

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	07/08/2018 10:58
Date Of Accident	06/08/2018 17:50
Exact Location Of Accident	CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6186Y
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Insured/Policyholder

Name Of Registered Owner	MAKITA SINGAPORE PTE LTD
Co Reg No	198300896e
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-65468700

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.5 (A)

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?	YES
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If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700055017
Cover Note Number	

Driver

Name of Driver	HUANG WEIJIAN, RICHARD
NRIC No	S8541603J
Date Of Birth	21/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	06/04/2006
Driving Experience	12 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90051245
Fax Number	
Contact Number	
E-Mail Address	WEIJIAN@MAKITA.COM.SG
Address	BLK 336A ANCHORVALE CRESCENT #12-26 ANCHORVALE CRESCENT
Postcode	541336
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	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?	NO
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

SEE ATTACHED 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	GU4453G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAMACHANDRAN SANKARGANESH
NRIC/Passport Number	G8367654q
Contact Number	86223574
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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.
- (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, 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.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NIGEL NIGEL INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
TEL: 6490 9666 FAX: 6846 7483

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along a Slip Road of West Coast Rd towards AXE (Tuar) Traffic is ^{normal} ~~normal~~ there was a vehicle ^{GB661864} ~~in front~~ moving. Before I exit the filter, I do a last check and when I turned to look front vehicle stopped. Accidentally my vehicle hit the back of the front vehicle

DECLARATION

I/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:

Reporting Centre Personnel's Signature

16, UBI ROAD 4

SINGAPORE 408623

NRIC/FIN No. TEL: 6490 9666 FAX: 6846 7483



GBG 6186Y

The following are designed to fit a Cover Note (Appendix 1) of 100–120 words on the front, and explain in detail the job to be done by the applicant.

Vehicle No. : 6BC 61
Cover Note No. : 1700055017
Endorsement No. :
Issued Date : 21 Nov 2017

ABOUT THE COVER

Make/Model	NISSAN NV 200 PETROL				
Engine Capacity/Tonnage	0.8 Tonnage	Sum Insured	Market Value	First Year of Depreciation	2017
Driver Restriction	NA	Off Peak Car	No	Insured with CTR #Ald	Yes
Person or Classen of Persons Entitled to Drive* a. the person or persons who the vehicle's title is in the name of b. the person or persons who the vehicle is registered in the name of c. the person or persons who the vehicle is licensed to be driven by					
*If the vehicle is licensed to be driven by more than one person, the person or persons who the vehicle is licensed to be driven by should be listed in the space provided.					

Age Condition All Age Condition

Limitation BS 12.1.5.1*

[illegible]

^a The first column lists the dates of collection; the second through fifth columns show the number of individuals collected per date from each of the four sites (see Figure 1 for site locations); the sixth column shows the total number of individuals collected on each date.

EXCESS

Section 1
Eng - 50 Civ. Justice - 50% Math - 50% Fund. Const. - 50%

Section 2
 Division 2, Part 1, Subpart 1, Section 2

Windscreens 471

Name: _____ and E-MAIL: _____

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

[illegible]

IMPORTANT NOTES

Home Purchase Company/Employee's Loan: No

(Note: The above information is based on information received from the company within 60 days from the date of publication of this report; please refer to the company's annual report for more details.)

Underwritten by AIG Asia Pacific Insurance Pte Ltd

AIG Asia Pacific Insurance Pte. Ltd.
a subsidiary of AIG Insurance Company of the U.S.A., Inc.

76 Shelton St. / 401-16 AKS Building 80791-20 | Tel: 65 6419 9001 & 65 6415 3723 | www.mg.com.sg


167-168

S8541603J



HUANG WEIJIAN, RICHARD
 黄伟健
 Race
 CHINESE
 Date of birth
 21-12-1985
 Sex
 M
 Country/Place of birth
 SINGAPORE

PUBLIC OF SINGAPORE



Licence Number: S8541603J
 Name:
 HUANG WEIJIAN, RICHARD
 Birth Date: 21 Dec 1985
 Issue Date: 06 Apr 2006
 001411065C

5548930



NRIC No: S8541603J



Date of Issue
 12-01-2016
 Address
 APT BLK 336A ANCHORVALE CRESCENT
 #12-26
 SINGAPORE 541336


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 2B: Motorcycles <= 200 CC
 Class 3: Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

17 Jul 2008
 06 Apr 2006

S8541603J
 NP 428A
 S / No. 9000080350
 Licence No: S8541603J



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



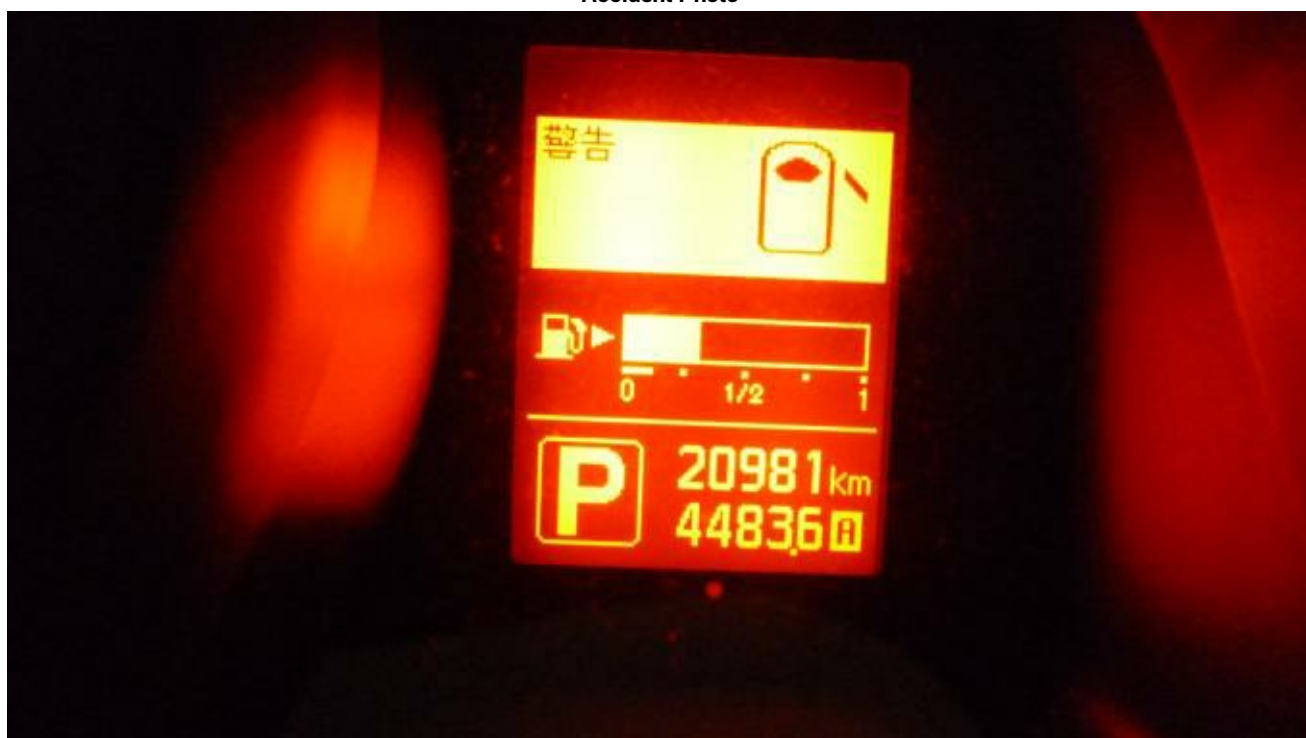
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

