

## 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	17/10/2019 17:42
Date Of Accident	17/10/2019 08:10
Exact Location Of Accident	BEDOK RESERVOIR RD TWDS TAMPINES AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4108S
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### Insured/Policyholder

Name Of Registered Owner	GIB TECHNOLOGY PTE LTD
Co Reg No	200711059Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-92700763

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA

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
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If No, Please state action to be taken	THIRD PARTY
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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	1900209832
Cover Note Number	

### Driver

Name of Driver	NAGASUNDARAM SATHIYENDRAN
NRIC No	G6823480N
Date Of Birth	06/05/1988
Occupation	INDOOR
Date Of Driving Pass	13/03/2017
Driving Experience	2 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-86200743
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	-
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	COLLISION - CHANGE/CROSS LANE
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?	YES
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)	7
Passenger 1	Name: : THENNAVAN Gender: : Male
Passenger 2	Name: : KAILASAM Gender: : Male
Passenger 3	Name: : SANTHOSH Gender: : Male
Passenger 4	Name: : SIMON Gender: : Male
Passenger 5	Name: : SUJAN Gender: : Male
Passenger 6	Name: : PANDO Gender: : Male

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

**Circumstances of Accident**

REFER TO POLICE REPORT: T/20191017/2044.

**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	SKQ6591B
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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)	

**DETAILS OF INJURED PERSON 1**

Name	THENNAVAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBF4108S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	SANTHOSH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBF4108S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

**DETAILS OF INJURED PERSON 3**

Name	SIMON
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBF4108S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	

Address  
Postcode

DETAILS OF INJURED PERSON 4

Name SUJAN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? GBF4108S  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

DETAILS OF INJURED PERSON 5

Name PANDI  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? GBF4108S  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.



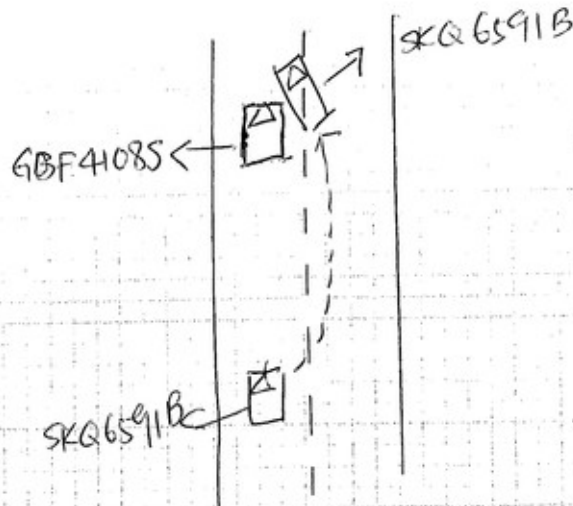
Policyholder's Signature  
Date & Time:

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

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

7 FEB 2010

SKETCH PLAN

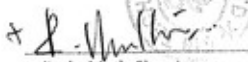


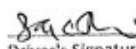
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the attached police report.  
Report no: T/20191017/2044.

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.:



**SINGAPORE  
POLICE FORCE**



T/20191017/2044

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20191017/2044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/10/2019 11:08		Vide Report No.: G/20191017/0051		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NAGASUNDARAM SATHIYENDRAN			Address: BLK 197 KAKI BUKIT AVENUE 1 #02-97 SHUN LI INDUSTRIAL PARK SINGAPORE 416033		
ID Type / ID No.: FIN NO / G6823480N			Contact No.: Home/Office: Mobile: 86200743		
Nationality: INDIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 06/05/1988	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/10/2019 08:10	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 BEDOK RESERVOIR ROAD TAMPINES AVENUE 1 BEDOK RESERVOIR ROAD TOWARDS TAMPINES AVE 1				
Weather: Clear		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF4108S	Lorry					0
SKQ6591B	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20191017/2044

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20191017/2044

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	NAGASUNDARAM SATHIYENDRAN		ID No. G6823480N
Related Vehicle	GBF4108S (Lorry)		Contact No. 86200743
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	ERYANTO BIN PUNGOT		ID No. S7806854Z
Related Vehicle	SKQ6591B (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS IN THE RIGHT LANE, I INDICATED THAT I WANTED TO FILTER INTO THE NEXT LANE, THE OTHER DRIVER HONKED AT US AND SHOWED US HIS MIDDLE FINGER. WE WAITED FOR HIM TO PASS US BEFORE SWITCHING LANES. THE OTHER DRIVER OVERTOOK MY VEHICLE AND TURN LEFT AND COLLIDE WITH THE FRONT RIGHT SIDE OF MY LORRY. AFTERHE COLLIDED WITH MY LORRY, THE WENT BEHIND MY LORRY AND CALLED FOR AN AMBULANCE. MY LORRY WAS FLIPPED ONTO ITS SIDE DUE TO THE IMPACT AND FIVE OF MY WORKERS WHO WERE IN THE LORRY WERE INJURED. I MANAGED TO EXCHANGE PARTICULARS WITH THE OTHER DRIVER. THE OTHR DRIVER HAS A IN CAR CAMERA AND I HAVE SOME PHOTOS OF THE ACCIDENT IN PHONE.

MY IO IN CHARGE IS IO ISA EXT: 65476214

THAT IS ALL

**Sketch Plan #5**





**SINGAPORE  
POLICE FORCE**



T/20191017/2044

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20191017/2044

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
TP /  
LEE CHEN EN

Signature Of Informant:

*Saathi*

Signature Of Interpreter:  
Not applicable

Date/Time:  
17/10/2019 11:08

Officer In Charge Of Case:  
TP / GIT /  
SI ONG CHEE HIEN  
Contact No.: 65476437

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Authentication Stamp  
NP168

Signature: *dy*

**Identification Card**

REPUBLIC OF SINGAPORE DRIVING LICENSE

Portrait of NAGASUNDARAM SATHYENDRAN

License Number: **G6823480N**

Name: **NAGASUNDARAM SATHYENDRAN**

Birth Date: **06 May 1988**

Issue Date: **07 Jul 2016**

Valid Till: **06/07/2021**

002585783F

Barcode

Driving License

WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)

Republic of Singapore

Employer: **GIB AUTOMATION PTE LTD**

Portrait of NAGASUNDARAM SATHYENDRAN

Name: **NAGASUNDARAM SATHYENDRAN**

Work Permit No.: **0 3518300**

Sector: **CONSTRUCTION**

Barcode

X0547314

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

EFFECTIVE DATE

Class 2B  
Class 3  
Motorcycles up to 350 CC  
Motor cars up to 2000 kg with up to 7 passengers, exclusive of the driver, and motor tractors/vehicles up to 2500 kg

87 Jul 2015  
13 Mar 2017

S / No. 9000238896

G4E34MN

License No. G6823480N

NP 432A

CI

VISIT PASS

Immigration Regulations

Name  
NAGASUNDARAM SATHYENDRAN

FIN  
G6823480N

Date of Birth  
06-05-1988

Sex  
M

Nationality  
INDIAN



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

Download SGWVisaPass App to check status





# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

**Name of Policyholder** : GIB TECHNOLOGY PTE LTD  
**Period of Insurance** : 14 Oct 2019 To 13 Oct 2020  
**Engine No.** : 1KD2623905  
**Chassis No.** : KDY2318025455

**Vehicle No.** : GBF4108S  
**Policy No.** : 1900209832  
**Endorsement No.** :  
**Issued Date** : 12 Oct 2019

### ABOUT THE COVER

**Make/Model** : TOYOTA HIACE 1.8 ton [Van]

**Engine Capacity/Tonnage** : 1.8 Tonnage

**Sum Insured** : Market Value

**First Year of Registration** : 2016

**Driver Restriction** : NA

**Off Peak Car** : No

**Insuring with COE/PAF** : 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" ("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.

**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 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$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 Authorised 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 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](http://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**: NA

I/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. 189), Part the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504640000

RADICAL TRADING PTE LTD  
1 SOON LEE STREET #06-37 PIONEER CENTRE  
SINGAPORE 627605

AIG Asia Pacific Insurance Pte. Ltd

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

