

## 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	28/06/2019 13:51
Date Of Accident	28/06/2019 10:45
Exact Location Of Accident	PIE TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6645A
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### Insured/Policyholder

Name Of Registered Owner	C E CONSOILIDATED ENGINEERING ENTERPRISE PTE LTD
Co Reg No	A197900001R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-96372382

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.0 D F24 (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?	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	2100452383-03
Cover Note Number	

### Driver

Name of Driver	SOH KOK HIAN
NRIC No	S1241478A
Date Of Birth	16/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	23/05/1978
Driving Experience	41 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-96372382
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	440 FAJAR ROAD #10-448
Postcode	670440
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	CLEAR
Road Surface	DRY

#### 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: : PALASUNDARAM A/L SIRMAPPAN 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 SKETCH

#### 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	GU1633Z
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SML5757A
Vehicle Make/Model/Colour	
Details Of Properties	
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

IMPORTANT NOTICE

SKETCH PLAN

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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind the policy/claim.
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. 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.
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 Insurers who have insured vehicle(s) involved in this accident (all Insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurer", the Insurer, lawyer/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 envelope/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 Insurer, lawyer/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 agent(s) (including their lawyers/law firms), which may be third 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 (a) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulations, 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.

CE CONSOLIDATED ENGINEERING ENTERPRISE PTE LTD  
榮發工程有限公司  
27A Jurong Port Road  
#01-17/18 Singapore 619101  
Tel: 6768 6620

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the above time & date.

I hit onto the rear of B.  
When I alighted, I realized that  
it was a chain collision involving  
another vehicle C in front of  
vehicle B.

SMLE575JA

GBE6645A

GUL6333Z

DECLARATION

I/We declare that the above particulars are true in every respect.

CE CONSOLIDATED ENGINEERING ENTERPRISE PTE LTD  
榮發工程有限公司  
27A Jurong Port Road  
#01-17/18 Singapore 619101  
Tel: 6768 6620

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NIC/FIN No.:



NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder	: C E CONSOLIDATED ENGINEERING ENTERPRISES PVT. LTD.
Period of Insurance	: 23 Feb 2019 to 22 Feb 2020
Engine No.	: ZD30008156N
Chassis No.	: JN1SC2F242D859106
Vehicle No.	: GBF69454
Policy No.	: 2100452383-00
Endorsement No.	: 48 Feb 2020
Issued Date	

## ABOUT THE COMPANY

Vehicle Model	: NISSAN NEW CABSTAR	
Engine Capacity/Tonnage	: 1.6 Tonnage	
Driver Registration	: NA	
Person or Class(es) of Persons Entitled to Drive*	: Sum Insured : Market Value Of Private Car : No	
<p>* If Any person who is driving on the licensed vehicle is not a person entitled to drive, the vehicle must be insured under a Commercial Motor Vehicle Policy and not a Private Motor Vehicle Policy. This Policy will not indemnify the Motorist for any additional driver if any additional driver is not a person entitled to drive.</p>		
<p>You have to pay an additional sum of \$3,000 in "Young and/or Inexperienced Driver Franchise (YIDF)" if you are a "Young and/or Inexperienced Driver (qualified or unqualified) is under the age of 25 (twenty five) has less than</p>		

## : All Age Condition

[illegible]

**EXCISES**

Sections  
Fire - \$0 Own Damage - \$1600 Theft - \$0 Flood Cover - \$0  
Section 2  
Property Damage - \$0  
Windscreen - \$1000

## Names Driver and Excess (where applicable)

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

For details, see <http://www.elsevier.com/locate/locate/locate>

### IMPORTANT NOTES

## Hire Purchase Company/Employer's Loan: TAN CHONG CREDIT PTE LTD

A Road Transport Act, 1987 (planned) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 188, Part IV of the Road Transport Act, 1987 (planned) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 188, Part IV of the Road Transport Act, 1987 (planned)).

056008 1994 0000 0000

TAN CHONG CREDIT PTE LTD - COT  
811 BLK1 TAMAY ROAD TAN CHONG MOTOR CENTRE  
SINGAPORE 598622 ANSP-MOTOR  
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**ALO Asia Pacific Insurance Pte. Ltd.**  
 AUTHORIZED REPRESENTATIVE



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

**Class 3**  
Motorists with unladen weight < 2000kg with or without trailer  
vehicles with unladen weight < 2000kg

**Effective Date:**

23 May 1978

AP 425A



License No: 5124478A



Accident Photo





Accident Photo





Accident Photo



Accident Photo

