fiving 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.

Loss Of Use (7 Days) Commercial Auto

* 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.

Section 1

Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

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 Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency holline 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: United Overseas Bank 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 IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503982000

KHC HOLDINGS PTE. LTD

389A BALESTIER ROAD

SINGAPORE 329796

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Seah Kit Ng

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

ehicle Owner Particulars	
Owner ID Type:	Business
Owner ID: Vehicle Details	289A
Vehicle No.:	YP8623U
Vehicle to be Exported:	No
ntended Deregistration Date:	30 Sep 2021
/ehicle Make:	HINO
/ehicle Model:	XZU710R 14FT WIDE CAB 7T
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	N04CVV10163
Chassis No.:	JHHUCV1H60K025187
Aaximum Power Output:	-
Open Market Value:	\$34,436.00
Original Registration Date:	11 Apr 2018
First Registration Date:	11 Apr 2018
ransfer Count:	0
Actual ARF Paid: ntended PARF Rebate Details	\$1,722.00
ARF Eligibility:	No
PARF Eligibility Expiry Date:	-
ARF Rebate Amount: ntended COE Rebate Details	\$0.00
OE Expiry Date:	10 Apr 2028
OE Category:	C - Goods Vehicle & Bus
OE Period(Years):	10
PQP Paid:	\$31,571.00
COE Rebate Amount:	\$20,608.00
otal Rebate Amount:	\$20,608.00

The information contained herein is correct as at 02 Sep 2021