

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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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 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 Report	23/03/2018 15:12
Date Of Accident	18/01/2018 10:35
Exact Location Of Accident	NGEE ANN CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5280U
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Insured/Policyholder

Name Of Registered Owner	METAQUIP TC INDUSTRIAL PTE LTD
Co Reg No	199305621Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-93926875

Vehicle Particulars

Manufacturer	JAC
Model	HFC1048K-2.8 D (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	MOHD ALI BIN SORURI
NRIC No	S2173295H
Date Of Birth	23/10/1958
Occupation	OUTDOOR
Date Of Driving Pass	04/12/1990
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93926875
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	366 YISHUN RING ROAD #05-1504
Postcode	2776
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC4810S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan #2

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 Authorized Driver.
3. Information provided must be truthful and accurate as possible. Any false or misleading information will void the policy and may result in prosecution for perjury.
4. The issue and description of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **After filing, the report may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the CTA Records Management Centre established by the General Insurance Association of Singapore (GIAS) to the relevant authorities for their use.
7. By the lodgment of this report to the insurers, you hereby consent to the retention of the report at the insurer and to copies of the report being made available when required.
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 have permission to collect, use, disclose and/or process my personal data (personal information) for one or more of the following purposes:
 - (i) investigating the accident and/or my claims;
 - (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iii) 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 envelope/postage; and/or
 - (iv) 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 insurer's lawyer/law firm, may be 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 lawyer/law firm, which may be filed outside of Singapore, for one or more of the above Purposes.
 - (d) 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.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulatory, 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.

Policyholder's Signature: M. M. M.
 Date & Time: _____
 Driver's Signature: M. M. M.
 Date & Time: _____
 Reporting Centre Personnel's Signature: [Signature]
 Name: _____
 NRIC/IN No.: _____

SKETCH PLAN

Leading Bay



(A) YP5280U
(B) GBC 4810S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the above date & time.

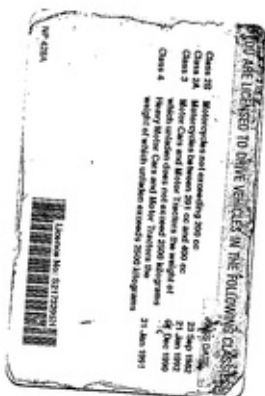
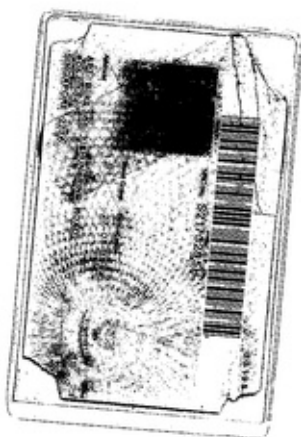
I was driving towards the leading Bay and B was driving out of the leading Bay to occupy my original parking space.

Both car glared onto each other while driving pass each other.

DECLARATION

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

Policyholder's Signature: M. M. M.
 Date & Time: _____
 Driver's Signature: M. M. M.
 Date & Time: _____
 Reporting Centre Personnel's Signature: [Signature]
 Name: _____
 NRIC/IN No.: _____





CERTIFICATE OF INSURANCE

ISSUANCE NO. 0011413-2000
POLICY NO. 0011413-2000

THIS CERTIFICATE IS VALID ONLY WHEN USED IN CONJUNCTION WITH THE POLICY ITSELF. IT DOES NOT CONSTITUTE A CONTRACT. THE POLICY IS THE ONLY DOCUMENT THAT DETERMINES THE SCOPE, CONDITIONS, EXCLUSIONS, LIMITS, COVERAGE, DEDUCTIBLES, AND OTHER TERMS OF THE INSURANCE.

Comprehensive Commercial Auto Policy
CERTIFICATE NO. YPS200U

(This policy is subject to a limit of \$250,000)
POLICY EXCESS \$500,000 (1)
UNDERWRITING EXCESS \$5,000.00

1) VEHICLE REGISTRATION NO.

STATE INSURED
THUNDERBOLT COMPANY, Yes
YPS200U
MELACAP TO INDUSTRIAL PTE. LTD.

2) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

01 January 2018
31 December 2018

3) DATE OF EXPIRY OF INSURANCE

4) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the insured's motor or with their permission.
This policy will indemnify the Policyholder or any authorized driver only if the driver meets the specified age condition.

5) LIMITATION AS TO USE*

Use for the carriage of passengers or goods in connection with the insured's business.
This policy does not cover:
1) Use for racing, speed trials, or any other competitive driving.
2) Use for the carriage of passengers for hire or reward.
3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is loaned.
4) Use for any purpose in connection with Motor Trade.

LOSS OF USE Not Included
HIRE PURCHASER COMPANY NA

*Additional conditions apply to Section 1 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 188) and Section 36 of the Road Transport Act, 1987 (Singapore).

1) This certificate is valid only when used in conjunction with the policy it is issued under. It does not constitute a contract. The policy is the only document that determines the scope, conditions, exclusions, limits, coverage, deductibles, and other terms of the insurance.

Issued in Singapore 15 Jan 2018

AIG Asia Pacific Insurance Pte. Ltd.

0000019-000
191 Chang Chuan Pte. Ltd.
511 Bukit Timah Road
SINGAPORE 596222

ORIGINAL

AUTHENTICATED SIGNATURE

0000019

Accident Photo



Accident Photo



Accident Photo



Accident Photo

