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SN0823610003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 01/06/2023 16:56 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (01/06/2023 16:56 (SGT))



SINGAPORE ACCIDENT STATEMENT

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

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.

4. The issue and acceptance of this Point by insurance companies is not an admission of policy hability of 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

01/06/2023 16:56 (SGT) **Actual Driver** 31/05/2023 16:28 (SGT) Ubi Cres, Singapore AT ENTRANCE OF UNIT NO.3 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBE1861A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes B&J TRADING & MANUFACTURING PTE, LTD. 2XXXXX777G akbbnb@gmail.com (Phone) +65-93851273

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Toyota Hiace

Employment

No - Claiming third party Commercial vehicle Manual 2754

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. 7210094145-01

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAY KWANG SENG SXXXX111B 29/01/1970 Outdoor

Date Of Driving Pass 05/12/1987 Driving experience 35 YEARS AND 5 MONTHS Gender Male Mobile Number (Phone) +65-93851273 Alt. Phone Number **Email Address** akbbnb@gmail.com Address 3 VAUGHAN Address complement Postcode 358077 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 Side Swipe 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 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 SNC9788U Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

SXXXX007E

KOH TIENG SZE

Vehicle Colour Vehicle Category

Name of Driver

NRIC No

Contact Number	(Phone) +65 00040207
Address	(Phone) +65-90049397
Address complement	-
Postcode	
Insurance Company Name	
Nature Of Damage	1) -
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
9	

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.
- 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.
- 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.

B&J Trading & Manufacturing Pte Ltd

Reg. No.: 200514777 G

Tel: 6475 7150 Fax: 6478 7152

E-mail: bnjtrading@y

131K 3016 #01 OT Bedok North Ave 4 S'port 48004 Policyholder's Signature (if driver is not the policyholder) /

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

Sketch Plan

Upi Crescent GBE1861A 3) SN C9788U. Cresce Vehicle infant mor

Describe Circumstance of the Accident
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drove on when Suddenly wehing on the
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After the seconderl, we got down from our vehich
to take photo at the scene and exchange
portialero

Declaration

I/We declare the foregoing particulars are true in every respect. B&J Trading & Manufacturing Pte Ltd Reg. No.: 2005147776

Tel: 6475 7150 Fax: 64 E-mail: bnjtrading@rabo

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)



"If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.
Date of Accident: 31 05 /2023 (dd/mm/yy) Time of Accident: 16 28 hs (24-HR-FORMAT)
Vehicle No.: GBE (Ab / Avehicle Make & Model / Engine (cg): Toyob Hocel Private Hire: (YE)
Exact location of Accident: Ubi Crescent at Entrance of Unit No-3
Policyholder's Name / IC No. : BdJ Tradery & Manufoclus Pte LAD ROC/UEN (Company) 2005/4777
Vehicle No.: GBE (Ab Avehicle Make & Model / Engine (cc): Toyob Accel Private Hire: (YE) Exact location of Accident: Ubi Cres Cent at Entrance of Uni No-3. Policyholder's Name / IC No.: BdJ Tradry & Manufordury Pte Ldd ROC/UEN (Company) 200 TKL 7776 Driver's Name / IC No.: Tay Kwang Seng / S76061118 (As Above)
Driver's Contact No.: 9381 (2:+3)
Driver's Address: 3, Vaughen Rd SC 358077)
Driver's Address: 3 Vaughen Rd SC 358077) Owner Email address: akbbab@gmailocom Insurance Company:
Driver Email address :
Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative Femployee / 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) Outdoor
Private use / Work purpose *No. of Passengers (Including Driver):
*Passenger Name: Gender: Male / Female x(*Passenger Name: Gender: Male / Female x(
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 Remarks:
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: Koh Tieng Sze / 56901007 E Vehicle No: SX C9788U
Driver's Contact No: 90049397 Insurance Company:
2. Driver's Name / IC No (If Any):
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 : B&J TRADING & MANUFACTURING PTE. LTD.

Period of Insurance : 23 Sep 2022 To 22 Sep 2023

Engine No. : 1KD2545472 Chassis No.

: KDH2010174527

Vehicle No.

: GBE1861A : 7210094145-01

Policy No. **Endorsement No.**

Issued Date

: 12 Aug 2022 12:01

ABOUT THE COVER

Make/Model : TOYOTA HIACE 1.6 ton [Van]

Engine Capacity/Tonnage : 1.6 Tonnage

Sum Insured : Market Value

First Year of Registration : 2015

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 S\$\$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

Age Condition

: All Age Condition

Limitation as to use*

1) Use in connection with the Policyholder's business.

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 (10 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/AlG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AlG website www.aig.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: 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), Pert IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500678000

THOMSON CREDIT (S) PTE LTD

310 THOMSON ROAD

SINGAPORE 307657 ANSP-NONLIFE

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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