



# 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	05/09/2022 16:27 (SGT)
Reported by	Driver
Date of Accident	02/09/2022 17:15 (SGT)
Exact Location of Accident	41 Jln Tari Serimpi, Singapore 799126
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK6661X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KHOON ENGINEERING CONTRACTOR PTE LTD
Company Reg No	1XXXXX722M
Email Address	info@khoon.com.sg
Mobile Phone No	(Phone) +65-98767596
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Regius
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070142606-01

### DRIVER

Name of Driver	QUAH POH CHUAN
NRIC No	SXXXX509E
Date Of Birth	27/03/1953
Occupation	Outdoor

Date Of Driving Pass .....	24/09/1971
Driving experience .....	51 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-96443647
Alt. Phone Number .....	-
Email Address .....	info@khoon.com.sg
Address .....	BLK 421 HOUGANG AVENUE 10 #11-307
Address complement .....	-
Postcode .....	530421
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	0
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 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 .....	GBK5871M
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**

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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. The report will be forwarded by the insurers of the GIA Records IV/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 (POPA)**

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.

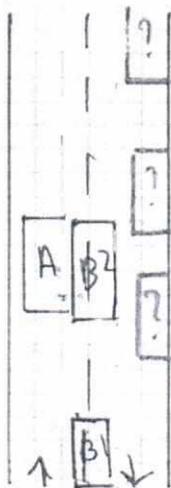


Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



Vehicle A - GBK 6661 X  
Vehicle B - GBK 5871 M

41 Jalan Tari Serimpi

**Describe Circumstances of the Accident**

On the stated date and time. My vehicle was parked stationary on the stated location. Suddenly I heard a loud sound from the direction of my vehicle. As I got out of my house I then realised vehicle B collided onto the right side of my vehicle.

\* I wish to state that there is no one on the vehicle.

**Declaration**

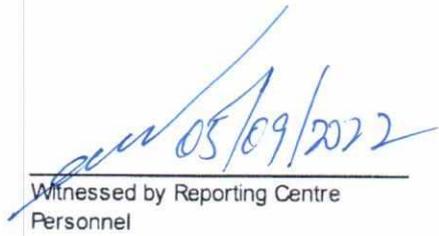
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

  
Witnessed by Reporting Centre Personnel

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 02/09/22 (dd/mm/yy) Time of Accident: 17:15 (24-HR-FORMAT)  
Vehicle No.: GBK 6661 X Vehicle Make & Model / Engine (cc): toyota Regius Ace 2754cc Private Hire: (Y/N) (N)  
Exact location of Accident: 41 Jln Tari Serimpi  
Policyholder's Name / IC No.: KHOON ENGINEERING CONTRACTOR PTE LTD 198801722M  
Driver's Name / IC No.: QUAH POH CHUAN S0215509E (As Above)   
Driver's Contact No.: 9644 3647 Company Contact No / Owner Contact No: 9876 7596  
Driver's Address: APT BLK 421 HOUGANG AVE 10 #11-307 S530421  
Owner Email address: info@khoon.com.sg Insurance Company: AIG  
Driver Email address: info@khoon.com.sg

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)

Exact purpose for which the vehicle Was being used at time of accident?

Occupation (nature of job)  Indoor /  Outdoor

Private use /  Work purpose

\*No. of Passengers (Including Driver): 0

\*Passanger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

\*Passanger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

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 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: GBK 5871 M

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** : KHOON ENGINEERING CONTRACTOR PTE LTD  
**Period of Insurance** : 14 Oct 2021 To 13 Oct 2022  
**Engine No.** : 1GD8598931  
**Chassis No.** : GDH2011046697

**Vehicle No.** : GBK6661X  
**Policy No.** : 2070142606-01  
**Endorsement No.** :  
**Issued Date** : 12 Oct 2021

### ABOUT THE COVER

**Make/Model** : TOYOTA REGIUS 1.4 ton [Van]  
**Engine Capacity/Tonnage** : 1.4 Tonnage  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2020  
**Insuring with COE/PARF** : Yes

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).

0504650000  
ALL INS AGENCY PTE LTD

22 SIN MING LANE #05-78 MIDVIEW CITY  
SINGAPORE 573969

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.

All Ins Agency Pte Ltd