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 11/10/2021 18:11 (SGT) Date of Accident 11/10/2021 09:20 (SGT) Exact Location of Accident 37 Jln Keruing, Singapore 808957 Additional Location Information 37 JALAN KERUING Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Manual

3000

Vehicle Registration Number GBF6472B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner KONG GENGERAL CONTRACTOR PTE LTD Company Reg No 201017658N **Email Address** kong@coring.com.sg Mobile Phone No (Phone) +65-65664140 Alternative Phone No (Office) +65-65664140

VEHICLE PARTICULARS

Manufacturer

Model Dyna 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

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 7210002614 Cover Note Number

DRIVER

CC

Name of Driver **CHU SONG** Passport No/FIN G8091982X

Date Of Birth 16/01/1973 Occupation Outdoor Date Of Driving Pass 27/04/2018 Driving experience 3 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-88380283 Alt. Phone Number Email Address kong@coring.com.sg Address 536 BUKITBATOK ST 23 Address complement Postcode S(659845) 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 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 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 KINDLY REFER TO SKETCH PLAN. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SLU7850P** Vehicle Manufacturer Toyota Vehicle Model Corolla Vehicle Variant Vehicle Colour White Vehicle Category Private car Name of Driver TAN SIEW GEK NRIC No S0207202E Contact Number (Phone) +65-97895095



Address complement	-
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.
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- 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:

- 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
- (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.
- (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

requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

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

Date & Time:

Reporting Centre Personn

NRIC/FIN No.;

ETCH PLAN			
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SCRIBE CIRCUMSTAN	CES OF THE ACCIDENT		
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had been advised by		u wish to claim Reporting Only Claim OD	
had been advised by	workshop that in the event that you (OD claim), there is a Fourteen (1	u wish to claim (A) days clause (Claim OD	
i had been advised by ainst your own policy hereby the claim mu	workshop that in the event that you (OD claim), there is a <u>Fourteen</u> (1 st be made within the stipulated ti	wish to claim (4) days clause meframe from Claim TP	



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : KONG GENERAL CONTRACTOR PTE LTD

: 25 Jan 2021 To 24 Jan 2022 Period of Insurance

: 1KD2632072 Engine No.

Chassis No. : KDY2318025882 Vehicle No. : GBF6472B Policy No. : 7210002614

Endorsement No.

Issued Date : 09 Jan 2021

ABOUT THE COVER

Make/Model : TOYOTA DYNA 3.0 M

Engine Capacity/Tonnage : 1.9 Tonnage

Sum Insured : Market Value

First Year of Registration : 2017

Driver Restriction

: 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" ("YICR") 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, 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 at railor except the towing of arryone 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, 1997 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 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)

IMPORTANT NOTES

100

Hire Purchase Company/Employer's Loan: MERCEDES BENZ FINANCE CO LTD

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).

0692116000

WONG TEEN PHANG FRANCIS

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

371 ALEXANDRA ROAD #05-22 AIA ALEXANDRA SINGAPORE 159963 SP-JEFFCHIEW-LAWRENCELEE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

78 Sheatra Way #09-18 A/S Buildian S679120 LT +65 6419 3000 Lwwy atrien

TEEN PHANG FRANCIS WONG

NO NAME OF TAXABLE PARTIES



競誠綜合工程私人有限公司

KONG GENERAL CONTRACTOR PTE LTD Blk 2024, Bukit Batok Ind. Park A, St. 23 #02-52, Singapore 659529

Tel: 6566 4140 Fax: 6560 6416

Website: http://www.coring.com.sg E-mail: kong@coring.com.sg Co. Reg. / GST Reg No : 201017658N

bizSAFE.

Letter of authorization

Attn: To whom it may concern,

Please be informed that (CHU SONG, Fin no.G8091982X) is authorize by (KONG GENGERAL CONTRACTOR PTE LTD) Uen: 201017658N) to drive vehicle (GBF6472B) during the point of accident.

Thank You, Best regards

Authorized Signatory







































