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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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.

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

04/11/2022 12:25 (SGT) Driver 03/11/2022 10:45 (SGT) Woodlands Ave 12, Singapore BEFORE WOODLANDS AVENUE 1 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBF2779T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No

Email Address Mobile Phone No Alternative Phone No Yes

OLD CHANG KEE SINGAPORE PTE LTD 1XXXXXX049R

fullstop423@gmail.com (Phone) +65-86969641

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

Employment

Mitsubishi

Canter

No - Claiming third party Commercial vehicle

Manual 2998

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. 7990000008-01/1220005302

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

MIJAN BIN ALI GXXXX833Q 31/03/1985 Outdoor



Date Of Driving Pass	13/06/0011	
Driving experience	13/06/2011	
	11 YEARS AND 5 MONTHS	
	Male	
	(Phone) +65-86969641	
Alt. Phone Number	-	
Email Address	fullstop423@gmail.com	
Address	runstop423@gmail.com	
Address complement		
B	-	
	-	
Is the driver the policyholder?	No	
If No, Relationship of the Driver with the Insured	Employee	
Does Driver Own Other Vehicles?		
Vehicle Registration Number of Other Vehicle Owned by Driver	No	
Tomos Registration Number of Other Vehicle Owned by Driver		
Insurance Company of Other Vehicle Owned by Driver	-	
modification company of other verticle owned by Driver	-	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Callinian Handt B	
Weather Conditions	Collision - Head to Rear	
	Clear	
Road Surface	Dry	
OTHER INFORMATION		
Manager for the control of the contr		
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?	Var	
	Yes	
	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		
Original language used in the statement	-	
PASSENGER 1		
Name	SONG QILIE	
Gender	Male	
DETAILS OF POLICE ACTION		
DETAILS OF POLICE ACTION		
West		
Was the accident reported to the police?	No	
Was notice of intended Prosecution given?	No	
If yes, against whom?	-	
CIRCUMSTANCES OF ACCIDENT		
SHOOMS THE SECTION SHOWS THE S		
DI FACE DEFEN TO OVERTON TO		
PLEASE REFER TO SKETCH PLAN		
ATTACHMENT(S)		
Are accident photos available for attachment?	Voc	
Was there any video captured by Car Camera?	Yes	
was there any video captured by Car Camera?	No	
DETAILS OF OTHER	VEHICLE PROPERTY 1	
		THE REPORT OF STREET STREET
Vehicle Registration Number	OVERSOR	
	SKB6963R	
Vehicle Model		

Vehicle Model Vehicle Variant

Vehicle Colour	
Vehicle Category	Private car
Name of Driver	- Invale car
Contact Number	
Address	-
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
Tre. of Fassenger (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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

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 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:

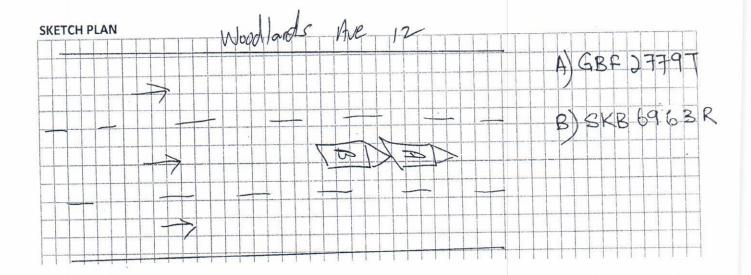
Oriver's Signature (If driver is not the policyholder) Date

& Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT		
At mentioned Date and Tim	ey /	was
N N		
driving along woodlards Ave 12, su	ddenly	1
feel a strong inpact from my	rear	
	· ·	
portions.		
A: GB	F 2779 T	
	B 6963 R	
	V	
		2

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:

Reporting Centre Personnel's Signature

cName:

NRIC/FIN No .:

Email: sin@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: 95 / 11 /2022 (dd/mm/)	y) Time of Accident: 10: 43 (24-HR-FORMAT)
Vehicle No. : 487 2779 T Vehicle No. : 487 2779 T	hicle Make & Model: MITSUBISHI CANTER
Exact location of Accident:	OODZANDS ANE 12 BEFORE WOODZANDS AVE !
Policyholder's Name : OLD CHPNG	KEE SINGAPORE I/C/UEN: 198800049R
Driver's Name / IC No.: MIJAN	SIN ALI G 8117 833Q (As Above)
Driver's Contact No.: 86969641	Company Contact No (Company Veh Only):
Driver's Address:	
Email address: FULL STOPH 23 6	SMAIL . COM Insurance Company: AIG Passe CIRCLE one only) 31 98 1985 13 06 2011
Relationship between Owner & Driver: (Ple Owner / Spouse / Children / Friend / Parents / Spouse / Children / Child	Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK	one only)
Own Insurance / Other Vehicle (The	e 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): 2
*Passanger Name: SONG QILIE	Gender: Male Female *Passang
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	
Any Injuries: Yes / No (If YES	S) Injured Person' Name:
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No The Other Party(s) Details:	(If YES) Which Police Station:
Driver's Name / IC No:	Vehicle No: SKB 69 63R
	Insurance Company :
	Vehicle No:
Driver's Contact No:	Insurance Company :
	Contact No:
Preferred Workshop Name:	Contact No:



CERTIFICATE OF INSURANCE

COMMERCIAL AUTO COMPREHENSIVE

Name of Individual Policyholder : OLD CHANG KEE SINGAPORE PTE. LTD

Master Policy No./Policy No. : 7990000008-01 / 1220005302

Period of Insurance : 01 Sep 2022 To 31 Aug 2023

Engine No. : 4P10C24878

Chassis No. : FEA01BA20334 Vehicle No

: GBF2779T

Endorsement No.

Issued Date : 09 Sep 2022 08:41

ABOUT THE COVER

Make/Model : MITSUBISHI CANTER [LORRY]

Engine Capacity/Tonnage: 1.2 Tonnage

Sum Insured : Market Value

First Year of Registration : 2016

Insuring with COE/PARF : Yes

Driver Restriction

: NA

Off Peak Car : No

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 S\$3000 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

Mileage 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.

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 - \$1000 Theft - \$0 Flood Cover - \$1000

Property Damage - \$500

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 Any accident repairs carried out at the Sole Agent's workshop.

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

Additional excess of \$\$3,000 applies for Authorised Driver under the age of 23 and/or has less than 2 year's driving experience.

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 I/V of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0439003000

HING GEE MONG

3 MOUNT FABER ROAD #02-07

SINGAPORE 099196 SP-LAWRENCELEE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCANA