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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 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,

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
Reported by
Date of Accident
Exact Location of Accident
Additional Location Information
Country/State of Loss

30/08/2022 14:55 (SGT) Driver 29/08/2022 17:00 (SGT) Jurong West Ave 2, Singapore

-Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBF5202X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

Company Reg No Email Address Mobile Phone No

Alternative Phone No

Yes

Nissan

Nv350

Auto

2488

Employment

No - Claiming third party

Commercial vehicle

PEAK ENGINEER NG & CONSULTANCY PTE. LTD.

2XXXXX941D

hcrmyself@gmail.com (Phone) +65-82729073

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

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. 1800129350-03

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation RAHMAN SUHANUR GXXXX489U 03/05/1994 Outdoor

30/07/2018 4 YEARS AND 1 MONTH Male (Phone) +65-82729073	Date Of Driving Pass Driving experience Gender
Male	
	Gender
(Phone) +65-82729073	
(1 110110) - 00 02725070	Mobile Number
	Alt. Phone Number
hcrmyself@gmail.com	Email Address
9005 TAMPINES STREET 93 #01-228	Address
TAMPINES INDUSTRIAL PARK A	Address complement
528839	Postcode
No	s the driver the policyholder?
Employee	f No, Relationship of the Driver with the Insured
No	Does Driver Own Other Vehicles?
140	/ehicle Registration Number of Other Vehicle Owned by Driver
_	remote registration realist of other vollide of the by Direct
-	nsurance Company of Other Vehicle Owned by Driver
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	GENERAL INFORMATION OF THE ACCIDENT
Side Swipe	Type of Accident
Clear	Neather Conditions
Dry	Road Surface
	OTHER INFORMATION
No	Was any foreign vehicle involved in the accident?
No.	
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)
	Has the driver been approached by unknown person(s)
No	soliciting/offering accident claims assistance?
*	
K	
-	Translator's phone number
	Translator's email
#	Original language used in the statement
	DETAILS OF POLICE ACTION
N	
No	
-	If yes, against whom?
	CIRCUMSTANCES OF ACCIDENT
	PLEASE REFER TO SKETCH PLAN
	ATTACHMENT(S)
Yes	Are conident photos available for attachment?
	Are accident priotos available for attachment:
No	Was there any video captured by Car Camera?
1 No - - - - - - - - -	Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN

DETAILS OF OTHER VEHICLE PROPERTY 1	OF OTHER VEHICLE PROPERTY 1
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Vehicle Registration Number	SNA9997T
Vehicle Manufacturer	-
Vehicle Model	÷:
Vehicle Variant	+
Vehicle Colour	3 0
Vehicle Category	Private car
Name of Driver	TEO BOON HAN
NRIC No	SXXXX818A

Contact Number	
Address	
Address complement	
Postcode	82
Insurance Company Name	12
Nature Of Damage	
Details of property damaged in accident	
11 0/0	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: DATE OF ACCIDENT:

- Please report <u>correctly</u> 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 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.
- 5. 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 w orkshop and the General Insurance Association of Singapore ("G A") 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 w ith 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
- (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 the ir 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.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

I was travelling	glong Jung W	est Ave 2	when retitle (B)
	and hit my		
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REPORTING ONLY ()	OWN DAMAGE ()	THIRD PARTYW	OWN WORKSHOP ()
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Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

ACCIDENT REPORTING FORM

Date of Accident: 29/8/2022 Time of Accident: 17:00 (24Hrs)
Vehicle No: GBF 5202 X Vehicle Make/Model: Nisson NV 350
Exact Location of Accident: Along Jwong Ave 2
Owner's Name/NRIC: Peak Engineering & Consultancy Pte Ltd / 201133941D
Driver's Name/NRIC: Rahman Suhanur /62511489U
Driver's Contact: 82729073. Insurance Co & Policy No: Al& Insurance Co & Insuranc
Driver's Email Address: hctmyselfa gmail com
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify:
Reporting Party: 1) Owner 2) Driver 3) Owner & Driver
What do you wish to claim (Please circle one only) 1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes
Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only) Private Use / Work Purpose
Weather Condition & Road Conditions? Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet
Occupation Indoor / Outdoor
Any Injuries? (MC of 3 Days or more, police report is required)
Yes No If Yes, which police station?
The Other Party (Vehicle B) Details Driver's Name/IC: Teo Boon Hon 31443818 A Vehicle No: SNA 9997 T
Insurance Company: Driver's Contact:
(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)
Other Vehicle (Vehicle C) :
Passengers Vehicle A: Driver
Language Used Mandarin / English / Malay / Tamil / OTHERS:



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder

: Peak Engineering & Consultancy Pte Ltd

Period of Insurance

: 29 Nov 2021 To 28 Nov 2022

: YD25407968A

Engine No. Chassis No.

: JN1MC2E26Z0007329

Vehicle No.

: GBF5202X

Policy No.

: 1800129350-03

Endorsement No.

Issued Date

: 29 Oct 2021

ABOUT THE COVER

Make/Model

NISSAN NV350 PANEL VAN

Engine Capacity/Tonnage: 1.5 Tonnage

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction

NA

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 \$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 carnage 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 incorrect driving tuition, driving test, riking, 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)

nuli - \$800 (Own Damage)

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/AlG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AlG website www.alg.sg or AlG SG Mobile App. Simply search and download "AlG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

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).

SUNSHINE SERVICES & CONSULTANCY

45 EDGEFIELD PLAINS #17-02 WATERBAY SINGAPORE 828710

Underv

AIG Asia Pacific Insurance Pte. Ltd.

15 AIG Building S079120 | T +65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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