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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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

24/11/2021 17:39 (SGT) 22/11/2021 04:30 (SGT) Desker Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBC24S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No

Email Address Mobile Phone No

Alternative Phone No

Yes

YI HONG TRADING ENTERPRISE (2009)

5XXXX108E

yapengyeow@gmail.com (Phone) +65-98318318 +65-98318318

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Nissan Cabstar

Employment

No - Claiming third party Commercial vehicle

Manual

2953

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. Comprehensive

No

7210086282

DRIVER

Name of Driver

NRIC No

YAP PENG YEOW SXXXX408F



Date Of Birth 23/09/1977 Occupation Indoor Date Of Driving Pass 26/02/1999 Driving experience 22 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-98318318 Alt. Phone Number Email Address yapengyeow@gmail.com Address BLK 158 JALAN TECK WHYE #05-111 Address complement Postcode 680158 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured DIRECTOR 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions AFTER RAIN Road Surface Wet 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) 0 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? **DETAILS OF OTHER VEHICLE PROPERTY 1** G

Vehicle Registration Number	SNC3771G
Vehicle Manufacturer	=:
Vehicle Model	=3
Vehicle Variant	-
Vehicle Colour	-0
Vehicle Category	Private car
Name of Driver	-
Contact Number	=1
Address	-
Address complement	£/

Postcode	
Insurance Company Name	=
Nature Of Damage	Ť
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-
er accorder (melading briver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	OD 10 to T
Vehicle Manufacturor	GBH9467L
Vehicle Model	~
Vehicle Wodel Vehicle Variant	-
Valida Cal	•
	-
Vehicle Category	Commercial vehicle
Name of Driver	_
Contact Number	
Address	
Address complement	<u> </u>
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.
- 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) w ho 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.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Time

ROAD DESKER

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date &

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

Witnessed by Reporting Centre

Personnel

Date of Accident	22/11/21 Accident Time: 43060 (24-HR-FORMAT)
Accident Place	: PLSKER Rd
Vehicle Reg. No (Car plate No.)	: GBC245 Vehicle Make/Model: WISSEN CABSTER
Insurance Company	Policy No. 7210086282
Name of Registered Owner	: Company/Individual Yi Hong Trading Entering
ID of Registered Owner	: Co Reg No: 53137(08 E Owner's NRIC No:
	: Co Contact No: Owner's Contact No: 98318318
DRIVER'S Name	Yap Eng VL- U DRIVER'S NRIC No. 8 57726408
DRIVER'S Date of Birth	23 9 1977 DRIVER'S License Pass Date 26/2/1199
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: Pict U,
DRIVER'S Address	: 158 Jain Teck while \$105-111 5680158
DRIVER'S Contact No./ Alt No.	:1) 98318318 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	: Yapengyeow @ gmail.un
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \AFTER KAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Dri Was the accident reported to the policy Was there any video Captured by car Exact purpose for which vehicle was Any injuries, if yes(name of the inj	camera: YES \NO
Other 1	Party Driver's Particulars (if any)
Vehicle Reg No: Snc 3771 6	
Vehicle Make\Model:	Vehicle Make\Model:
Name DRIVER:	
IC No. DRIVER;	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:



CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE Name of Policyholder : YI HONG TRADING ENTERPRISE (2009)

Period of Insurance : 16 Aug 2021 To 15 Aug 2022

Engine No. : QR20017214R Chassis No.

: JN1SA2F24Z0000269

Vehicle No.

GBG245 : 7210086282

Policy No. Endorsoment No. Issued Date

19 Aug 2021

ABOUT THE COVER

Make/Model

: NISSAN NEW CABSTAR

Engine Capacity/Tonnage : 1.6 Tonnage Driver Restriction

: NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration 2021

Insuring with COE/PARF ... Yes

Person or Classes of Persons Entitled to Drive*:

a) Any person who is driving on the Ppicyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any surported order only if indahe meets the specified age condoor.

You have to pay an addenous sum of \$3,000 as "Young and/or insperienced Direct Excess" ("YIDR") of You are or York Authorised Direct (named or unnamed) is under the age of 23 and/or has less

Age Condition

: All Age Condition

Limitation as to use* :

LIMITED OF USE 1) Use in connection was the Policyholder's Eureliness.

1) Use in connection was the Policyholder's Eureliness.

2) Use for the campage of personness purposes. This Policy does not cross all use for life or reward, driving test, rating, pace making, reliability final or speed-testing; b) use white it receives the toward, driving test, rating, pace making, reliability final or speed-testing; b) use white it reverses the toward, driving test, rating, pace making, reliability final or speed-testing; b) use white it is toward, driving test, rating, pace making, reliability final or speed-testing; b) use white it is toward, driving test, rating, pace making, reliability final or speed-testing; b) use white it is toward to the connection with Motor Yrade.

* Limitations randered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act. 1987 (Molaysia) (Amendment) Act 2019, are not to be included under these headings.

Section 1

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

1 Tan Chong Motor Salus, Add: 913 Bt Timah Road Singapore 599523 64694091 84594092 64694093 2 Autoluton Industrial Add: 10 Utol Road 4 Singapore 468623 64909808 3 TC AutoClinic Add: 25 Leng Koe Road Singapore 159097 67038511 67038612 67038613 4 TC AutoClinic Add: No.1, Suth Lok Yang Road Singapore 626999 62622212

5 Ian Chong Motor Sales Add: 17 Lor 8 Toa Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centras/AIG Authorised Repairers, please contact our 24-hour accident emergency hoting at 455 6338 6260. Alternatively, you may refer to AIG wabate www.alg.sq or AIG SG Mobile App. Samply search and direction of Titles of Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TAN CHONG CREDIT 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 Parry Risks and Compensation) Act (Cap., 189), Part N the Road Transport Act, 1997 (Moleysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Parry Risks) Rules, 1959 (Malaysia),

0500610350

TAN CHONG CREDIT PTE LTD-LPH

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 588622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature

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