

## 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 First Submission .....	25/10/2024 11:09 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	22/10/2024 10:57 (SGT)
Exact Location of Accident .....	52 Tuas Ave 9, Singapore 639193
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBG6594C
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SAM ALUMINIUM ENGINEERING PTE LTD
Company Reg No .....	198601788G
Email Address .....	ILYASONG@SAMALU.COM
Mobile Phone No .....	(Phone) +65-90611924
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2982
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	1800097881-06

#### DRIVER

Name of Driver .....	CHANDRASEKARAN ARUNKAUMAR
Passport No/FIN .....	G8892424Q
Date Of Birth .....	24/02/1998
Occupation .....	Outdoor
Driving Pass Date .....	13/09/2022
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	2 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-96389335
Alt. Phone Number .....	-
Email Address .....	ILYASONG@SAMALU.COM
Address .....	15C PANDAN RD
Address complement .....	-
Postcode .....	609265
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 to Rear
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

I WAS TRAVELLING ALONG 52 TUAS AVE 9 ON 22/10/24 AT ABOUT 10.57AM. VEHICLE A FOLLOW VEHICLE B BEHIND AND STOP THEN VEHICLE B STOP AND SUDDENLY REVERSE COLLIDED WITH THE FRONT PORTION OF VEHICLE A

#### 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 .....	YN7933S
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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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**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.



25/10/24

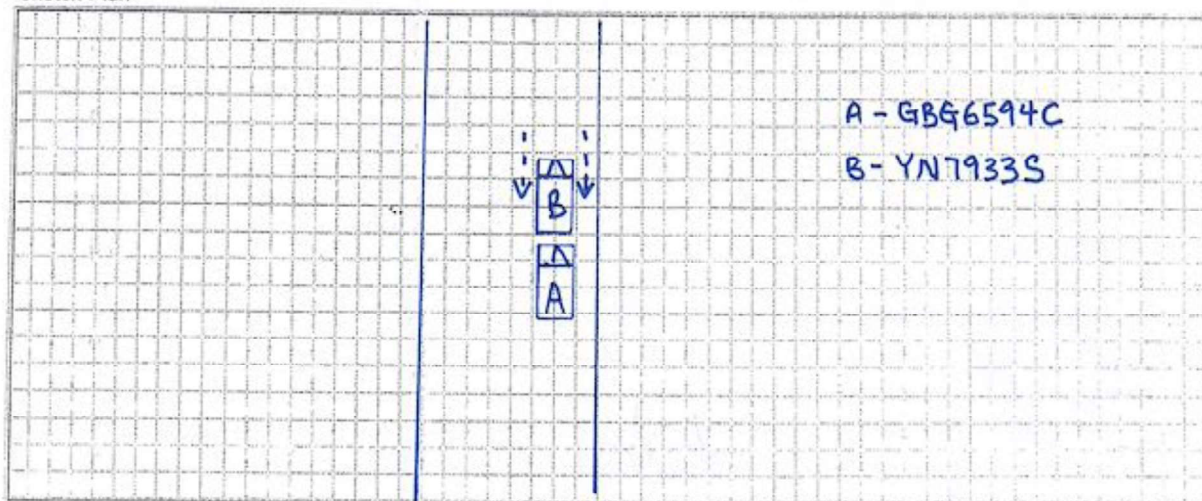
*Signature*

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



## Describe Circumstances of the Accident


I was traveling along 52 Tuas Ave 9 on 22.10.2024 at about 1057am  
and stop  
Vehicle A follow vehicle B behind then vehicle B stop and suddenly  
Reverse collided with the front portion of vehicle A.

## 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



























# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

**Name of Policyholder** : Sam Aluminium Engineering Pte Ltd  
**Period of Insurance** : 28 Sep 2024 To 27 Sep 2025  
**Engine/Motor No.** : 1KD2700080  
**Chassis No.** : KDY2318028928

**Vehicle No.** : GBG6594C  
**Policy No.** : 1800097881-06  
**Endorsement No.** :  
**Issued Date** : 16 Sep 2024 14:14

### ABOUT THE COVER

**Make/Model** : TOYOTA DYNA 3.0 M

**Engine Capacity/Tonnage** : 1.9 Tonnage

**Driver Restriction** : NA

**Sum Insured** : Market Value

**Off Peak Car** : No

**First Year of Registration** : 2017

**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 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 (10 Days) Commercial Auto**

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, 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).

### IMPORTANT NOTES

**Hire Purchase Company/Employer's Loan:** THONG LEE TRADING (PTE) LTD

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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504594000

TEO XING MEI HEATHER

BLK 710 BEDOK RESERVOIR ROAD #03-3120

SINGAPORE 470710

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.

[heather@outlook.com](mailto:heather@outlook.com)

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AIG Asia Pacific Insurance Pte. Ltd.