

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 28/01/2022 13:34 (SGT)
Date of Accident 27/01/2022 13:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information 2 KAKI BUKIT AVENUE 2 AUTO HUB
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF9147X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner AH HUAT TRADING PTE LTD
Company Reg No 1XXXXX301E
Email Address zeon.low@hotmail.com
Mobile Phone No (Phone) +65-97342002
Alternative Phone No (Office) +65-67376400

VEHICLE PARTICULARS

Manufacturer Toyota
Model PROACE 1.6 MANUAL
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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 1560

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070032176-01
Cover Note Number 13/04/2021 TO 12/04/2022

DRIVER

Name of Driver LOW SZE YONG
NRIC No SXXXX810D

Date Of Birth	01/02/1994
Occupation	Outdoor
Date Of Driving Pass	17/10/2017
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96472866
Alt. Phone Number	-
Email Address	zeon.low@hotmail.com
Address	53 ZION ROAD SINGAPORE 247778
Address complement	-
Postcode	-
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	Fire, explosion or lightning
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

SKETCH PLAN

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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.



[Handwritten Signature]

12:33
28-1-2022



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to attached police report.

Describe Circumstances of the Accident

Refer to attached police report.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 12:33
28-1-22

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



Witnessed by Reporting Centre Personnel





























**SINGAPORE
POLICE FORCE**



G/20220128/7028

1 of 2

POLICE REPORT (NP299)

Report No. G/20220128/7028

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 28/01/2022 12:31	Vide Report No.	Station Diary No.
Name Of Informant LOW SZE YONG	Address 53 ZION ROAD SINGAPORE 247778	
ID Type / ID No. NRIC NO / S9449810D	Contact No. Home/Office:	Mobile: 96472856
Nationality SINGAPORE CITIZEN	Email Address zeon.low@hotmail.com	
Occupation DRIVER	Sex Male	Age 27
Institution/School Name	Date of Birth 01/02/1994	Race Chinese
Date/Time Of Incident 27/01/2022 13:15 - 27/01/2022 13:15	Language English	
	Location Of Incident 2 KAKI BUKIT AVENUE 2 KAKI BUKIT AUTOHUB SINGAPORE 417921	

Brief details.

On 27. 1. 2022 afternoon 1.15pm i was driving my van GBF9147X at kaki Bukit Avenue 2 Auto Hub. I noticed that my van desk board shown Diesel particle filter was on and off. So the dpf function must done , Everything was going well when suddenly there was spark coming from the centre part of the van under carriage , i quickly off the engine and took the fire extinguisher along with the neighbouring workshop assisted spraying the water and extinguished fire ,nobody was injured during the accident . Soon after, SCDF arrived at scene and took some photos of my van without asking me any question.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2022 12:31
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220128/7028

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220128/7028

Subjects Involved			
Victim			
Person Name	LOW SZE YONG		
ID Type	NRIC NO	ID No	S9449810D
Gender	Male	Age	27
Race	Chinese	Language	English
Occupation	DRIVER	Address	53 ZION ROAD SINGAPORE 247778
Mobile No	96472856	Is Informant A Victim?	Yes
Person Name	LOW SZE YONG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2022 12:31
Officer In-Charge Of Case:	Classification Of Case:

[GBF 9147 X]

Exp: 12-4-22

AIG

CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : AN HUAT TRADING PTE LTD
 Period of Insurance : 13 Apr 2021 To 12 Apr 2022
 Engine No. : BH020006431
 Chassis No. : YARVBBHVBGZ056872

Vehicle No. : GBF9147X
 Policy No. : 2070032176-01
 Endorsement No. :
 Issued Date : 01 Apr 2021

ABOUT THE COVER

Make/Model : TOYOTA ProAce Comfort
 Engine Capacity/Tonnage : 1 Tonnage
 Driver Restriction : 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 may be required to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" (YIDRE) if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 3 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 96 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 - \$1100 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Null - \$1100 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the vehicle can be carried out at the repairer 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 6338 5200. Alternatively, you may refer to AIG website www.aig.sg or AIG 3G Mobile App. Simply search and download "AIG 3G" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

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), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1955 (Malaysia).



AIG Asia Pacific Insurance Pte. Ltd
AIG Building
78 Shenton Way
#07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME : Low Sze Yong
VEHICLE NUMBER : GTBF 9147A-X
DATE/ TIME OF ACCIDENT : 27/1/2022 @ 12:15h
PLACE OF ACCIDENT : 3 Kaki Bukit Auto Hub
THIRD PARTY VEHICLE (IF ANY) : Nil

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Home to Kaki Bukit

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Catch fire

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No

[Signature]
NAME:



I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE