

# 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 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 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 ..... 23/09/2022 17:13 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 28/06/2022 14:10 (SGT)  
Exact Location of Accident ..... Commonwealth Ave W, Singapore  
Additional Location Information ..... JUNCTION OF CLEMENTI AVE 2 TWRDS CLEMENTI MRT STATION  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF7777R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... JIAJIAFU TRADING PTE. LTD.  
Company Reg No ..... 201926845M  
Email Address ..... sales.jiajiafu@gmail.com  
Mobile Phone No ..... (Phone) +65-67485200  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 3000

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... 1900231556-02

### DRIVER

Name of Driver ..... HUANG HANJUN  
NRIC No ..... G2296587K  
Date Of Birth ..... 26/08/1986

|  |                                    |
|--|------------------------------------|
| Occupation .....   | Indoor                             |
| Date Of Driving Pass .....   | 30/11/2020                         |
| Driving experience .....   | 1 YEAR AND 7 MONTHS                |
| Gender .....   | Male                               |
| Mobile Number .....  | (Phone) +65-91575768               |
| Alt. Phone Number .....  | -                                  |
| Email Address .....  | sales.jjajiafu@gmail.com           |
| Address .....  | 103 LOR K TELOK KURAU KELSO GARDEN |
| Address complement .....   | -                                  |
| Postcode .....   | 425737                             |
| 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 on collision |
| 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

PLEASE REFER TO ATTACHED.

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | Yes |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SHD5886L |
| Vehicle Manufacturer .....        | Toyota   |
| Vehicle Model .....               | Prius    |
| Vehicle Variant .....             | -        |
| Vehicle Colour .....              | Red      |
| Vehicle Category .....            | Taxi     |
| Name of Driver .....              | UNKNOWN  |

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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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*

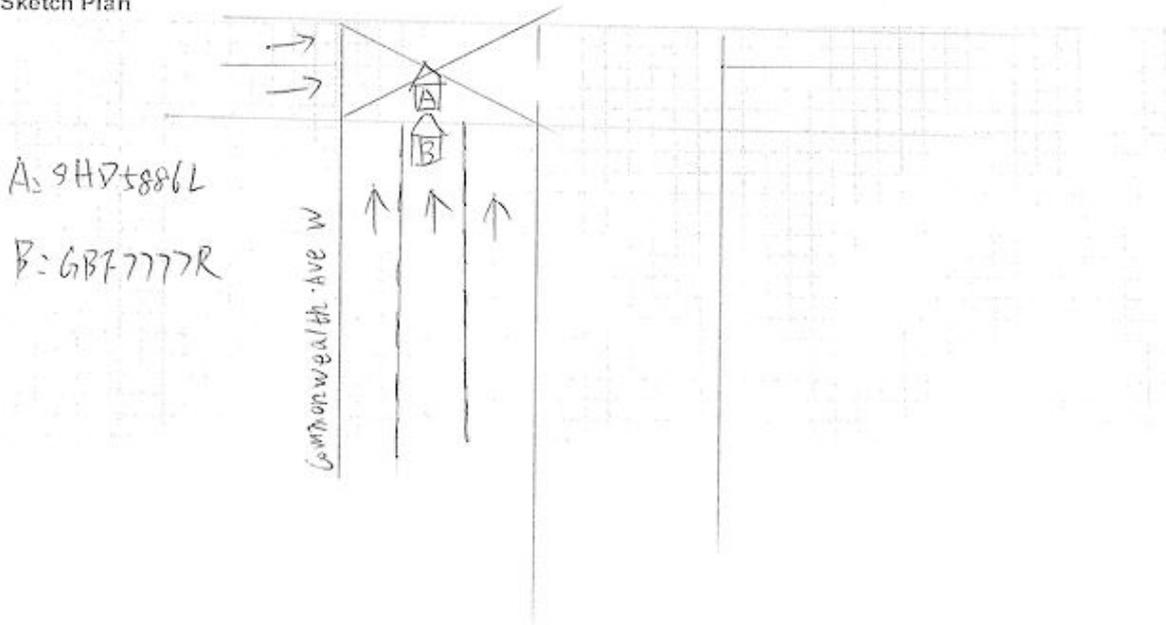
*Handwritten signature: Kelvin*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

Please refer to letter from Insurance Company.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

# 32 号

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

Kevin

Witnessed by Reporting Centre Personnel

### AUTHORIZATION LETTER

Date:.....

To Whom It May Concern:

I ..... JIAJIA FU TRADING PTE LTD ....., Company Reg No 201926845M

hereby like to authorized..... HUANG HAM JUN ....., IC 62296487K

to make accident report behalf of company .

Your Sincerely



.....  
Signature / Company Stamp



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/AIG22008206/Kpa3

22 September, 2022

**JIAJIAFU TRADING PTE. LTD.**  
59A GEYLANG BAHRU  
#01-3345  
SINGAPORE 330059

Dear Sirs,

**ACCIDENT INVOLVING GBF 7777R AND SHD 5886L ON 28/06/2022 14:10 ALONG/AT COMMONWEALTH AVE WEST JUNCTION OF CLEMENTI AVE 2 TOWARDS CLEMENTI MRT STATION**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD-PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centres. You may refer to your Certificate of Insurance for the list of the reporting centres.

If you have any information to add or any amendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc would be affected.

Yours faithfully,

Hsiao Tong  
Claims  
Tel : 6742 3197  
Fax: 6741 4108  
Email : [chewht@lkkauto.com](mailto:chewht@lkkauto.com)

c.c. Claims Manager  
AIG Asia Pacific Insurance Pte Ltd  
(Motor Claims Dept)



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

|                             |                              |                        |                 |
|-----------------------------|------------------------------|------------------------|-----------------|
| <b>Name of Policyholder</b> | : JIAJIAFU TRADING PTE. LTD. | <b>Vehicle No.</b>     | : GBF7777R      |
| <b>Period of Insurance</b>  | : 20 Oct 2021 To 19 Oct 2022 | <b>Policy No.</b>      | : 1900231556-02 |
| <b>Engine No.</b>           | : 1KD2864050                 | <b>Endorsement No.</b> | :               |
| <b>Chassis No.</b>          | : KDY2318039926              | <b>Issued Date</b>     | : 21 Sep 2021   |

### ABOUT THE COVER

|                                |                                   |                     |                |                                   |        |
|--------------------------------|-----------------------------------|---------------------|----------------|-----------------------------------|--------|
| <b>Make/Model</b>              | : TOYOTA DYNA 150 1.7 ton (Lorry) | <b>Sum Insured</b>  | : Market Value | <b>First Year of Registration</b> | : 2019 |
| <b>Engine Capacity/Tonnage</b> | : 1.7 Tonnage                     | <b>Off Peak Car</b> | : No           | <b>Insuring with COE/PARF</b>     | : Yes  |
| <b>Driver Restriction</b>      | : 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 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 - \$800 Theft - \$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 or AIG SG Mobile App. Simply search and download "AIG SG" 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, 1959 (Malaysia).

0032026154

AIAFA - LIM YUAN ZHEN KENNY

1 ROBINSON ROAD #15-01B AIA TOWER

SINGAPORE 048542

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.

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