

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	07/11/2019 15:59
Date Of Accident	07/11/2019 10:25
Exact Location Of Accident	ALONG TAMPINES AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8267D
Insured/Policyholder	
Name Of Registered Owner	KOSIN STRUCTURE PTE LTD
Co Reg No	2XXXXX244C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63665546

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT

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

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	1900165395D
Cover Note Number	

Driver

Name of Driver	RHAMAN MD SIDDIKUR
Passport No/FIN	GXXXX627X
Date Of Birth	08/04/1983
Occupation	OUTDOOR
Date Of Driving Pass	28/07/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97741958
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	2 JALAN LAM HUAT
Postcode	737868
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	SIDE SWIPE
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: : NEO MENG HONG 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

KINDLY REFER TO SKETCH PLAN.

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	SLD4590Z
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PATRICK LEO
NRIC/Passport Number	
Contact Number	90904740
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

07/11/2019

GIA/PMC SketchPlanForm_V3

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

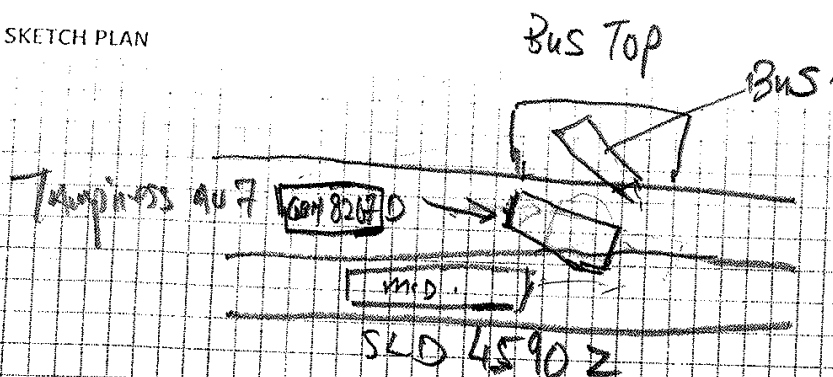
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Was Driving along Tampines Ave 7 ^{Suddenly} one bus turn out from the bus stop on my left to avoid the bus I turn my steering to the Right and vehicle on my right suddenly appeared and both vehicle Contact together and no injury involve.

Si

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

<input checked="" type="checkbox"/>	- Reporting Only
<input type="checkbox"/>	- Claim OD
<input type="checkbox"/>	- Claim TP
<input type="checkbox"/>	- Claim OD/ TP at other workshop

DECLARATION

I/WE declare the foregoing particulars are true in every respect.



Si

Policyholder's signature

Date & Time

07/11/2019

Driver's Signature

(if driver not the policyholder)

Date & Time

Si 02-11-2019

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

Si



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : Kosin Structure Pte Ltd
Period of Insurance : 10 Oct 2019 To 09 Oct 2020
Engine No. : 1KD2822628
Chassis No. : JTFAT35Y90K211494

Vehicle No. : GBH8267D
Policy No. : 1900165395
Endorsement No. :
Issued Date : 23 Sep 2019

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.7 ton [Lorry]
Engine Capacity/Tonnage : 1.72 Tonnage **Sum Insured** : Market Value **First Year of Registration** : 2018
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

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: ETHOZ Group Ltd

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 IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0439003000

HING GEE MONG

3 MOUNT FABER ROAD #02-07

SINGAPORE 099196 SP-LAWRENCELEE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE
 GEE MONG HING

Driving License Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of RHAMAN MD SIDDIKUR

Licence Number: **G8121627X**
Name: **RHAMAN MD SIDDIKUR**
Birth Date: **08 Apr 1983**
Issue Date: **28 Jul 2017**
Valid Till: **27/07/2022**

Barcode: 002708429G

FOR ACCIDENT CLAIM USE ONLY

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

Employer: **KOSIN STRUCTURE PTE. LTD.**

Portrait photo of RHAMAN MD SIDDIKUR

Name: **RHAMAN MD SIDDIKUR**
Work Permit No.: **0 62533056**
Sector: **CONSTRUCTION**

Handwritten: 9774988

Barcode: K0298051

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Description	Effective Date
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	28 Jul 2017

NP 428A



FOR ACCIDENT CLAIM USE ONLY

VISIT PASS
Immigration Regulations

20-04-2018

Name: **RHAMAN MD SIDDIKUR**

FIN: **G8121627X**

Date of Birth: **08-04-1983** Sex: **M**

Nationality: **BANGLADESHI**

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 SGWorkPass App to check status



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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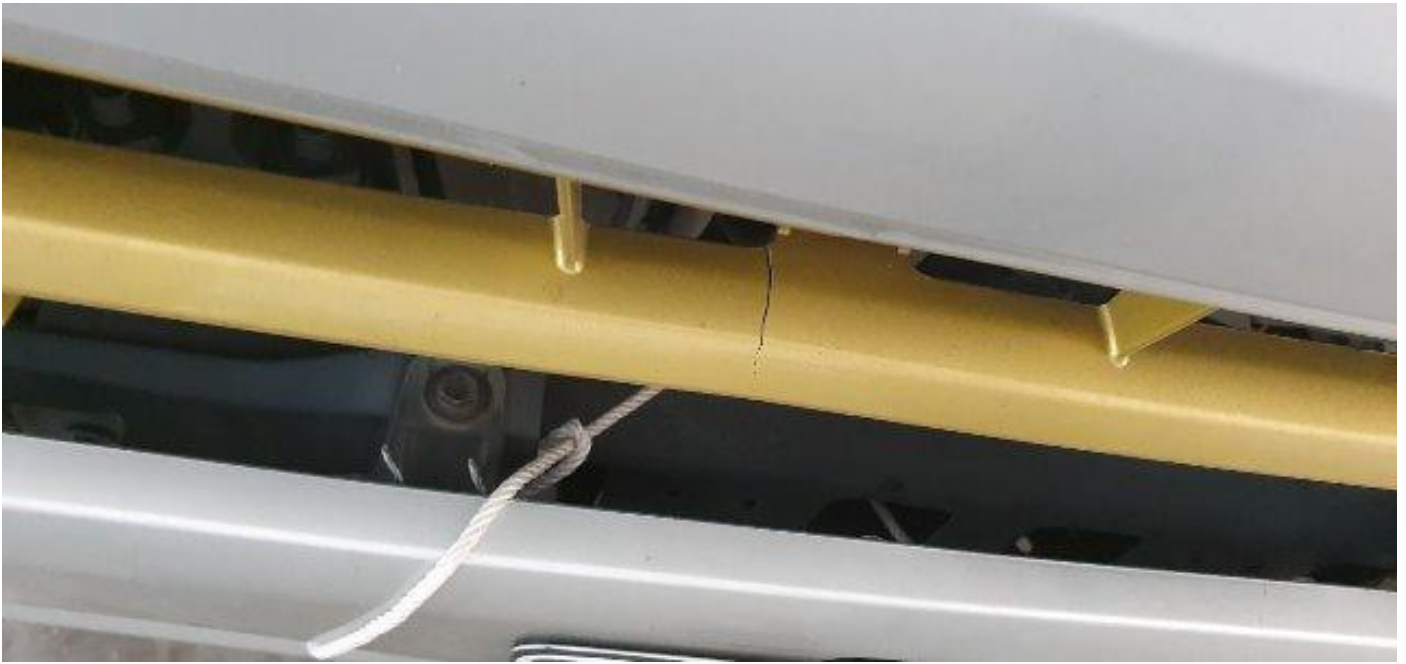
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Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MOR119147629 Vehicle Registration No: GBH8267D

Name (as shown in NRIC) : KOSIN STRUCTURE PTE LTD NRIC/FIN/Passport No : 200610244C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 2 JALAN LAM HUAT Singapore(737868)

Contact (Tel) : 63665546 Mobile No. : _____

Email Address : _____

Date of Accident : 07/11/2019 Time of Accident : 10:25

Place of Accident : ALONG TAMPINES AVE 7

Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO AMEND ON NAME OF REGISTERED OWNER.



Policyholder / Driver's Signature
Date: 14/05/2020

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