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 $\underline{\text{completed by the Policyholder and/or the Authorised Driver.}}$
- 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 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

aioresaiu.	
	ACCIDENT STATEMENT
Date Of Report	02/02/2018 13:52
Date Of Accident	02/02/2018 08:20
Exact Location Of Accident	KB-1 KAKI BUKIT AVE 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD1246G
Insured/Policyholder	
Name Of Registered Owner	VICTOR ENGINEERING & TRADING PTE LTD
Co Reg No	198801518R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-96255836
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
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	THIRD PARTY
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	2100377705
Cover Note Number	

Driver

Name of Driver GANESAN SENTHIL

 NRIC No
 G8286381N

 Date Of Birth
 09/07/1987

 Occupation
 INDOOR

 Date Of Driving Pass
 01/02/2013

Driving Experience 5 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93596300

Fax Number

Contact Number

EMail Address NOEMAIL

Address Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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 ON COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

4

Passenger 1 Name: : SENTHIL

Gender: : Male

Passenger 2 Name: : KUMAR PRASATH

Gender: : Male

Passenger 3 Name: : MANIVEL

Gender: : Male

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON 02/02/2018 AT 8.22AM, I WAS TRAVELLING ON KB-1 BUILDING / 1 KAKI BUKIT AVE 3 S(416087) ONE LANE DIRECTION ROAD.M VEHICLE (SKB5113J) DID NOT STOP AT STOP LINE, DASHED OUT FROM CARPARK UP SLOPE AND COLLIDED ONTO MY VEHICLE (GBD1246G) FRONT LEFT PORTION. I WISH TO STATE THAT THE VEHICLE (SKB5113J) CARPARK MARKING DIRECTION SHOW VEHICLE CAN ONLY TURN LEFT TO EXIT OUT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKB5113J

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised 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.
- Any false 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 interested parties.
- 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.
- 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 .
 - 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.
- (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:
 - 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

· ... 持工程與實際歌門有限公司ents under any regulations, laws or court orders.

VICTOR ENGINEERING & TRADING PTE. LTD.

9 KAKI BUKIT ROAD 2, GORDON WAREHOUSE BUILDING #03:35 BINGAPORE 417842

TEL: 67442628 (3 LINES) FAX NO: 67467227 Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARNS, SketchPlanForm, V3

YI HENCE

,一, 而西縣蘇爾易私人有限公司

#03-35, SINGAPORE 417842

TEL 67442628 (3 LINES)

Labels, discorp. 93

(If driver is of the policyholder)

Date & Time:

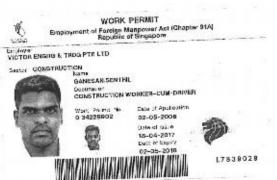
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

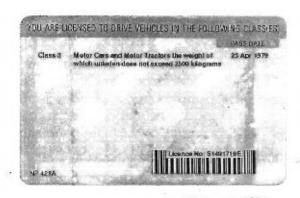
Driving License















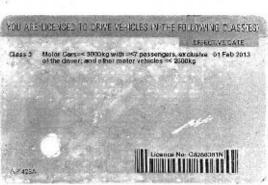
National by INDIAN Opte of Sidh | Size 09-07-1987 M FM Option 1990 Option South G8290381N 18-04-2017 O2-05-2018

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURPENDER THIS CARD WHEN IT IS CANCELLED OF HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.









61 Defn Lane 12

HOTLENB TRL: (65) 6419-0000 FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1838 (MALAYSIA)

NISSAN COMMERCIA, ALTO PROTECTOR

CERTIFICATE NO: 2"00377705-03300

OWN DAMAGE EXCESS S\$900.80 WINDSCREEN EXCESS S\$100.00

SUM INSURED, Market Value. INSURING WITH COE/PARF Yes

- 1) VEHICLE REGISTRATION NO.
- 2) NAME OF INSURED

(0

(0

Wiston Engineering & Trading Pte Ltd

- 3 REPRECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT.
- 25 Jun 2017
- 4) DATE OF EXPIRY OF INSURANCE

24 Jun 2018

5 LPERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE

Any posson provided have refree locared to properly and a diving on their order of with their potentiation. A Young landfor Treatment of Deventures a "MIDHIT of SES 500,000 in the Brokens to the Provide Expension Reported by Young of any Authorises Chief the first need or unmatted in Young of the season Authorises the vertile below the legs of SS and/or has less than 2 years driving expension.

From editiabliby parametrizing in the index it accordance with the licensing or other level or regulationate, drive one Maint Varies on his seen as pormitted and is not described by order of a Court of Law grow reason of any electricity or equation in the second from driving Matter Websig.

- 6) LIMITATION AS TO USE"

 - This is no surpost on with the resured singlines:

 2 fluse to Angicar ago of passengers (one than for hire or reward) in portied and the insured singlines.

 3 that for each demand or degene purposes.

 The Potor coes not expert in the former or two months, pages moving, reliability that for expect-resting or the writing at the community of the potor coes not expect the former or two months or expect-resting or the writing at the community of the potor coes not expect the former of the potor or the property of the potor o

 - APAROVED REPORTING GENERES IN SSAVIVIOTACH BEDIREDAIN INS.

 1. Fam Chord Ministers 12: 51 Timer Rd. Tet. 84694.0 (179) C. Teu Chorg Ministers. Milliant Toe Revolution 63570760(4)

 2. JiC Auto Clinic. No. 1 Sport Lok Yang Hay Tet. 926222 (2) 4. Autolution industrial 113 Util Rd. 4. Mai: 0450866.

 6. TiC Auto Clinic. 25 Leag Kee Rd. (Tot. 87028594) (2) 3.

LOSS OF USE Less of Use 7 Days (Up to 1.7 toris) - Refer to policy wordings for dots is

*NAMES DRIVER INA

HIRE PURCHASE COMPANY TAN CHONG/CRECT FRE TO IEMBLOYERS. DAN CHONG/CRECT FRE TO IEMBLOYERS. DAN CHONG/CRECT FRE MOTOR FOR SECTION FROM THE PURCHASE PROPERTY FROM THE PURCHASE PURCHASE PROPERTY FROM THE PURCHASE PURCHASE

17 We hereby Certify that the policy to which this Certificate relates is issued in accordance with the practisions of the Motor Vehicles (Third Party Risks and Componention: Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Issued in Singapore 27 Apr 2017

AIG Asia Pacific Insurance Pte. Ltd.

500610-398 TAN CHONG CREDIT PTE LTD-THO 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589622 ANSP-MOTOR

AUTHORISED REPRESENTATIVE

ORIGINAL

TOCLNL.

3

CHASSIS NO: JN1SC2F24Z0855768

U.L.W 1800: KGS

M.L.W : 3500 KGS

: F:1DRIVER, 2 OTHERS P. CAP

R: 00

TYRE SIZE : F: 175 x 80 15PLY

R: 175 x 80 15PLY (D)









Accident Photo





