

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 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 STATEMENT

Date Of Report	02/04/2019 17:12
Date Of Accident	01/04/2019 16:20
Exact Location Of Accident	CTE TOWARDS BUKIT TIMAH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2531E
Insured/Policyholder	
Name Of Registered Owner	SODEXO KIMYEW PTE LTD
Co Reg No	199606507M
Email Address	MANI.A.SKY@SODEXO.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64664211

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 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	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	1800024428-01
Cover Note Number	

Driver

Name of Driver	ANNADURI VIJAYAKUMAR
Passport No/FIN	G7797959Q
Date Of Birth	04/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	19/04/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83285686
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	0
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	2
Passenger 1	NAME: : FARUQ MOHAMMED GENDER: : MALE

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

REFER TO REPORT ATTACHED

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	SLL4169R
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO MENG YEE
NRIC/Passport Number	S6834428Z
Contact Number	96887765
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN2109M
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

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7. 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.



[Handwritten Signature]

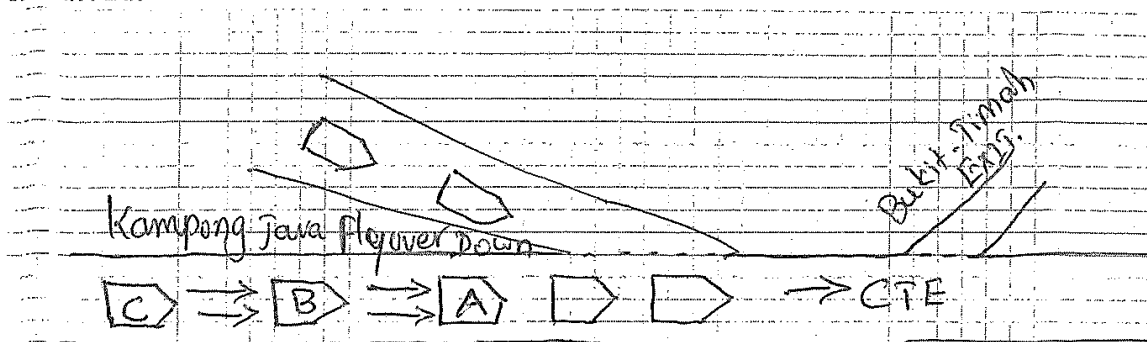
[Handwritten Signature]

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.:

SKETCH PLAN



my vehicle: A (G0H2531E) vehicle B: SLH169R vehicle C: YN2109M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on CTE towards Bukit Timah East direction in the ~~the~~ most left lane. The traffic was heavy. all the cars were driving very slowly. I slowed down and stopped the vehicle. Then suddenly a vehicle hit from behind

DECLARATION

I/We declare the foregoing information to be true in every respect.



Victor A.

L. 2/4/19

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.:

LETTER OF UNDERTAKING OF COMPANY VEHICLE

To: **ANNADURAI VIJAYAKUMAR** / Fin No: **G 77979590**

As you are driving company vehicle No: **GBH2531E** hereby undertake that you will comply with the following terms & conditions set out by the Company:

1. No illegal usage of : **GBH2531E** in compliance to the Republic of Singapore Laws
2. Compliance to the LTA & Traffic Police Rules & Regulations

In the event that **GBH2531E** is being charged for non-compliance to the above two clauses and other clauses arising due to misuse on your own accordance, you shall bear for all fees applicable.

You also agree that the Company shall not be held responsible or liable for the actions caused by you in view of the above.

In addition, you are also undertaking that any accidents relating to **GBH2531E** and will report accordingly to the Company at the earliest moment, and you will liable for the insurance's excess damage amount if you are in the unjustifiable position or any accident that you are involved in.

In addition, you will maintain the vehicle in good condition at all times, and report to Logistics Department any wear and tear and any faulty parts, especially right before the vehicle is due for an inspection. Otherwise, you shall bear for all the consequences and fees applicable.

Agreed & Signed by:


Name : **ANNADURAI VIJAYAKUMAR**

Fin No: **G 77979590**

Date: 07th April 2018

Time: 12:30 pm

Meter Reading (ODO)* _____



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Sodexo Kim Yew Pte. Ltd.
 Period of Insurance : 22 Mar 2019 To 21 Mar 2020
 Engine No. : 1KD2791391
 Chassis No. : JTFAT35Y60K210055

Vehicle No. : GBH2531E
 Policy No. : 1800024428-01
 Endorsement No. :
 Issued Date : 19 Mar 2019

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.8 ton [Lorry]
 Engine Capacity/Tonnage : 1.8 Tonnage Sum Insured : Market Value First Year of Registration : 2018
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAFF : Yes

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 indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

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

Age Condition : All Age Condition

Limitation as to use*

- 1) Use in connection with the Policyholder's business.
 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
 3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, and b) use whilst driving a trailer except the towing of anyone disabled using a mechanically propelled vehicle. c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 163) and Section 25 of the Road Transport Act, 1997 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$800 Theft - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorized Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
 For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6323 6200. Alternatively, You may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 163) Part IV of the Road Transport Act, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules 1959 (Malaysia).

6328010009

HO SENG YOK
 BLK 339 CANBERRA ROAD #13-113
 SINGAPORE 750353

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

USPD014

Accident Photo



Accident Photo



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SODEXO KIM YEW PTE. LTD.
134 TAGORE LANE
SINDO INDUSTRIAL ESTATE
(S) 787557
COMPANY NO : 199606507M
PAX : 2

