

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	02/11/2021 17:48 (SGT)
Date of Accident	31/10/2021 19:17 (SGT)
Exact Location of Accident	Raffles Blvd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2699E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIANG SEAFOOD SUPPLIER
Company Reg No	5XXXX327J
Email Address	siang63@yahoo.com.sg
Mobile Phone No	(Phone) +65-98784655
Alternative Phone No	+65-98784655

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070031314-01
Cover Note Number	-

DRIVER

Name of Driver	TOH KIAN KEAT
NRIC No	SXXXX400G

Date Of Birth	05/03/1991
Occupation	Outdoor
Date Of Driving Pass	22/03/2014
Driving experience	7 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98784655
Alt. Phone Number	-
Email Address	siang63@yahoo.com.sg
Address	BLK 451A SENGKANG WEST WAY #04-369
Address complement	-
Postcode	791451
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 Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Cross Junction
Weather Conditions	Raining
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ELAINE ANG YI QING
Gender	Female

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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB668T
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	ELAINE ANG YI QING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBH2699E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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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 insurers 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/also 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 located outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time




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


Witnessed by Reporting Centre Personnel

Sketch Plan

ROFFENS BOULEVARDS

A. EBH 2699 E
K. SIB 6687

FX

FX

FX

TRAFFIC LIGHT WAS GREEN ARROW IN MY FAVOR. I PROCEEDED TO MOVE. Suddenly, I felt a huge impact from the left & my vehicle spun & hit onto the kerb.

Declaration

We declare the foregoing particulars are true in every respect.





Policyholder's Signature / Date & Time



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

 02/11/2021

Witnessed by Reporting Centre Personnel

VEHICLE NO: GBH2699E

MAKE & MODEL: TOYOTA DYNA

AUG 17 2021

DATE OF ACCIDENT	30/31/10/2021	CC: /
TIME OF ACCIDENT	7:17 PM	AM / PM
LOCATION OF ACCIDENT	KAPAS BLVD	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Siang Seabod supplier	
EMAIL	Siangb3@yahoo.com.sg	Office: MOBILE: /
NRIC	5310827J	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	ATG	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO	2070061314-01	
NAME OF DRIVER	AS ABOVE / IF NO: Tan Kim Keat	
NRIC	S411084506	
DATE OF BIRTH	5 / 3 / 1991	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER	KUAN KUN YI ONLY	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF PREVIOUS ACC	22 / 3 / 2014	
STATUS	Male / Female	
CONTACT NO	Mobile: 98784655 Office: Home:	
EMAIL		
ADDRESS	451A Serangoon Hill Way Condo #04-364	
EX. REPAIRER AND OTHER VEHICLES	Yes / If yes, list No. INSURER	
USE OF VEHICLE	Employer / If No:	
WEATHER CONDITION	Clear / Rainy / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / Yes, Who? Elaine Ang Yi Ling	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	SH668T	Any Passenger:
NAME		
CONTACT NO.		
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
WAS THERE ANY PHOTO TAKEN?	YES / NO	
*WORKSHOP:	REVOLUTION AUTOMOTIVE	
Have you been approached by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : Siang Seafood Supplier
 Period of Insurance : 05 Apr 2021 To 05 Apr 2022
 Engine No. : 1KD2791255
 Chassis No. : JTFAT35Y10K210050

Vehicle No. : GBH2699E
 Policy No. : 2070061314-01
 Endorsement No. :
 Issued Date : 01 Apr 2021

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.8 ton [Lorry]
 Engine Capacity/Tonnage : 1.75 Tonnage
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2018
 Insuring with COE/PAF : 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 authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$2,000 as "Young and/or inexperienced Driver Excess" ("YDVE") if You are or Your Authorized 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 passengers (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 fast, racing, pace-making, reliability trial or speed-testing; and b) use whilst driving a trailer except the towing of any trailer attached using a mechanically propelled vehicle. c) use for any purpose in connection with Motor Trade.

* Limitations rendered operative 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 can be carried out at the expense of Your Insurer (subject to the exclusions specified by Us).
 For Approved Reporting Centres/AIG Authorized Repairers, please call 111 but 24-hour accident emergency hotline at +65 6338 8200. Alternatively, you may refer to AIG website www.aig.sg or AIG 50 Mobile App. Simply search and download "AIG 50" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that this policy to which this Certificate of Insurance refers 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, 1989 (Malaysia).

0092040001

TEO HUI CHIE

371 ALEXANDRIA ROAD #11-33 AIA ALEXANDRIA

SINGAPORE 169083 GP AC ELITE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

TEO HUI CHIE