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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 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. 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 18/10/2021 12:51 (SGT) Date of Accident 16/10/2021 13:05 (SGT) Exact Location of Accident SLE, Singapore Additional Location Information TOWARDS BKE BEFORE WOODLANDS AVENUE 2 EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

2754

Vehicle Registration Number GBE1861A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner B & J TRADING & MANUFACTURING PTE, LTD. Company Reg No 2XXXXX777G Email Address bnjtrading@yahoo.com.sg Mobile Phone No (Phone) +65-93851273 Alternative Phone No +65-93851273

VEHICLE PARTICULARS

Manufacturer

Model Hiace 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 - Claiming third party Vehicle Category Commercial vehicle Transmission Manual

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 7210094145 Cover Note Number

DRIVER

Name of Driver TAY KWANG SENG NRIC No SXXXX111B

•	
Date Of Birth	29/01/1970
Occupation	Outdoor
Date Of Driving Pass	05/12/1987
Driving experience	33 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93851273
Alt. Phone Number	(1 Holle) 103-33831273
Email Address	bnjtrading@yahoo.com.sq
Address	3, VAUGHAN ROAD
Address complement	-
Postcode	358077
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	110

Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the control	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was any injured conveyed to begatted by any injured conveyed to begatted by any injured	No
Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?	¥
Number of December (I. I. II. 5.1.)	Yes
Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	No
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	
PLEASE 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	SLP6170B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	LIM
Contact Number	(Phone) +65-96211722
Address	
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.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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>.
- 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 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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B&J Trading & Manufacturi	ng Pte Ltd	
Reg. No.: 200514777G		
Tel: 6475 7150 Fax: 6475 7/52		
E-mail: bnjtrading@yahbo.gom.sg		11
Bik 3016 #04-01 Bedok North Ave 4 5	S'pore 489947	m iplw/2001
- / /2	The state of the section below / Date	Witnessed by Reporting Centre
Policyholder/s Signatur/e/Date &	Driver's Signature (If driver is not the policyholder) / Date	
Time	& Time	Personnel
Sketch Plan		

Sketch Plan

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Declaration

B&J Trading & Manufacturing Pte Ltd

Reg. No.: 2005147776

Tel: 6475 7150 Fax: 6475 7152 E-mail: bnjtrading@yanoskom.sg Blk 3016 #04-01 Bedov Forth Ave 4 S'porc 489947

Policyhotder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Email: Sm@idac.com.sg 1et no: 0335 0000 If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.
1/ 15 (24 HP-FORMAT)
Vehicle No.: GBE 1861A Vehicle Make & Model / Engine (cc): Toyole Hille. Private Hire: (Y/N) Exact location of Accident: SLE (BKE) Refore Wood (ords Ave 2 Exil.
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Exact location of Accident: STE (ISKE) Isefore Wood (cross Aux I Exit
Policyholder's Name / IC No.: Bad Trading O Manufacturing 1 ROCAUEN (Company)ROCAUEN (Company)
Exact location of Accident: STE CISTED ISETORY WOOD (COMPANY) Policyholder's Name / IC No.: BdJ fradery Manufacturing Pte Ltcl. ROCTUEN (Company) Driver's Name / IC No.: Tay Kwang Seng S7006111B (As Above) Driver's Contact No.: 93851273 Company Contact No / Owner Contact No:
Driver's Contact No.: 93851273 Company Contact No / Owner Contact No:
3, Vallahan Ka > (3)80(1)
Owner Email address: bn trading @yahoo-com-sg. Insurance Company: A 167. Driver Email address: 29 61 1970 05 18 198
Driver Email address:
Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor Outdoor
Private user Work purpose *No. of Passengers (Including Driver):
*Passenger Name: Gender: Male / Female x() *Passenger Name: Gender: Male / Female x()
Weather condition & Road conditions? (On the day of accident)
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Camera? Yes / No Remarks:
Any Injuries: Yes / No (If YES) Injured Person' Name:
Injuries Sustain: Injured Person in Which Vehicle:
Police Report filed: Yes/ No (If YES) Which Police Station:
The Other Party(s) Details:
IIM SLPGITOB
1. Driver's Name / IC No: Lim Vehicle No: SLP 6170B Driver's Contact No: 962 11722 Insurance Company:
Driver's Contact No:Insurance Company :
2. Driver's Name / IC No (If Any):Vehicle No:
Driver's Contact No:Insurance Company :
*Independent Witness (If Any): Contact No:
Preferred Workshop Name: Contact No:



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder

: B&J TRADING & MANUFACTURING PTE. LTD.

Period of Insurance

: 23 Sep 2021 To 22 Sep 2022

Engine No.

: 1KD2545472 : KDH2010174527

Chassis No.

Vehicle No.

: GBE1861A

Policy No.

: 7210094145 Endorsement No.

Issued Date

: 25 Aug 2021

ABOUT THE COVER

Make/Model

: TOYOTA HIACE 1.6 ton [Van]

Engine Capacity/Tonnage: 1.6 Tonnage

Sum Insured : Market Value

First Year of Registration : 2015

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" ("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, 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; b) use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; and 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.

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)

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 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: NA

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).

0500678000

THOMSON CREDIT (S) PTE LTD

310 THOMSON ROAD SINGAPORE 307657 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

0500678000

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