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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

1. Please report <u>correctly</u> the details of the accident to speed up the Authorised Driver.

1. Please report <u>correctly</u> the details of the account to appear up the countries process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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.
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.

2. By the Independent 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.

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

27/04/2022 16:18 (SGT) 26/04/2022 13:30 (SGT) Lor 1 Toa Payoh, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBK2711L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes ABSPRUNG ENGINEERING SYSTEMS PTE LTD 2XXXXX436C info@absprung.com.sg (Phone) +65-97735985 (Office) +65-69091955

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

Employment

Nissan

Nv200

No - Claiming third party Commercial vehicle Auto 1597

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

AIG Asia Pacific Insurance Pte. Ltd. Comprehensive

7210013151-01

DRIVER

Name of Driver Passport No/FIN

Cover Note Number

ZHU GUO LIAN GXXXX581L



Date Of Birth	19/01/1988
Occupation	Indoor
Date Of Driving Pass	19/10/2017
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97735985
Alt, Phone Number	
Email Address	info@absprung.com.sg
Address	BLK 550 WOODLANDS STREET 44 #09-78
Address complement	-
Postcode	730550
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
D Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
	*
Insurance Company of Other Vehicle Owned by Driver	*1
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
	Collision - Head to Rear
Type of Accident	
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
OTHER INFORMATION	
the accident?	No
Was any foreign vehicle involved in the accident?	2
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	-
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	1
Number of Passengers (Including Driver)	J.
Has the driver been approached by unknown person(s)	No
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?	LR.
if yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
ATTACHWENT(O)	
Are accident photos available for attachment?	Yes
Was there any audio recorded?	No
Was there any audio recorded?	
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	IFR VEHICLE PROPERTY 1
DETAILS OF OTH	HER VEHICLE PROPERTY 1
Vehicle Registration Number	FBR9579U
Vehicle Manufacturer	a - **
	😼
Vehicle Model	v. -

Motorcycle

SXXXX082D

(Phone) +65-96559552

MOHAMMAD FALIQ BIN NIN AHMAD

Vehicle Variant Vehicle Colour

NRIC No

Vehicle Category Name of Driver

Contact Number Address

Address complement	-
Postcode	- O
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	3)
Details of property damaged in accident	<u>.</u>
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 willful 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.
- 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)

Lunderstand, 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.

Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Policyholder's Signature / Date & Personnel Time Sketch Plan 0 00

B

(SBK 2711 L FBR 9579 M Describe Circumstances of the Accident

AS PER STATED PATE & TIME I WAS PRIVINE BLANG TOO POYOH . LOK
1 , BS opproaching the TRAFFIC JUNCTION WHEN THE TRAFFIC LIGHT TURNS 1860
1 FIEN STOP MY VEHICLE IN STATIONARY POSITION WATTING FOR THE TRAFFIX LIGHT
TO TURN GREEN BEFORE MAKING MY PLEHT THEN, SUDDENLY, I FENT AN IMPACT ISS
VEHILLE B FROM BEHIND HAD READ ENDED MY YEHILLE D. I THEN CAME DOWN TO
ACCESS MY VEHICLE DEMAGE , OND EXCHENCE MY PERTICULAR WITH VEHICLE B DRIVER, AS
NO ONE WAS INSURED DURING THE INCLOSUT, WE BOTH THEN PROCEED TO LEAVE
THE AREA.

Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

		6 Batter of the Latin Co.		
Date of accident:	ime:	13304	(A)	
location of accident:	SLONG TOD PRYON LOR 1		101	`
	Details of Own Vehic	e		and the state of t
Vehicle Number:	6BK 2711L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Make/Model:	NISSAN NV 200
Insurer:	AIG INSURANCE	***	(incl. Driver):	1
Policy No:	72100 315 - 01	- 033011601	Policy Type:	<
<u>Policyholder</u>	12.00 3/3/2 6/	777	Toney Type	27.1.17.110
Name:	ABSPRUNG ENGINEERING SYSTEMS	07/170	NRIC/FIN no.:	201676436
Contact no.:	6909 1955	_ I ID FIU		00,00,00
Driver		-		
Name:	ZHU GUO LIAN		NRIC/FIN no:	67743581
Contact no.:	97735983			19/1/1968
Email:	INFO @ absprung. com. sq	-	Occupation:	
Address:	BIK 550 WOOLEND STREET 44	7-PO#,	-	
Driving pass date:			Policyholder:	_
General Information			-	hamme J
Weather conditions	Clear/Raining	Road_surface	(Dry/)Wet	
Police report:		Video Footage	: Yes/ No	
Prosection Letter:	Yes/No If Yes a	against whom		
Injuries:	Yes/No If Yes, provide injuries detail	ls:-		
	Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/N)
	Details of Third part	V		
	Vehicle 8		Vehicle C	
Vehicle no.:	FBR 9579 U			
Driver name:	MOHEMMAO FALL Q BID HIN AHMOD			
NRIC/ FIN no.:	593320820			
Contact no:	9655 955 2			
Insurance Co:	NTUC.			
Remarks:				
(Made/Model, Passenger, property Info & etc)				
uses and the second	Detail of Witness			
	Witness 1		Witness 2	
Name:	With ESS 1			- t- t-
Contact no.:				
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	Own Damage/ Third Party/ Reporting Only	driv	er 🗷	*
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C22040013/Wg3205001



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder

: ABSPRUNG ENGINEERING SYSTEMS PTE LTD

Period of Insurance

: 19 Mar 2022 To 18 Mar 2023

Engine No.

: HR16156236D

Chassis No. : VM20139561 Vehicle No.

: GBK2711L

Policy No.

: 7210013151-01

Endorsement No.

Issued Date

: 14 Feb 2022

ABOUT THE COVER

Make/Model

: NISSAN NV 200 PETROL

Engine Capacity/Tonnage: 0.8 Tonnage

Sum Insured : Market Value

First Year of Registration : 2020

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF

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 S\$\$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; b) use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; and 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

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 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 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: UOB LIMITED

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), Part IV of Road Transport Act, 1987 (Malaysia). Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

WONG TEEN PHANG FRANCIS

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Enquire Vehicle Transfer Fee

Power Rating:

Maximum Power Output:

V	ehicle Details
	Vehicle No. GBK2711L
	Make/Model NISSAN / NV200 DX 1.6 AUTO
	Vehicle Type: A50 - Goods (Closed) Van/Van Panel (Delivery) Vehicle Attachment 1: No Attachment
	Vehicle Scheme : Normal Chassis No. : VM20139561
	Propellant: Petrol Engine No.: HR16156236D
	Motor No.: - Engine Capacity: 1597 cc