## 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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policyliability 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	27/11/2017 15:42
Date Of Accident	25/11/2017 20:05
Exact Location Of Accident	ALONG ROAD 1 AYER RAJAH EXPRESSWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF3219L
Insured/Policyholder	
Name Of Registered Owner	SANTE ACCESS SYSTEM PTE LTD
Co Reg No	A199306365G
Email Address	KRAJK82@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98368675
Alternative Phone No	Office-68630345
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR-3.0 (M)
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	
Driver	
Name of Driver	KANTHASAMY RAJAKUMAR
Passport No/FIN	G7553829X
Date Of Birth	10/06/1982

Passport No/FIN G7553829X

Date Of Birth 10/06/1982

Occupation OUTDOOR

Date Of Driving Pass 21/01/2013

Driving Experience 4 YEARS AND 10 MONTHS

Gender MALE

Mobile Number
Fax Number
Contact Number

EMail Address KRAJK82@GMAIL.COM

Address

Postcode Was driver an employee of the Insured's Company

YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number

JSB7958 (MOTORCYCLE)

Was any body injured in the Accident?
Was any other material or property damaged?
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES NO

NO

Number of Passengers (Including Driver)

7

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name ALJUNIED NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 13 JOO SENG ROAD, POSTCODE: 360013, COUNTRY:

**SINGAPORE** 

Police Station Contact **TEL NO**: 1800-2809999 - **FAX NO**: 62815960

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera?

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

JSB7958

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number

**Email Address** 

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Authorised Driver
- facts may allow insurance companies to repudiate policy liability. Information provided must be as truthful and accurate as possible. Any within misrepresentation or withholding of material
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance

Any fake reporting may be referred to the Police for investigation.

- 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
- By the lodgment 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.
- Consent under the Personal Data Protection Act (PDPA)

Funderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may lare permitted to collect, use, discious end/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 del, "Personal Information") and disciple and transfer such Personal Information to all insurer(s) who have insured wehite(s) involved in this accident (all insurer(s) who have insured vehite(s) involved in this accident (all insurer(s) who have insured vehite(s) involved in this accident (all insurer(s) when the insured vehite(s) involved in this accident (all insurer(s) when the police (all the vehicles) involved in this accident (all insurer(s) when the police (so the purpose(s)) and the police (so the purpose(s)) and the police (so the purpose(s)).
- (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;

- (bt) administering my daims (including the mailing of correspondence, statements, invokes, 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/s and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the
- my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents/induding their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Furposes. 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
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

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- the information so collected under (d) above may be shared / disclosed:
- to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

DECLARATION

Superior the foregoing particulars are true in every respect.

(if driver is not the policyholder)

teporting Centre Personnel's Signature

SKETCH PLAN TOWARDS 0 veh A GBF 3219L veh g

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

			100	REFER
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				BCICE
				REPORT
				REFER TO POLICE REPORT T/20171126/2046
				126
				2046





Report No. T/20171126/2046

1 of 3

Police Station Of Origin: Aljunied NPP 13 Joo Seng Road #01-59 SINGAPORE 360013

Tel No: 1800-2809999

Sex: Male Race: KANTHASAMY RAJAKUMAR ID Type / ID No.: FIN NO / G7553828X REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: 28/11/2017 14:26 SITE SUPERVISOR Nationality: Informatics Particulars Language Name of Informant: Date of Birth: 10/06/1982 Address:
10 GUL DRIVE #03-355 SINGAPORE 629461
Contact No.:
Home/Office:
Mobile: 983686 Driving Licence Information: Class: Type of Informant: Driver Vide Report No.: D/20171125/0138 Language: Date of Expiry: Institution / School Name: Mobile: 98368675 Station Diary No.: 15

	Non-Injury	Drink	Date/Time of	Type of location
Accident:	Attended by Police		Accident:	
Thomas II.		No	25/11/2017 20:05	
Location:				
Along Road 1				
AYER RAJAH EXPRESSWAY	XPRESSWAY			
Towards Tuas, L	Towards Tues, LP 21 before Exit 14			
Towards Tues, LP 21 ber Lamp Post Number: 21	P 21 before Exit 14 ber: 21			
Towards Tuas, L Lamp Post Numb Weather: Raining	P 21 before Exit 14 ber: 21	Road Surface: Wet	۵.	Road Speed Limit
Towards Tuas, L Lamp Post Numb Weather: Raining Traffic Flow:	P 21 before Exit 14 ber: 21	Road Surface: Wet		Road Speed Limit
Towards Tues, L Lamp Post Numb Weather: Raining Traffic Flow: One Way	P 21 before Exit 14 ber: 21	Road Surface: Wet Traffic Control: Not Controlled		Road Speed Limit Traffic Volume: Heavy
Towards Tues, L Lamp Post Numb Weather: Raining Traffic Flow: One Way	P. 21 before Exit 14 ber: 21	Road Surface: Wet Traffic Control: Not Controlled		Road Speed Limit: Traffic Volume: Heavy Anyone conveyed by
Towards Tues, LL Lamp Post Numb Weather: Raining Raining Traffic Flow: One Way Type of Collision: Between Moving	Towards Tues, LP 21 before Exit 1.4 Lattip Post Number: 21 Rv Weather: Raining Traffic Flow: Traffic Flow: Trype of Collision: Between Moving Vehicles - Head To Rear	Road Surface: Wet Traffic Control: Not Controlled		Road Speed Limit Traffic Volume: Heavy Anyone conveyed ambulance:





Police Station Of Origin: Aljunied NPP 13 Joo Seng Road #01-89 SINGAPORE 380013 Tel No: 1800-2809999

CONTINUATION OF REPORT

Report No. T/20171126/2046

3 of 3

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Surgapore Police Force	Authentication Stamp	Contact No.: 65476178	Officer in Charge Of Case: TP / GIT / SSI TAN CHIN YONG	Signature Of Interpreter:  Date/Time: 26/11/2017 14:28	Sgi 2 JOVI BENEDICK TAN WEI MING	Signature Of Officer Recording The Report: / Signature Of Informant:

Any Pedestrian Involved: No. of Pedestrians Injured: NIL

Use of Pedestr

Crossing: NA

GBF3219L Lorry

Slightly 5

Damage Damaged

JSB7958

Motorcycle



## CERTIFICATE OF INSURANCE

# NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : Sente Access System Pte Ud Period of Insurance : 31 Aug 2017 To 30 Aug 2018 Engine No. : ZD30014543N Chassis No.

: JN1SC2F24Z0859125

Policy No. Endorsement No. Vehicle No. 2100480863-01

: 17 Aug 2017

Driver Restriction : NISSAN NEW CABSTAR Engine Capacity/Tonnage : 1.6 Tonnage Š

Person or Classes of Persons Entitled to Divine": s) key person who is dulling on the freightester's order or with bate permission. s) That freigy will indemnity the Josephadar or any authorised deler only it better seems the specified age condition. Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2016 Insuring with COE/PARF : Yes

You have to pay an ediblicat earn of \$3,000 as "Young and/or hisoparterized Dider Brosss" ("YSR") if You are or Your than 2 years' divining experience.

ed) is under the age of 23 and/or has less

Age Condition : All Age Condition

"Limitation as to use":

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Fig. \$0 Own Damage - \$800 Theft - \$0 Ifficed Cover - \$0

Named Driver and Excess (whom applicable)

APPROVED REPORTING CENTRESIAUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS 

For other Approved Ripporting CentrosAVC Authorised Repairties, plases contact our SA-bour excident emorgacy incline at +5s 6005 6000, Attendienty, you may refer to AVC excitate week ally coming or AVC 5st SAVINE AV(s). Simply exercis and described "AVIS 5st from Ticosa or Google Play,

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

Whitereby one'lly that the policy to which this Conflicats of Issuance relates it Issued in expenditure with the provisions of the labor Vehicles, Think, Thinky Risks and Comparestan/Act (Clap. 166), Part N of 4 the Risks Tempor Act, 1987 (belleping), and 1600 Vehicles (Think Party Risks) Pales, 1989 (Malaynia).

TAN CHORG CREDIT PTE LTD-TBK

911 SUICE TIMAN ROAD TAN CHONG MOTOR CENTRE SINGAPORE 565622 ANSP-MOTOR Underwritten by AIG Asia Pacific Insurance Pts. Ltd.

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AIG Asia Pacific Insurance Pta, Ltd.
AUTHORISED REPRESENTATIVE 69

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CHASSIS NO: JN1SC2F24Z0859125 KGS 1811 M.L.W :3500 KGS P. CAP :F:1DRIVER, 2 OTHERS R: 00 TYRE SIZE :F: 175 x 80R 15PLY R: 155 x 13R 8PLY (D)