

NATIONAL Assessment Centre Services. [initials]

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 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.
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	01/11/2021 10:19 (SGT)
Date of Accident	28/10/2021 08:55 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	BEFORE CTE (CITY) YIO CHU KANG EXIT 13
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK5611Y
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TIMBER INNOVATION PTE LTD
Company Reg No	2XXXXX008R
Email Address	ashley9567@yahoo.com
Mobile Phone No	(Phone) +65-93216838
Alternative Phone No	+65-91472631

VEHICLE PARTICULARS

Manufacturer	Toyota
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	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210103141
Cover Note Number	-

DRIVER

Name of Driver	TAN CHEE HIM (CHEN ZHIXIN)
NRIC No	SXXXX478A

Date Of Birth	06/12/1983
Occupation	Outdoor
Date Of Driving Pass	06/03/2012
Driving experience	9 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91472631
Alt. Phone Number	-
Email Address	ashley9567@yahoo.com
Address	BLK 42 BEDOK SOUTH ROAD #08-747
Address complement	-
Postcode	460042
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	PARTNER
Does Driver Own Other Vehicles?	No
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20211029/7019

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	SHA7893T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN CHEE HIM (CHEN ZHIXIN)
Gender	Male
Phone No	(Phone) +65-91472631
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBK5611Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.
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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



WAS

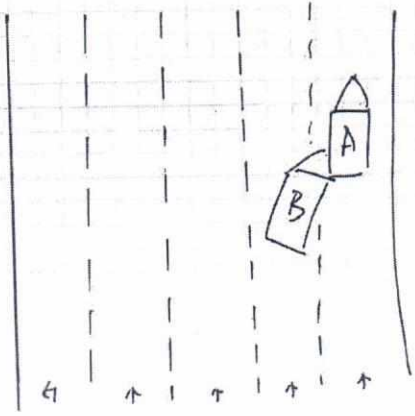
01/11/2021
Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan

TPE before CTE (City)
Yio Chu Kang Rd Exit 13



Vehicle A: GBK56114
Vehicle B: SHA78937

Describe Circumstances of the Accident

Refer to Police Report NO: L/2021/029/7019 K F/2021/029/7031

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Lucas

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

[Signature]
Witnessed by Reporting Centre
Personnel

30/6

Date of Accident : 28/10/2021 Accident Time: 1855hrs (24-HR-FORMAT)
 Accident Place : TPE before (TE(City)) / Yio Chu Kang Rd Exit 13
 Vehicle Reg. No (Car plate No.) : G18K5611Y Vehicle Make/Model: Toyota Hiace 2.8 Auto
 Insurance Company : Alfa Policy No. 7210103141
 Name of Registered Owner : Company / Individual Timber Innovation Pte Ltd
 ID of Registered Owner : Co Reg No: 26163500BR Owner's NRIC No: -
 Co Contact No: - Owner's Contact No: 92216838

DRIVER'S Name : Tan Chee Him DRIVER'S NRIC No: S839478A
 DRIVER'S Date of Birth : 06 Dec 1983 DRIVER'S License Pass Date 06 Mar 2012
 Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: Partner
 DRIVER'S Address : Blk 42 Bodok South Road #08 - 747 Singapore 460042
 DRIVER'S Contact No. / Alt No. : 1) 9147 2631 2) -
 DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : ashley9567@yahoo.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 Driver): 01 Passenger Name: _____ Gender: M/F
 Was the accident reported to the police? YES / NO Passenger Name: _____ Gender: M/F
 Was there any video Captured by car camera: YES / NO Any Injuries: YES / NO Injured Name: Tan Chee Him
 Injured Name: _____
 Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SH A7893T</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



**SINGAPORE
POLICE FORCE**



L/20211029/7019

1 of 2

POLICE REPORT (NP299)

Report No. L/20211029/7019

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 29/10/2021 15:26	Vide Report No.	Station Diary No.
Name Of Informant TAN CHEE HIM	Address 42 BEDOK SOUTH ROAD #08-747 SINGAPORE 460042	
ID Type / ID No. NRIC NO / S8339478A	Contact No. Home/Office:	Mobile: 91472631
Nationality SINGAPORE CITIZEN	Email Address ashley9567@yahoo.com	
Occupation Manager	Sex Male	Age 37
Institution/School Name	Date of Birth 06/12/1983	Race Chinese
Date/Time Of Incident 28/10/2021 08:55	Location Of Incident SELETAR EXPRESSWAY	

Brief details.

On the stated date and time, I was driving my van GBK5611Y along SLE(BKE) along the extreme right lane going straight when suddenly I felt a big impact from the left portion of my van near Lentor Exit.

My Van started rocking sideways from the impact and I almost lost control of my van as the road was slippery.

Fortunately, I was able to counter steer and regain control of my vehicle.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2021 15:26
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20211029/7019

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20211029/7019

I knocked my right elbow and right knee against the inside of my van as a result.

I looked to my left to realise that a taxi SHA7893T, which was travelling along the lane on my left, had collided with the rear left portion of my vehicle.

I gradually filtered to the road shoulder on my left but said taxi sped off.

Initially, I only felt some pain over my right elbow and right knee areas. However, later the same evening, I started having soreness over my neck area as well.

I proceeded to my family doctor at LifePlus Medical Group Bedok for treatment and was given 3 days MC.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
29/10/2021 15:26

Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20211029/7031

1 of 1

POLICE REPORT (NP299)

Report No. F/20211029/7031

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 29/10/2021 15:38	Vide Report No.	Station Diary No.
Name Of Informant TAN CHEE HIM	Address 42 BEDOK SOUTH ROAD #08-747 SINGAPORE 460042	
ID Type / ID No. NRIC NO / S8339478A	Contact No. Home/Office:	Mobile: 91472631
Nationality SINGAPORE CITIZEN	Email Address ashley9567@yahoo.com	
Occupation Manager	Sex Male	Age 37
Institution/School Name	Date of Birth 06/12/1983	Race Chinese
	Language English	
Date/Time Of Incident 28/10/2021 08:55	Location Of Incident TAMPINES EXPRESSWAY	

Brief details.

Vide report L/20211029/7019

I would like to make amendments to my initial report.

I was driving my van GBK5611Y along TPE(CTE) before Yio Chu Kang Road Exit when said taxi SHA7893T had collided into my van.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2021 15:38
Officer In-Charge Of Case:	Classification Of Case:



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : TIMBER INNOVATION PTE LTD
Period of Insurance : 11 Sep 2021 To 10 Sep 2022
Engine No. : 1GD8484107
Chassis No. : GDH2012009041

Vehicle No. : GBK5611Y
Policy No. : 7210103141
Endorsement No. :
Issued Date : 24 Aug 2021

ABOUT THE COVER

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

Engine Capacity/Tonnage : 1.4 Tonnage

Sum Insured : Market Value

First Year of Registration : 2020

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).

0500656000

COWELL INSURANCE (AGENCY) P L

8 BURN ROAD #09-09 TRIVEX

SINGAPORE 369977 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.

Kai Ling Lim