

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	11/12/2024 10:15 (SGT)
Reported by	Actual Driver
Date of Accident	10/12/2024 18:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD917K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HAN FONG ALUMINIUM PTE LTD
Company Reg No	200801537K
Email Address	ALUMINIUM@HANFONG.COM.SG
Mobile Phone No	(Phone) +65-92341128
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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?	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	2100374623-10

DRIVER

Name of Driver	THANABAL SATHISHKUMAR
Passport No/FIN	G6988863T
Date Of Birth	16/02/1992
Occupation	Outdoor
Driving Pass Date	02/09/2013
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	11 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82552490
Alt. Phone Number	-
Email Address	ALUMINIUM@HANFONG.COM.SG
Address	5060 ANG MO KIO INDUSTRIAL PARK 2 #01-1227 S569563
Address complement	-
Postcode	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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	-

PASSENGER 1

Name	WORKER
Gender	Male

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

REFER TO ATTACHED REPORT

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	SLG1261C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNK866U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 PLANIMPORTANT NOTICE

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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.
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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

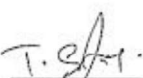
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

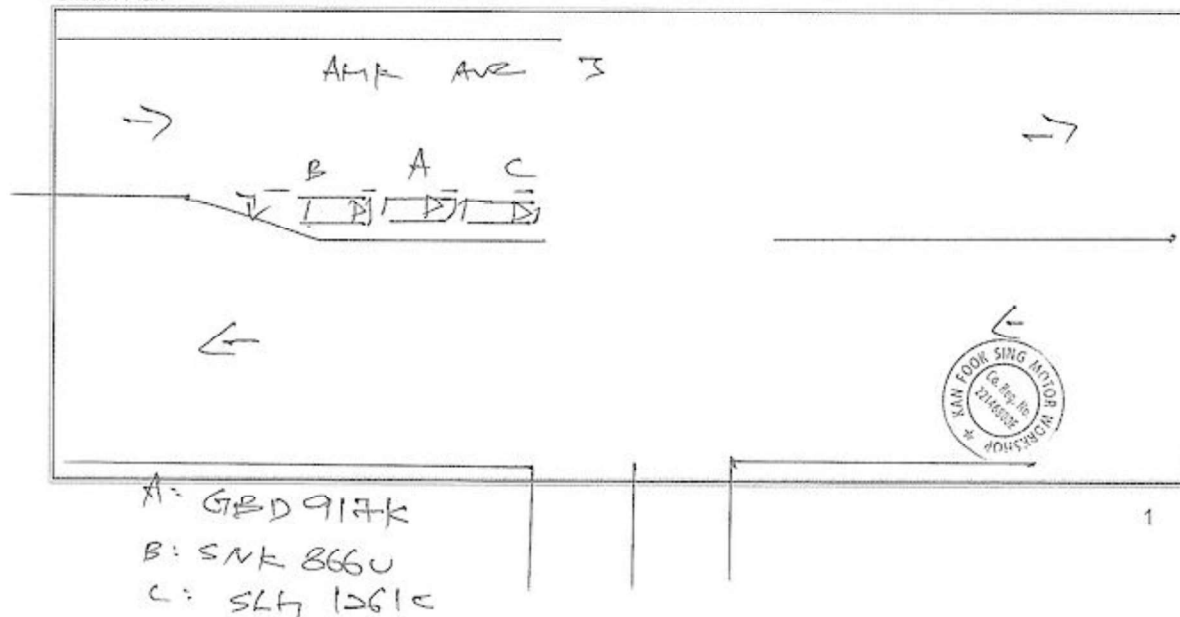
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.


Policyholder's Signature / Date & Time

 9.23am
T. G. A. 11.12.2024
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 Circumstance of the Accident

My vehicle F1209171K was stationary at traffic light junction of Ang to Kio Ave 3 waiting for right turn green arrow on. Suddenly, vehicle SNE 866U hit onto the rear of my vehicle. The impact push my vehicle forward and hit onto the rear of vehicle SLH 1261C.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.


Declaration

I/We declare the foregoing particulars are true in every respect.



 Policyholder's Signature / Date & Time

T. S. M. 11.12.2024 9.28AM
 Driver's Signature (if driver is not the policyholder) / Date & Time


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

























AIG		CERTIFICATE OF INSURANCE	
COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE			
Name of Policyholder	: Han Fong Aluminium Pte Ltd	Vehicle No.	: GBD917K
Period of Insurance	: 04 Jun 2024 To 03 Jun 2025	Policy No.	: 2100374623-10
Engine/Motor No.	: 1KD2400579	Endorsement No.	:
Chassis No.	: JTFAT35YX0K203047	Issued Date	: 03 May 2024 10:48
ABOUT THE COVER			
Make/Model	: TOYOTA DYNA 150D 2 ton [Lorry]	Sum Insured	: Market Value
Engine Capacity/Tonnage	: 2 Tonnage	Off Peak Car	: No
Driver Restriction	: NA	First Year of Registration	: 2014
Person or Classes of Persons Entitled to Drive*		Insuring with COE/PARF	: Yes
<p>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.</p> <p>You have to pay an additional sum of S\$53,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") 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.</p>			
Age Condition	: All Age Condition		
Limitation as to use*			
<p>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.</p>			
<p>Loss Of Use (10 Days) Commercial Auto</p> <p>* 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.</p>			
EXCESS			
Section 1			
Fire - \$0 Own Damage - \$600 Theft - \$0			
Section 2			
Property Damage - \$0			
Windscreen - \$100			
Named Driver and Excess (where applicable)			
APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)			
<p>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. After 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.</p>			
IMPORTANT NOTES			
Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD			
<p>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).</p>			
AIG Asia Pacific Insurance Pte. Ltd.		This computer generated document does not require a signature.	
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AIG Asia Pacific Insurance Pte. Ltd.		AIG Asia Pacific Insurance Pte. Ltd.	