

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	19/05/2022 14:55 (SGT)
Date of Accident	18/05/2022 15:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG WEST COAST HIGHWAY AT JUNCTION LINKING TO WEST COAST LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9767X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIM THIAM CHWEE FOOD SUPPLIER PTE LTD
Company Reg No	199902525C
Email Address	DLIM@LTCFOOD.COM.SG
Mobile Phone No	(Phone) +65-90694764
Alternative Phone No	(Home) +65-90694764

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070150482-01
Cover Note Number	-

DRIVER

Name of Driver	LEONG SIEW KHEONG
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Passport No/FIN	F0156989U
Date Of Birth	23/07/1958
Occupation	Outdoor
Date Of Driving Pass	02/07/2019
Driving experience	2 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91351898
Alt. Phone Number	-
Email Address	DLIM@LTCFOOD.COM.SG
Address	BLK 6 PASIR PANJANG WHOLESALE CENTRE
Address complement	-
Postcode	110006
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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

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	SKT8988L
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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

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6. 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) My 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/are disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including third party law firms) who may be sited outside of Singapore, for one or more of the above Purposes.

TEL: 6779 0330 (9 LINES) FAX: 6779 0330
 EMAIL: itcfood@singnet.com.sg

[Signature] 19/5/22
 1420hrs

Policyholder's Signature / Date & Time

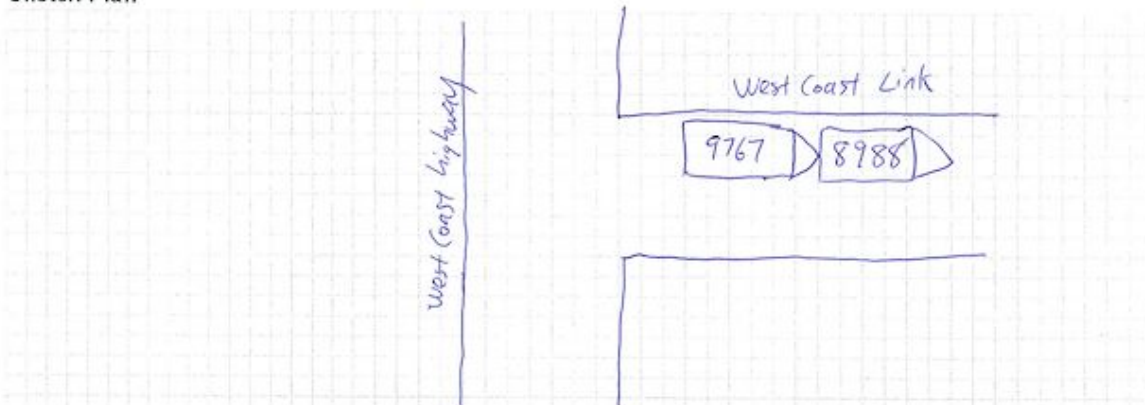
[Signature] 19/5/22
 1420hrs

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

[Signature]
 Francis Cher
 Motor Claims Assessor
 Borneo Motors (S) Pte Ltd

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

At the date and time of accident, i was travelling in West Coast Link.

When i was bringing my car to a stop, i could not stop in time and knocked into the car in front of me. No one was injured.

Declaration
 林智興 豐食供應商私人有限公司
 LIM THIAM CHWEE FOOD SUPPLIER PTE LTD
 BLK 101 232/223 WHOLESALE CENTRE
 PASIR PANJANG, SINGAPORE 110008
 TEL: 6778 1384 (5 LINES) FAX: 6778 0330
 EMAIL: ltcfood@singnet.com.sg

[Signature] 19/5/22
 1420hrs
 Policyholder's Signature / Date & Time

[Signature] 19/5/22
 1420 hrs.
 Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
 Francis Cher
 Motor Claims Assessor
 Borneo Motors (S) Pte Ltd
 Witnessed by Reporting Centre Personnel







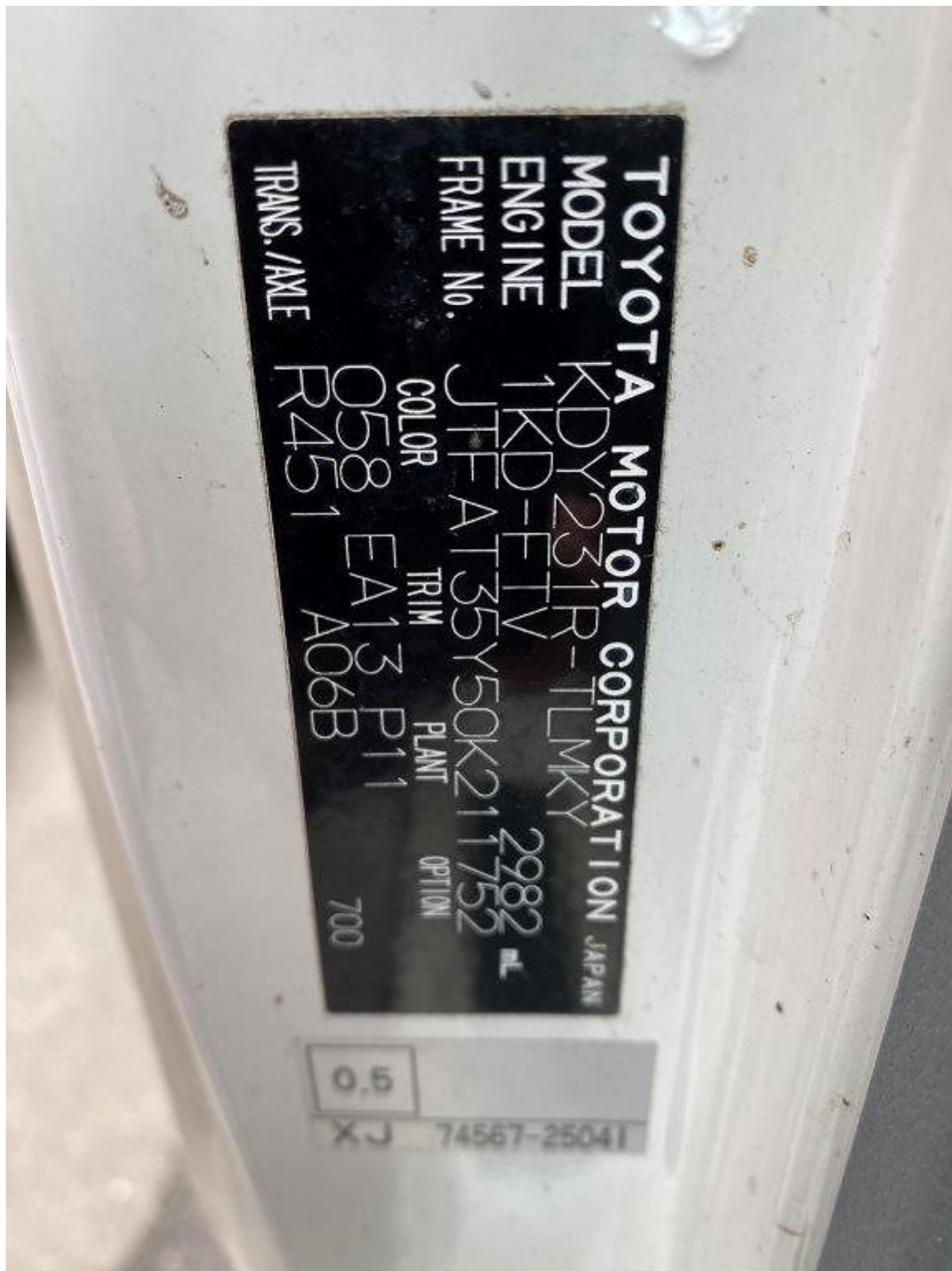


















AUTHORIZATION LETTER

Date: 19/MAY/2022

To: AIG

Cc: Borneo Motors (S) Pte Ltd

Attn: To Whom It May Concern

Dear Sir / Madam,

RE: Authorization to Act on Behalf for Insurance Claims Documentation

I/we, (full name) Lim Thiam Chwee Food Supplier Pte Ltd NRIC No. 199702525C
 hereby authorized my/our (relationship) 'Authorized Driver' (full name)
Leong Siew Kheong NRIC No. F01569894 to drive my
 vehicle at time of accident.

He / She is also authorize to exercise and execute to sign all / any necessary transaction
 documentation pertaining to my registration vehicle number GBH 9767X as I am
 currently having tight official business schedules / away from Singapore on duty oversea travel.

Please do not hesitate to contact me should you require any further clarification on the above.

Thank You

Yours truly,

Signature : 
 Name : Desmond Lim
 Contact No : 90694764


 LIM THIAM CHWEE FOOD SUPPLIER PTE LTD
 BLK 6 #01-222/223 WHOLESALE CENTRE
 PASIR PANJANG, SINGAPORE 110006
 TEL: 6778 1864 (5 LINES) FAX: 6779 0330
 EMAIL: itatoad@singnet.com.sg



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : LIM THIAM CHWEE FOOD SUPPLIER PTE LTD
 Period of Insurance : 14 Nov 2021 To 13 Nov 2022
 Engine No. : 1KD2829670
 Chassis No. : JTFAT35Y50K211752

Vehicle No. : GBH9767X
 Policy No. : 2070150482-01
 Endorsement No. :
 Issued Date : 15 Oct 2021

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.7 ton [Lorry]
 Engine Capacity/Tonnage : 1.7 Tonnage Sum Insured : Market Value First Year of Registration : 2018
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : Yes

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" ("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.

Loss Of Use (7 Days) Commercial Auto Cover

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 85 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 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: NA

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

0504696021

ALLINK INSURANCE AGY-TOYOTA CV

BLK 153 BUKIT BATOK ST 11 #02-290

SINGAPORE 650153

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Allink Insurance Agency Pte. Ltd.