MPA218133084 / Progressive Car Care Pte Ltd - HQ ENTRY DATE & TIME: 13/10/2018 14:10 SUBMITTED BY: Soo Leong Keat

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

- 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 witholding 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 CTATEMENT
	ACCIDENT STATEMENT
Date Of Report	13/10/2018 14:10
Date Of Accident	13/10/2018 09:40
Exact Location Of Accident	JUNCT RD OF GEYLANG RD & SIMS WAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YN3255S
Insured/Policyholder	
Name Of Registered Owner	LTC COATINGS (S) PTE LTD
Co Reg No	199905874G
Email Address	ANTHONY@LTCCOATS.COM.SG
Mobile Phone No	(LOCAL) +65-90117516
Alternative Phone No	Office-67451366
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FE83BEOSRDEA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	2100398591-03
Cover Note Number	
Driver	
Name of Driver	SELLAVEL SATHESH
Passport No/FIN	G8007046U
Date Of Birth	05/06/1984
Occupation	OUTDOOR

24/11/2017

0 YEAR AND 10 MONTH

Gender **MALE**

Mobile Number (LOCAL) +65-94521478

Fax Number

Contact Number

EMail Address NOEMAIL

Address 6A JOO KOON CIRCLE

Postcode 629038 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 - 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?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO

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

STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

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 GBF230Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE Name of Driver **GOH TONG CHENG**

NRIC/Passport Number S1297910Z Contact Number 91387789

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence
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 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:
 - (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:

NRIC/FIN No.:

	Vehicle
	A - YN 32559
	B-GBF 230 Y
	B 431 230/
AIB	
	Legend
	A A
	L 6
<u> </u>	Vehicle Motorcycle
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
when the traffic light turn green. I go straig the vehicle is on my right put the right to in the yellow look I swerved (one to ri	Ht and see
the vehicle is on my right and the right to	urn signal. When
s the wellow look I swerved come to it	ght becomes 1
think the valicle is right turn already. Sudden't speed up and hit buto my relicle right front he stopped for away from the accident	ly the volvele B
think the white is right that the the	morton. Then
speed up and his but my	cione haspen
he stopped tow away from the according	300
OECLARATION We declare the foregoing particulars are true in every respect to a	
/We declare the foregoing particulars are true in every respect S Please be advised that your insurer may have a fourteen (14) days clause whereby this days against own policy must be from the day of occurrence, and peeck your policy for more details. Rest. No. 7	e made within the stipulated timeframe
Social Companies (m)	10
Policyholder's Signature Reporting	Centre Personnel's Signature
Date & Time: (If driver is not the policyholder) Name:	

CI



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : LTC Coatings (S) Pte Ltd

Period of Insurance : 04 Jan 2018 To 03 Jan 2019 Engine No. : 4M42A87428

Chassis No.

: FE83BEA20566

Vehicle No.

: YN3255S : 2100398591-03

Policy No. Endorsement No.

Issued Date

: 29 Dec 2017

ABOUT THE COVER

: MITSUBISHI FE83BEOSRDEA 2.5 ton [Lorry] Make/Model

Engine Capacity/Tonnage : 2.5 Tonnage

Sum Insured : Market Value

First Year of Registration : 2012

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : No

Person or Classes of Persons Entitled to Drive*:

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indepently the Policyholder or any authorized driver only if helphy meets the specified aguicandour.

You have to pay an addressed sum of \$3,000 as "Young and/or Inexperienced Dever Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has loss than 2 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use" :

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* Limitations rendered inapprative by Section 8 of the Meter Vehicles (Florid-Party Risks and Compensation) Act (Cos. 1593 and Section 95 of the Road Transport Act, 1987 (Mataysio), are not to be included under three headings.

EXCESS

Section 1 Fire - 50 Oven Damage - \$1600 Their - 50

Section 2 Property Damage - 50

Windscreen; \$100

Named Driver and Excess (where applicable)

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

Any accident reports to the Vehicle must be camed out by one of our Austrorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident reports camed out of the Sub-Agent's extended high and the Austrorised Repairers, place confoct our 24-hour accident emergency bother at #65.6330.6200. Alternatively. You may refer to AIG-website www.avg.com.ag. com.ag. or AIG-Sub-Agent's imply covered and dominant fails SG* from iTenos or Geograp Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: ABWIN PTE LTD

We horsby certify that the pokey to which this Certificate of Insurance relates is issued in occardance with the provisions of the Motor Vehicles (Trind Party Risks and Componisation) Act (Cop. 120), Part IV of the Road Transport Act, 1007 (Motoysto) and Motor Vehicles (Third Party Risks) Rules, 1059 (Motoysto).

0155005000

KOH TONG POH

AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120 SP-LLL

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

78 Source: Way 207-16 AIC Building S078120 | THES 6419 2000 | FHES 6415 3723 | WWW.zig.com.eg

S PASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer LTC COATINGS (S) PTE LTD



Name SELLAVEL SATHESH

5 Pass No. 0 33787200





REPUBLIC OF SINGAPORE DRIVING LICENCE G8007046U SELLAVEL SATHESH Brit Date 05 Jun 1984 Marie Oute: 03 Aug 2018 Valid Till 03/09/2023 002831036E

VISIT PASS

Immigration Regulations

21-09-2016

Name SELLAVEL SATHESH



FIN G8007046U

MULTIPLE JOURNEY VISA ISSUED

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



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

NP 428A



Accident Photo



Accident Photo









Accident Photo

