

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 01/12/2021 15:35 (SGT)
Date of Accident 30/11/2021 08:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information SHUN LI INDUSTRIAL PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF9421D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JIAXING AIRCON PTE LTD
Company Reg No 201629614M
Email Address jiaxingacc@gmail.com
Mobile Phone No (Phone) +65-81238802
Alternative Phone No +65-81238802

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 2800

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210081588
Cover Note Number -

DRIVER

Name of Driver SEGEN
Passport No/FIN G6893371X

Date Of Birth	10/01/1991
Occupation	Outdoor
Date Of Driving Pass	28/11/2018
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-80198684
Alt. Phone Number	-
Email Address	jjaxingacc@gmail.com
Address	89 KAKI BUKIT AVE 1 #02-00
Address complement	-
Postcode	417957
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 - 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	2
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 30/11/2021 AT ABOUT 0835HRS, I WAS TRAVELLING ON SERVICE ROAD OF SHUN LI INDUSTRIAL PARK. I SAW A LORRY B (GBF8827Z) STOPPED BESIDE PARKING LOT TO THE LEFT. I SLOWED DOWN AND CAREFULLY DROVE FORWARD. AFTER I PASS BY, VEHICLE B WITHOUT CHECKING BLIND SPOT AND SIGNAL STARTED TO REVERSE INTO THE PARKING LOT. AS A RESULT, THE FRONT OF LORRY COLLIDED ONTO THE REAR OF MY VEHICLE A (GBF9421D) AS MY VEHICLE HAVE ALMOST PASSED HIS VEHICLE.

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	GBF8827Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

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

SKETCH PLAN

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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 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.

[Signature]



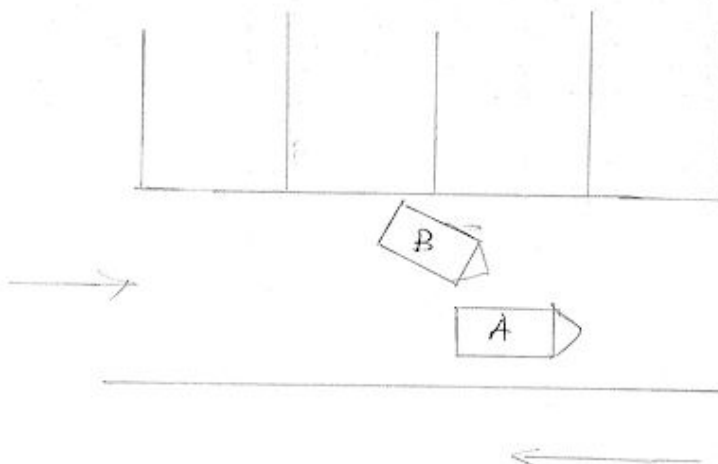
Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - GBF 942/D
B - GBF 8827Z

Describe Circumstances of the Accident

On 30 NOV 2021 at about 0835 hrs, I was travelling on service road of Shun Li Industrial Park. I saw a Lorry vehicle B GB78827Z stopped beside parking lots to the left. I slowed down and carefully drive forward, after I pass by, vehicle B without checking blind spot and signal started to reverse into the parking lot. As a result the front of the lorry collided on to the rear of my vehicle A GB79V21D as my vehicle has almost pass his vehicle.

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

Witnessed by Reporting Centre Personnel



















CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : JIAXING AIRCON PTE LTD
Period of Insurance : 27 Jul 2021 To 26 Jul 2022
Engine No. : 1KD2639845
Chassis No. : KDH2015023948
Vehicle No. : GBF9421D
Policy No. : 7210091599
Endorsement No. :
Issued Date : 27 Jul 2021

ABOUT THE COVER

Make/Model : TOYOTA HIACE VAN 1.4 ton [Van]
Engine Capacity/Tonnage : 1.4 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
First Year of Registration : 2017
Off Peak Car : No
Insured with COE/PAP : Yes

Person or Classes of Persons Entitled to Drive¹:

- Any person who is driving on the Policyholder's order or with their permission.
- The 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 \$3,000 as Young and/or Inexperienced Driver Excess (YIDER) 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 use² :

- Use in connection with the Policyholder's business.
- Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- Use for social, domestic or pleasure purposes. This Policy does not cover a use for hire or reward, driving for profit or exceeding and a use whilst driving a trailer except the towing of a trailer equipped using a mechanically propelled vehicle (a use for any purpose in connection with Motor Trade).

¹ Limitations rendered inoperative by Section 3 of the Motor Vehicle (Third-Party) Rules and Compensation Act (Cap. 134), Section 55 of the Road Transport Act, 1987, 1993, 2004, and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0, Own Damage - \$500, Theft - \$0, Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)