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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.
- This Form must be completed by the Policyholder and/or the Authorised Driver
   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 08/11/2021 18:24 (SGT) Date of Accident 06/11/2021 16:50 (SGT) Exact Location of Accident Canberra Way, Singapore 752106 Additional Location Information TOWARDS CANBERRA LINK Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number **GBH4211R** 

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner HENG HUP HUAT FOODSTUFF TRADING PTE LTD Company Reg No 2XXXXX464Z **Email Address** admin@henghuphuat.com Mobile Phone No (Phone) +65-91218800 Alternative Phone No +60-1275755436

#### 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 CC 2982

#### INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2070060547-01 Cover Note Number

#### DRIVER

Name of Driver TAN KONG KUI NRIC No SXXXX958Z

Date Of Birth 20/09/1970 Occupation Outdoor Date Of Driving Pass 26/02/1998 Driving experience 23 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +60-1275755436 Alt. Phone Number Email Address charlesongjl@gmail.com Address BLK 450A SENGKANG WEST WAY #23-333 Address complement Postcode 791450 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 Collision - Head to Rear 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? No 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? 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? No Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJC5971E Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

Private car

SXXXX183G

(Phone) +65-90688424

MOHAMAD FIRDAUZ BIN SAMSUDIN

Name of Driver

Contact Number

NRIC No

Address

Address complement	
Postcode	-
Incurance Company Name	-
Nature Of Damage	-
Details of property damaged in against	-
No. Of Passanger (Including Driver)	-
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.
- 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 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' 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.

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Policyholder's Stgnature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

CANBERRA LINK

# Describe Circumstances of the Accident

On the above States date and time. I VEH A GRH4ZIIR was stationary on the slip road of Canberra way towards  Conberra Link. I was stationary whiting for a bicycle  to ride pass. While i was labiting. I left an impact  an the rear fortion of my vehicle. I apopted and  found out that SIC 5971E did not managed to Hop  1 time and collided into my while rear fortion.
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Declaration

Time

We declare the loregoing particulars are true in every respect.

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Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre

Personnel

Email: sm@idac.com.sg Tel no: 6555 6888
\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week. Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 6   4   2   (dd/mm/yy) Time of Accident: 16 : 50 (24-HR-FORMAT)
Vehicle No.: GBH 4211 R Vehicle Make & Model / Engine (cc): Toyota Higgs van 1.4 ton Private Higgs (V/N)
Exact location of Accident: Canberra Way towards Canberra Link
Policyholder's Name / IC No.: Hung Hup Huat Foodstuff Trading Pte Ltd 201364642
Driver's Name / IC No.: Tan kong kui 1 S 7083958 Z (As Above)
Driver's Contact No.: +60127575436 Company Contact No / Owner Contact No: 9121 8800
Driver's Address: Bit 450 A Sengtang west way \$23-333 s(791450)
Owner Email address: almin@henghuph ust - com Insurance Company: A16
Driver Email address: Charlescency Quait com  Relationship between Owner & Driver: (Please CIPCI F. and all)
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 use / ✓ Work purpose *No. of Passengers (Including Driver):
*Passanger Name: Gender: *Passanger Name: Gender:
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
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:
1. Driver's Name / IC No: Mohamad Firtauz Bin samsudin 1383241836 Vehicle No: SJC 5971E
Driver's Contact No:
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 AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder

: HENG HUP HUAT FOODSTUFFS TRADING PTE LTD

Period of Insurance Engine No.

: 24 May 2021 To 23 May 2022

Chassis No.

: 1KD2737516 : KDH2010229650 Vehicle No.

: GBH4211R : 2070060547-01

Policy No. Endorsement No.

**Issued Date** 

: 06 Apr 2021

#### ABOUT THE COVER

Make/Model

: TOYOTA HIACE VAN 1.4 ton [Van]

Engine Capacity/Tonnage: 1.43 Tonnage

Sum Insured : Market Value

First Year of Registration : 2018

**Driver Restriction** 

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; 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.

\* 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 can be carried out at the repairsr of Your choice (unless specifically excluded by Us).

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 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: Hitachi Capital Asia Pacific Pte. 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), Pert IV of the Road Transport Act, 1987 (Melaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Melaysia).

0500718000

JG MOTOR AGENCY

80 CHANGI ROAD #04-06 CENTROPOD @ CHANGI SINGAPORE 419715

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Sook Foong Joanne Gol