

# 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 ..... 15/12/2021 10:02 (SGT)  
Date of Accident ..... 06/12/2021 15:25 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... UPPER SERANGOON ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBL3335C

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... BAO KEE GINSENG AND BIRDNEST  
Company Reg No ..... 53076425C  
Email Address ..... bevelylee76@gmail.com  
Mobile Phone No ..... (Phone) +65-96986464  
Alternative Phone No ..... (Home) +65-96986464

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv200  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... -  
Cover Note Number ..... 7210047408

### DRIVER

Name of Driver ..... BEVELY LEE BEE PO(BEVELY LI MEIBAO)  
NRIC No ..... S7631346F

Date Of Birth .....	04/10/1976
Occupation .....	Indoor
Date Of Driving Pass .....	29/05/1995
Driving experience .....	26 YEARS AND 7 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96986464
Alt. Phone Number .....	-
Email Address .....	bevelylee76@gmail.com
Address .....	APT BLK 357 HOUGANG AVENUE 7
Address complement .....	#08-825
Postcode .....	530357
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER OF THE COMPANY
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 .....	Side Swipe
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

SEE ATTACHED SKETCH PLAN AND PHOTO

#### 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 .....	SKR4871B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Private car
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) ..... -

# 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.

BLK 270, QUEEN STREET, #03-85/86/87,  
ALBERT CENTRE, SINGAPORE 180270  
TEL: 6336 0277/ 9698 6464

AUTOLUTION INDUSTRIAL PTE LTD  
19 UBI ROAD 4  
SINGAPORE 408628  
TEL: 6498 9866 FAX: 384 67483

*[Signature]*

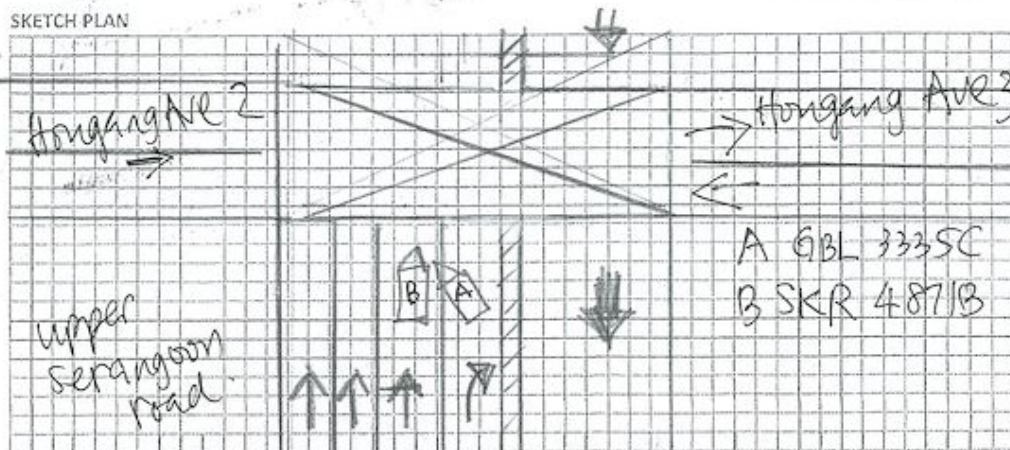
Policyholder's Signature / Date &  
Time 15/12/21.

Sketch Plan

*[Signature]*

Driver's Signature (if driver is not the policyholder) / Date  
& Time 15/12/21.

Witnessed by Reporting Centre  
Personnel *[Signature]* AIFOR





Describe Circumstances of the Accident

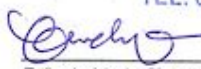
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT		(A) My Vehicle No: <u>GBL 3335C</u>
Accident Location:		
Accident Date:	Time:	am / pm
- B r i e f   D e t a i l s   O f   A c c i d e n t -		
<p>I was at the right lane along Upper Serangoon Road, turning to Hengsing Ave 3. But I changed <del>the</del> lane and I didn't see a oncoming car. So I bang to <del>the</del> car no. SKR 4871B. causing damage to his front door and <del>side</del> door.</p> <p>Central.</p>		
- O t h e r   V e h i c l e   I n v o l v e   D e t a i l s -		
(B) Veh No:	Hp:	Pax: Driver Name:
(C) Veh No:	Hp:	Pax: Driver Name:

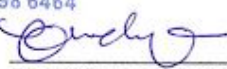
Declaration

We declare the foregoing particulars are true in every respect.

 **宝记泡参燕窝**  
**BAC KEE GINSENG & BIRDNEST**  
 TAX Invoice GST Reg. No. 53076425C  
 BLK 270, QUEEN STREET, #03-85/86/87,  
 ALBERT CENTRE, SINGAPORE 180270  
 TEL: 6336 0277/9698 6464

**AUTOLUTION INDUSTRIAL PTE LTD**  
 19 UBI ROAD 4  
 SINGAPORE 408623  
 TEL: 6490 9666 FAX: 68467483

  
 Policyholder's Signature / Date &  
 Time 15/12/21.

  
 Driver's Signature (If driver is not the policyholder) / Date  
 & Time 15/12/21.

  
 Witnessed by Reporting Centre  
 Personnel EMK AIFASO



































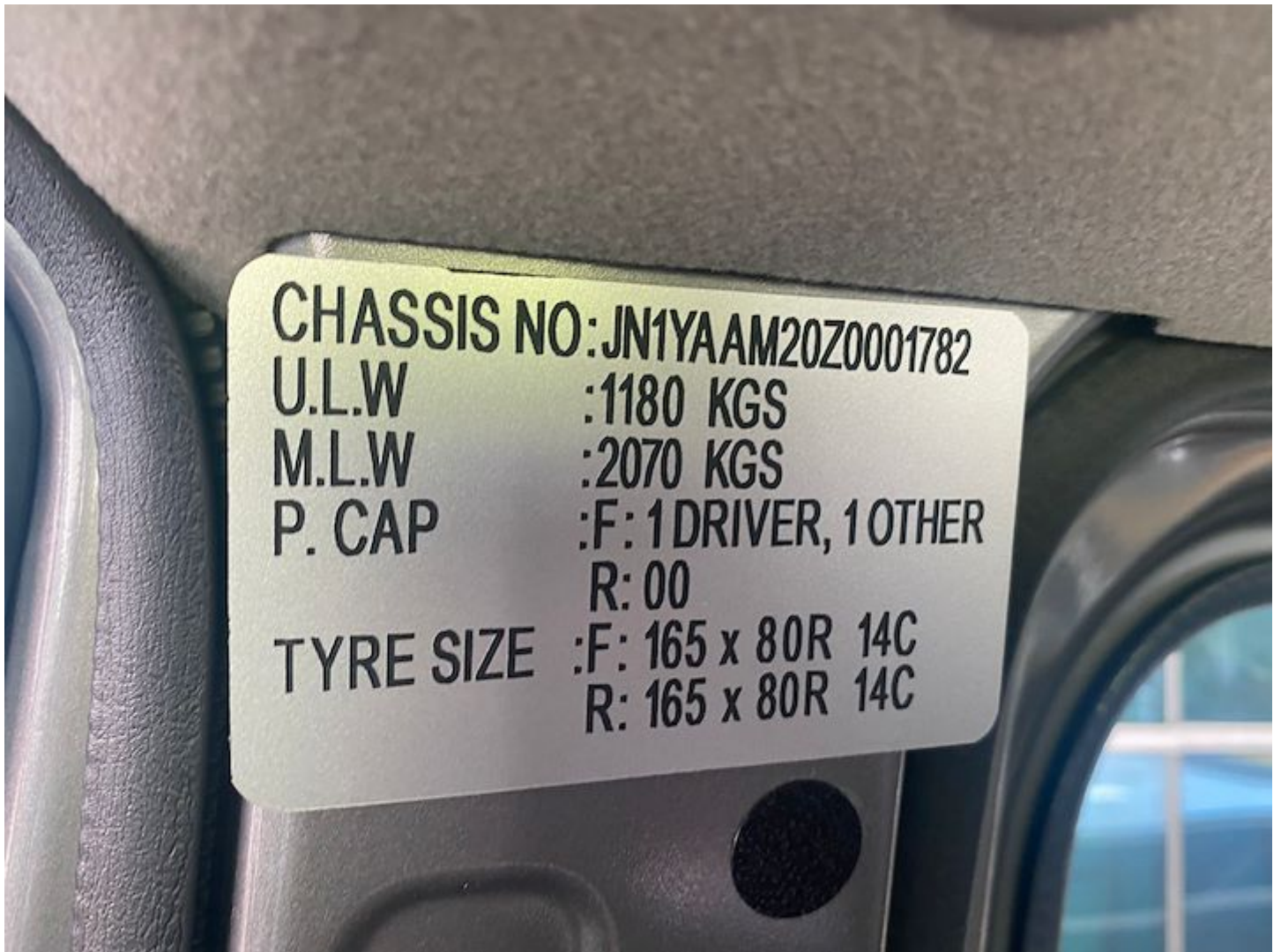
















## COVER NOTE

## NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

<b>Name of Policyholder</b>	: BAO KEE GINSENG AND BIRDNEST	<b>Vehicle No.</b>	:
<b>Period of Insurance</b>	: 10 May 2021 to 09 May 2022	<b>Cover Note No.</b>	: 7210047408
<b>Engine No.</b>	: HR16184926D	<b>Endorsement No.</b>	:
<b>Chassis No.</b>	: JN1YAAM20Z0001782	<b>Issued Date</b>	: 10 May 2021

## ABOUT THE COVER

<b>Make/Model</b>	: NISSAN NV 200 PETROL	<b>Sum Insured</b>	: Market Value	<b>First Year of Registration</b>	: 2021
<b>Engine Capacity/Tonnage</b>	: 0.8 Tonnage	<b>Off Peak Car</b>	: No	<b>Insuring with COE/PAF</b>	: Yes
<b>Driver Restriction</b>	: NA				

## 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" ("YIDER") 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.

## 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) and Section 95 of the Road Transport Act, 1987 (Malaysia), 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)

1. Tan Chong Motor Sales Add: 913 Bt Timah Road Singapore 589623 64694091 64694092 64694093

2. Autolion Industrial Add: 19 Ubi Road 4 Singapore 408623 64909668

3. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

4. TC AutoClinic Add: No. 1, Sixth Lok Yang Road Singapore 628099 62822212

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

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](http://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: United Overseas Bank Limited

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.  
We hereby certify that this Cover Note 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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0500610360

TAN CHONG CREDIT PTE LTD-NAC

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589622 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.

Eng Kiat Seet

78 Shelton Way #09-16 AIG Building S079120 | T: +65 6419 3000 | [www.aig.sg](http://www.aig.sg)

AIG Asia Pacific Insurance Pte. Ltd.