

## 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             | 31/07/2019 15:01        |
| Date Of Accident           | 30/07/2019 08:30        |
| Exact Location Of Accident | PANDAN CREST (JUNCTION) |
| Country/State of Loss      | SINGAPORE               |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | GBD5070U |
|-----------------------------|----------|

#### Insured/Policyholder

|                          |                               |
|--------------------------|-------------------------------|
| Name Of Registered Owner | CHIA YONG JOO TRADING PTE LTD |
| Co Reg No                | 198601441R                    |
| Email Address            | NOEMAIL                       |
| Mobile Phone No          |                               |
| Alternative Phone No     | Office-67636811               |

#### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | DYNA 1.5T-3.0 (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? | 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             | 1700068202-01                        |
| Cover Note Number         |                                      |

#### Driver

|                      |                              |
|----------------------|------------------------------|
| Name of Driver       | MUHAMMAD NUR AMIN BIN SUPIAN |
| NRIC No              | S8436377D                    |
| Date Of Birth        | 13/11/1984                   |
| Occupation           | OUTDOOR                      |
| Date Of Driving Pass | 14/05/2011                   |
| Driving Experience   | 8 YEARS AND 2 MONTHS         |

|   |                          |
|---|--------------------------|
| Gender  | MALE                     |
| Mobile Number                                       | (LOCAL) +65-93510144     |
| Fax Number  |                          |
| Contact Number                                      |                          |
| E-Mail Address                                      | NOEMAIL                  |
| Address   | BLK 220 PETIR RD #02-341 |
| Postcode  | 670220                   |
| 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 (including own vehicle) involved in the accident                         | 2  |
| 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)   | 2  |
| Passenger 1   | Name: : RAMLAN BIN NIRIN<br>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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

#### 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 | GX9820G            |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              |                    |

NRIC/Passport Number

Contact Number

Address

Postcode

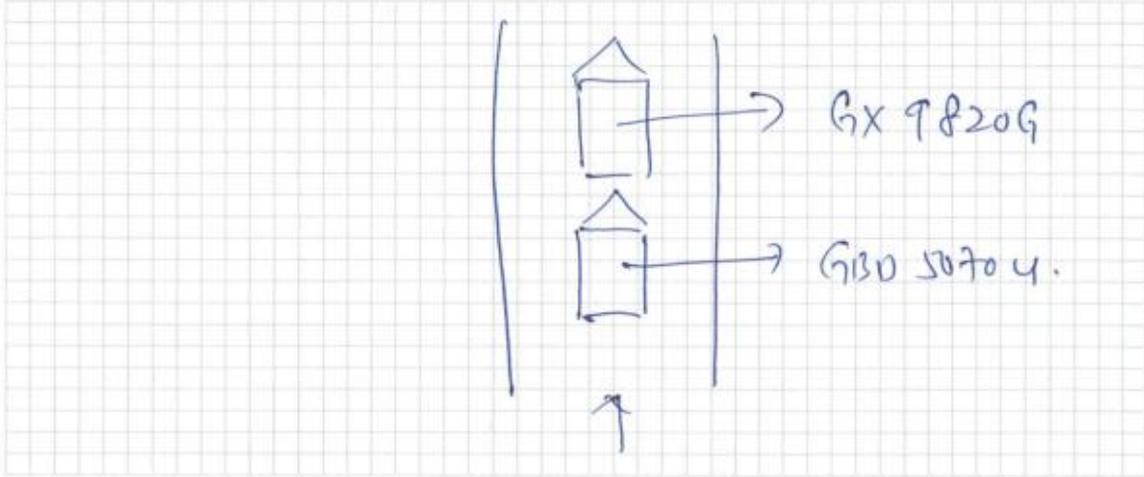
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

FRONT CAR STOP I CANNOT STOP IN TIME AND HIT INFRONT CAR

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

Name:  
NRIC/FIN No.:



**MOTOR ACCIDENT INTERVIEW FORM**

NAME (DRIVER) : MUHAMMAD NUR AMIN

VEHICLE NUMBER : GBD 50704

DATE/TIME OF ACCIDENT : 30/07/2019 08:30

PLACE OF ACCIDENT : PANDAN CREST (JUNCTION)

THIRD PARTY VEHICLE (IF ANY) : Rx 9820G.

\*\*\*\*\*

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Home → Office

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Point to Rear

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No



Name: .....

**I Affirmed The Above Information Is Given To My Best Knowledge.**

AIG Asia Pacific Insurance Pte. Ltd.  
AIG Building 78 Shenton Way #07-16 Singapore 079120  
Tel: 6419 3000



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

**Name of Policyholder** : Chia Yong Joo Trading Pte Ltd  
**Period of Insurance** : 13 Nov 2018 To 12 Nov 2019 ✓  
**Engine No.** : 1KD2458042  
**Chassis No.** : JTFAT35Y70K203846

**Vehicle No.** : GBD5070U ✓  
**Policy No.** : 1700068202-01  
**Endorsement No.** :  
**Issued Date** : 22 Oct 2018

### ABOUT THE COVER

**Make/Model** : TOYOTA DYNA 1.5 ton [Lorry]  
**Engine Capacity/Tonnage** : 1.5 Tonnage  
**Driver Restriction** : NA  
**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" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience

**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2014  
**Insuring with COE/PARF** : Yes

**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 drawing 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 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 169) and Section 95 of the Road Transport Act, 1987 (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 can be carried out at the repairer of Your choice (unless specifically excluded by Us)  
 For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 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 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

0610001000

LIM AH ONG RAYMOND  
 BLK 102 RIVERVALE WALK #16-62  
 SINGAPORE 540102 SP-JOHN LIM

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Mobile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

SEAORL

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S8436377D**

Name: **MUHAMMAD NUR AMIN BIN SUPIAN**

Birth Date: **13 Nov 1984**

Issue Date: **25 Mar 2014**

082288252E




**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S8436377D**

Name: **MUHAMMAD NUR AMIN BIN SUPIAN**

محمد نور أمين بن سopian

Race: **JAVANESE**

Date of birth: **13-11-1984**

Country/Place of birth: **SINGAPORE**

Sex: **M**

S8436377D





**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES**

EFFECTIVE DATE

Class 5 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg **14 May 2011**

NP 425A

Licence No: **S8436377D**



5427021

S8436377D

DATE OF ISSUE: **23-02-2015**

Address: **APT BLK 220 PETIR ROAD #02-341 SINGAPORE 670220**




Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

