

SN08227 P0005

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( )

TP Particulars: ( ) Vch No: GBD 1226P INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks: Information strictly Confidential & Strictly NO refer of repairer.

( ) Walk-In Customer : Customer's information must be provided to the Insurance URGENTLY.

( ) Total Loss Case : to e-mail Insurer URGENT.  
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )  
Date & Time

Remarks: (IC) hotline: 6788 6616

- Remarks: JIC Hotline: 877-833-1010
- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check/ Post Repair Inspection ( )
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury :

[illegible]

NA2201962

### Plaintant's Particulars

Δίνεις/Ουλεις:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

### Auditors' Comments

t. 1:

t. 2 / 3:

### Invoice Preparation Checklist

- |   |          |            |
|---|----------|------------|
| 1) AR: Accident Reporting                       | (\$30);  |            |
| 2) DA: Damage Assessment                        | (\$100); | INC (\$80) |
| 3) TF: Towing Fee                               |          | \$40/\$45  |
| 4) FT: Follow-Through Survey                    |          | \$120      |
| 5) PT: Follow-Through Survey (Pass survey)      |          | \$30       |
| For claiming against INC Only (wef 10 Jan 2005) |          |            |
| 6) TR: Re-inspection                            |          | \$75       |
| 7) NI: Idco DA + SMRT Survey                    |          | \$160      |
| 8) NTUC Additional Services:                    |          |            |
| <u>OR</u>                                       |          |            |
| *N5: Courtesy Car / Tpt Allowance               |          | \$         |
| *N6: Repair Co-ordination                       |          | \$10       |
| *N7: Post Repair Inspection                     |          | \$2        |
| *N8: DV / Collect Excess Coordination           |          | \$         |
| <u>TP (N11): TP (Ptn INC) against INC</u>       |          |            |
| 9) N12: Idco Mobile                             |          | \$         |

Invoice deleted

Invoice dated

Fee Charged

Free Charged



## 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	25/07/2022 17:33 (SGT)
Reported by	Driver
Date of Accident	25/07/2022 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DEFU LANE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7024H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CLEAN SOLUTIONS PTE LTD
Company Reg No	1XXXXX833K
Email Address	jonustany@hotmail.com
Mobile Phone No	(Phone) +65-88874909
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 - Claiming third party
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	7210107226

### DRIVER

Name of Driver	JONUS TAN YEE YONG
NRIC No	SXXXX760H
Date Of Birth	24/07/1989
Occupation	Outdoor

Date Of Driving Pass	25/11/2014
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88874909
Alt. Phone Number	-
Email Address	jonustanny@hotmail.com
Address	BLK 233A SUMANG LANE #16-325
Address complement	-
Postcode	821233
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 - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

#### 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)	2
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	-

#### PASSENGER 1

Name	TAN BEE WAH
Gender	Male

#### 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 SKETCH PLAN

#### 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	GBD1226P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 Actual 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 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:

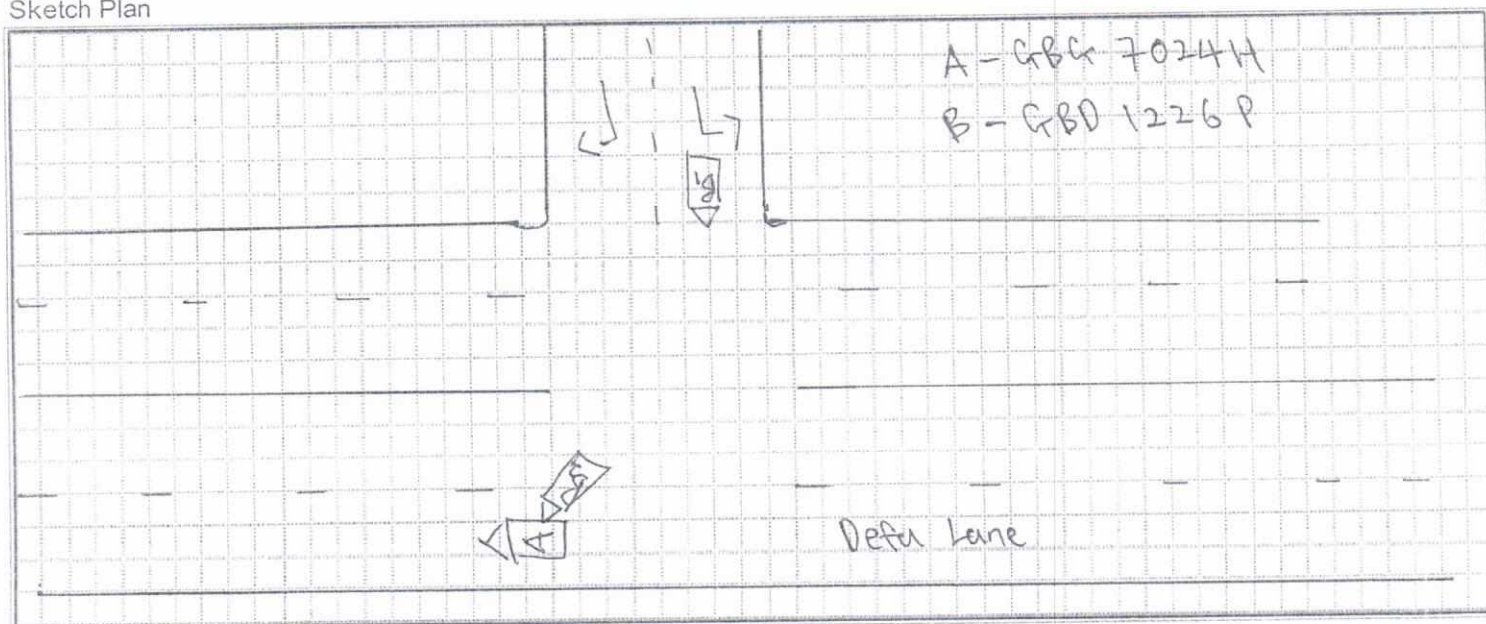
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

On the above mentioned date, time and location. I was travelling straight in my vehicle 'A' with one passenger on board. While I was going straight I felt a huge impact from the right and when I alighted, I realised it was vehicle 'B' that had collided onto the ~~left~~<sup>right</sup> portion of my vehicle 'A' causing ~~damaged~~ damages to my vehicle 'A'.

Vehicle 'A' - GRB 7024 H

Vehicle 'B' - GRB 12268

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



25/07/2022

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

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 25 / 07 / 2022 (dd/mm/yy) Time of Accident: 13 : 50 (24-HR-FORMAT)  
Vehicle No.: WBG 7024H Vehicle Make & Model: TOYOTA DYNA  
\*Transmission : ☐ Manual ☐ Auto \*C.c: \_\_\_\_\_  
Exact location of Accident: Defu Lane  
Policyholder's Name: Clean Solutions Pte Ltd NRIC/FIN/REG No.: 198801833K  
\*Policyholder's email address: jonustanxy@hotmail.com  
Driver's Name: Jonus Tan Yee Yong NRIC/FIN/REG No.: S8924760H  
\*Driver's email address: jonustanxy@hotmail.com  
Driver's Contact No.: 88874909 Company Contact No (if any): \_\_\_\_\_  
Date of birth: 24-07-1989 Driving Pass Date: 25/11/2014  
Driver's Address: Blk 233A Sumang Lane #16-325 S(821237)  
Insurance Company: AZQ  
Policy No.: 7210107226 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft  
Relationship between Owner & Driver: (Please CIRCLE one only)  
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_  
What do you wish to claim? (Please TICK one only)  
☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose )  
Type of Accident  
☐ Chain Collision ☐ Head To Rear ☐ Side Swipe ☒ Other Head to side  
Occupation (nature job) ☐ Indoor / ☒ Outdoor \*No. of Passengers / Including Driver): 02  
\*Passanger Name: Tan Bee Wah Gender: Male / Female  
\*Passanger Name: \_\_\_\_\_ Gender: Male / Female  
Weather condition & Road conditions? (On the day of accident)  
☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_  
Was there any video captured by your car Car camera? ☐ Yes / ☐ No  
Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person' Name: \_\_\_\_\_  
Injuries Sustain : \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_  
Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party (S) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: G80 1226P  
Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_  
Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_





# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Clean Solutions Pte Ltd  
Period of Insurance : 28 Sep 2021 To 27 Sep 2022  
Engine No. : 1KD2752623  
Chassis No. : JTFAT35Y00K209200

Vehicle No. : GBG7024A  
Policy No. : 7210107226  
Endorsement No. :  
Issued Date : 02 Sep 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 : 2017  
Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : 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

\* 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

Section 2  
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 must be carried out by one of our Authorised 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.  
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: 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)

0504611000

K-2 VENTURES INSURANCE AGENCY

8 BOON LAY WAY #08-12 TRADEHUB 21  
SINGAPORE 609964

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

K-2 Ventures Insurance Agency