

## 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 .....              | 13/07/2022 16:09 (SGT)        |
| Reported by .....                     | Driver                        |
| Date of Accident .....                | 12/07/2022 10:00 (SGT)        |
| Exact Location of Accident .....      | 1 Kaki Bukit Ave 6, Singapore |
| Additional Location Information ..... | #01-64                        |
| Country/State of Loss .....           | Singapore                     |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | GBC3567Y |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                            |
|--------------------------------|----------------------------|
| Is company? .....              | Yes                        |
| Name Of Registered Owner ..... | HE XING AUTO GLASS PTE LTD |
| Company Reg No .....           | 200310936C                 |
| Email Address .....            | hexing.kee@gmail.com       |
| Mobile Phone No .....          | (Phone) +65-62983113       |
| Alternative Phone No .....     | -                          |

#### VEHICLE PARTICULARS

|  |                     |
|--|---------------------|
| Manufacturer .....   | Toyota              |
| Model .....  | Dyna                |
| 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 - Reporting only |
| Vehicle Category .....   | Commercial vehicle  |
| Transmission .....   | Manual              |
| CC .....   | 2982                |

#### INSURANCE COMPANY

|   |                                      |
|---|--------------------------------------|
| Name of Insurance Company .....         | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number ..... | 1900013985-03                        |

#### DRIVER

|                      |                |
|----------------------|----------------|
| Name of Driver ..... | YOONG MENG FEI |
| NRIC No .....        | S1133304D      |
| Date Of Birth .....  | 05/01/1955     |
| Occupation .....     | Outdoor        |

|  |                               |
|--|-------------------------------|
| Date Of Driving Pass .....   | 13/01/2001                    |
| Driving experience .....   | 21 YEARS AND 6 MONTHS         |
| Gender .....   | Male                          |
| Mobile Number .....  | (Phone) +65-81825433          |
| Alt. Phone Number .....  | -                             |
| Email Address .....  | hexing.kee@gmail.com          |
| Address .....  | BLK 68 GEYLANG BAHRU #12-3207 |
| Address complement .....   | -                             |
| Postcode .....   | 330068                        |
| 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  |
| Translator's name .....   | -   |
| Translator's ID .....   | -   |
| Translator's phone number .....   | -   |
| Translator's email .....  | -   |
| Original language used in the statement .....   | -   |

#### 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

WHEN MY LORRY REVERSE AND HIT VEHICLE B,

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |             |
|-----------------------------------|-------------|
| Vehicle Registration Number ..... | SKG1527Z    |
| Vehicle Manufacturer .....        | -           |
| 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 ..... | VEHICLE B |
| No. Of Passenger (Including Driver) .....     | -         |

**SKETCH PLAN**

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1. Please report correctly the details of the accident to speed up the claims process.
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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

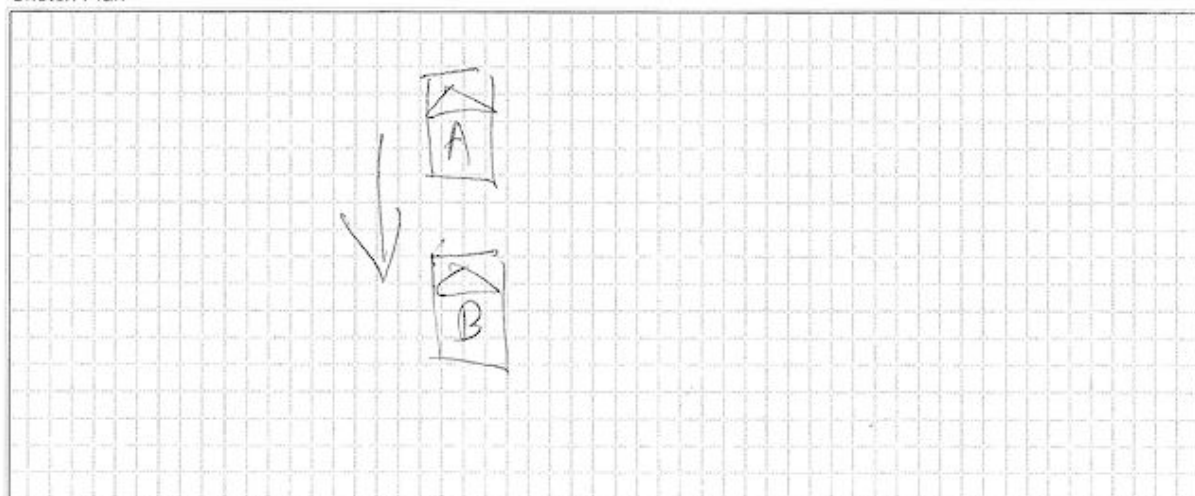
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

when my Lorry Resker never hit Veh B.

Declaration

I/We declare the foregoing particulars are true in every respect.

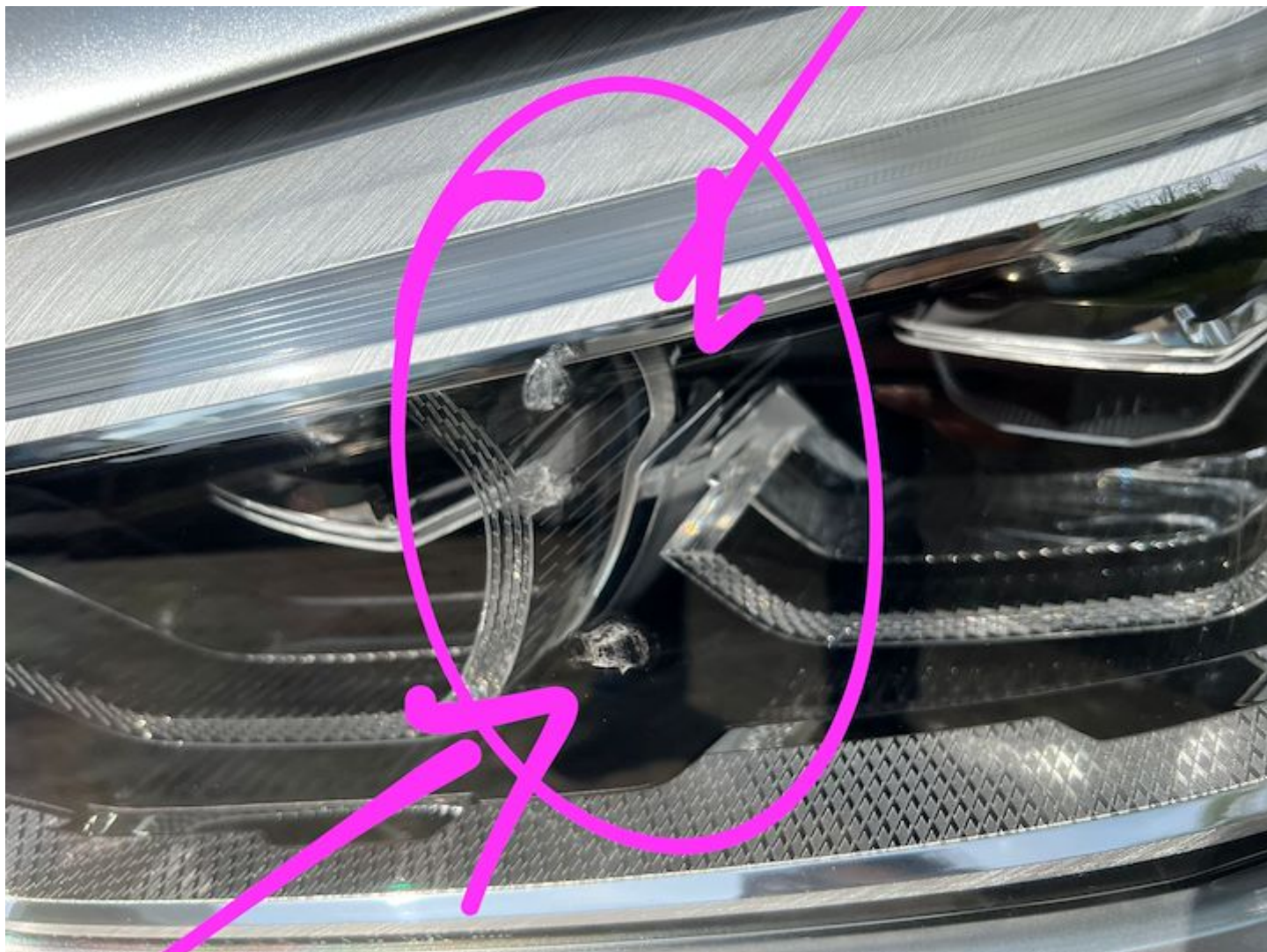
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



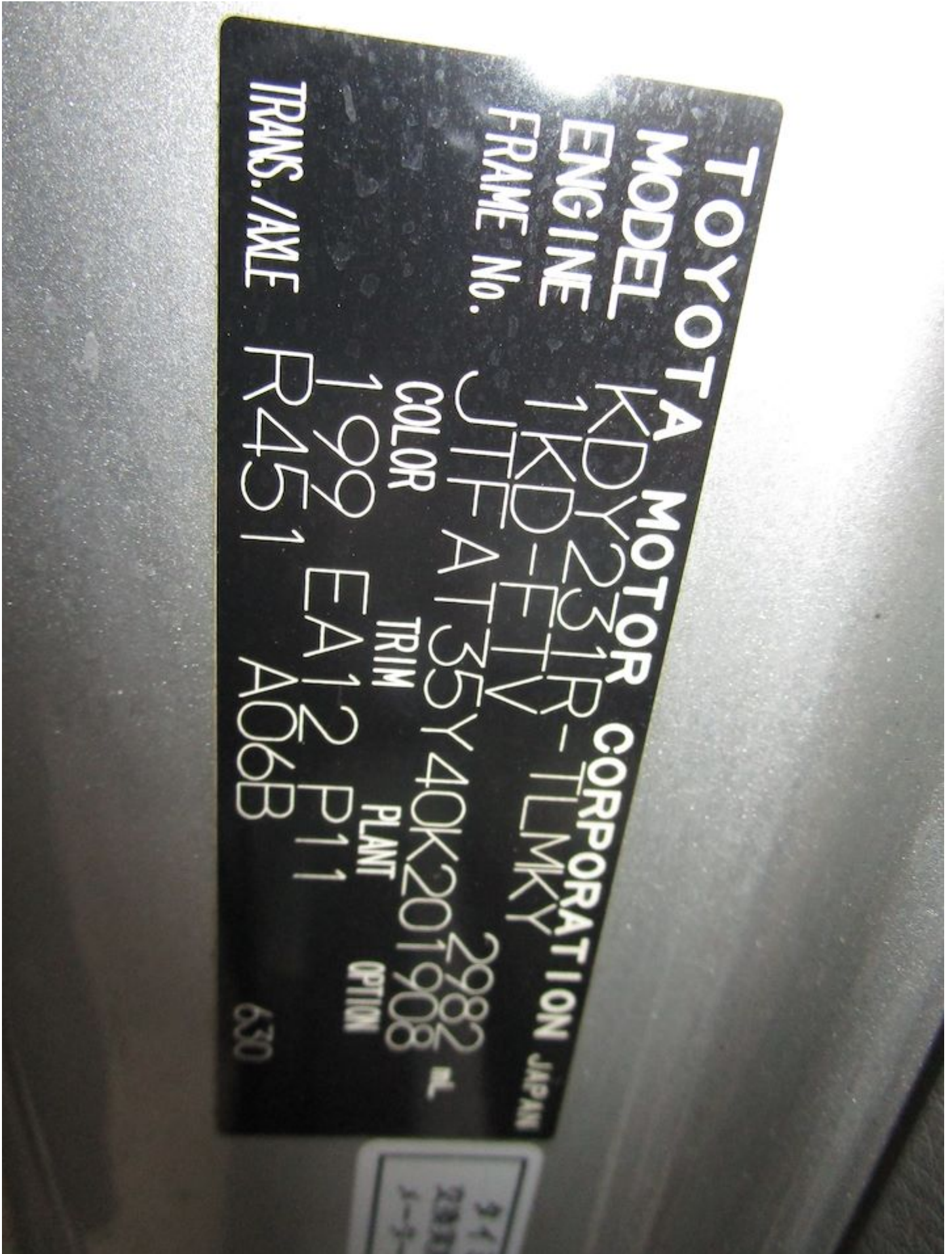




























| AIG   |                                 | CERTIFICATE OF INSURANCE   |               |
|---|---------------------------------|--|---------------|
| <b>COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE</b>   |                                 |  |               |
| Name of Policyholder  | HE XING AUTO GLASS PTE LTD      | Vehicle No.  | CBC3567Y      |
| Period of Insurance   | 24 Feb 2022 To 28 Feb 2023      | Policy No.   | 1900013986-03 |
| Engine No.  | 1K02156652                      | Endorsement No.  |               |
| Chassis No.   | JTFAT35Y40K201000               | Issued Date  | 28 Jan 2022   |
| <b>ABOUT THE COVER</b>  |                                 |  |               |
| Make/Model  | TOYOTA DYNA 150 1.8 ton (Lorry) | Sum Insured  | Market Value  |
| Engine Capacity/Tonnage   | 1.8 Tonnage                     | Off Peak Car   | No            |
| Driver Restriction  | NA                              | First Year of Registration   | 2012          |
| Person or Classes of Persons Entitled to Drive*   |                                 | Insuring with COE/PAF  | Yes           |
| <p>a) Any person who is driving on the Policyholder's order or with their permission.<br/> b) This Policy will not cover the Policyholder or any authorized driver if they do not meet the specified age condition.</p> <p>You have to pay an additional sum of S\$55,000 as "Young and Inexperienced Driver Excess" (YIDRE) if You are or Your Authorized Driver (named or unnamed) is under the age of 25 and/or has less than 2 years' driving experience.</p> <p>Age Condition: All Age Condition</p> <p>Limitation as to use*</p> <p>1) Use in connection with the Policyholder's business.<br/> 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.<br/> 3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, plan-making, reliability trial or speed-testing; b) use whilst driving a trailer except the towing (a) trailer for reward; or any one disabled mechanically proposed vehicle; and c) use for any purpose in connection with Motor Trade.</p> <p>Loss Of Use (7 Days) Commercial Auto</p> <p>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Section 65 of the Road Transport Act, 1997 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.</p> |                                 |  |               |
| <b>EXCESS</b>   |                                 |  |               |
| Section 1   |                                 |  |               |
| Fire: \$0 Own Damage: \$600 Theft: \$0  |                                 |  |               |
| Section 2   |                                 |  |               |
| Property Damage: \$0  |                                 |  |               |
| Windscreen: \$100   |                                 |  |               |
| Named Driver and Excess (where applicable)  |                                 |  |               |
| <b>APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)</b>   |                                 |  |               |
| <p>Any accident claims to the vehicle must be settled out by one of our Authorized Repairers. Within the first 3 years of the first registration of the vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.<br/> For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6393 6200. Alternatively, You may refer to AIG website <a href="http://www.aig.sg">www.aig.sg</a> or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.</p>   |                                 |  |               |
| <b>IMPORTANT NOTES</b>  |                                 |  |               |
| <p>Hire Purchase Company/Employer's Loan: NA</p> <p>We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle Third Party Risks and Compensation Act (Cap. 189), Part IV of the Road Transport Act, 1997 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicle Third Party Risks (Rule) 1999 (Malaysia).</p>  |                                 |  |               |
| D50429000<br>HE XING ENTERPRISES CO PTE LTD<br>18 UBI ROAD 4 #02-07 UBI CAR MALL<br>SINGAPORE 408516<br>Underwritten by AIG Asia Pacific Insurance Pte. Ltd.  |                                 | AIG Asia Pacific Insurance Pte. Ltd.<br>This computer generated document does not require a signature.<br>Sing Cheng Tan |               |