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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 witholding of material facts may allow insurance companies to
- 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.
- 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,	insent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	21/12/2019 08:45
Date Of Accident	21/10/2019 13:55
Exact Location Of Accident	SELEGIE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH313G
Insured/Policyholder	
Name Of Registered Owner	BS INDUSTRIAL & CONSTRUCTION SUPPLY PTE LTD
Co Reg No	1XXXXX852K
Email Address	NOEMAIL
Mobile Phone No	Section Control of the Control of th
Alternative Phone No	OFFICE-97532564
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
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
f No, Please state action to be taken	
/ehicle Category	COMMERCIAL VEHICLE
nsurance Company	
lame of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
olicy Number	1700093577-01
over Note Number	
Oriver Control of the	
lame of Driver	ABDUL RASHID BIN GANI SXXXX583C
100 Table 200 Ta	0.00000

Date Of Birth 22/03/1968 Occupation OUTDOOR Date Of Driving Pass 14/06/1995

Driving Experience 24 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83116920

Fax Number

Contact Number

EMail Address NOEMAIL Address

BLK 37 CIRCUIT RD #05-443

Postcode

370037

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

7

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?

YES

Was any injured conveyed to hospital by

ambulance?

YES

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)

NO 1

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

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20191118/2059

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

SBS8373Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name ABDUL RASHID BIN GANI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBH313G Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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
- 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 personal information of the personal information in all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/iaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - 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:
 - 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:

Oriver's Signature (If driver is not the policyholder) Date & Times

Reporting Centre Personnel's Signature

warne:

NRIC/FIN No .:

A: GBH313G B: SB88373Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time :	31/10/2019 13:55	
Accident Location:		Road.
	J. Seregie	A COLOR
- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-		
Please Re	1. + 0. 0	
Freude Re	der to Police Report No:	7/20191118/2059
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		47
e e e e e e e e e e e e e e e e e e e		
☐ Repor	ting Only Own Damage	Third Party Claim at other workshop (OD/T
ARATION	* IMPORTANT	Thorn
vectore the foregoing partici	dars are true in every respect. Howevery respect.	T NOTE: detail by the archange free is the exyste that you with so close, epitholityour own intery (Own Granage of RTEEN (14) days: bituse orientally the darn leave be marke within the projected line have been the bit
C B NN		Tank I
polder's Signature	- I WWW	- S
Time:	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
10 10 16	Date & Time!	Name:





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

1 of 3 Report No. T/20191118/2059

REPORT	OF A	TRAFFIC	ACCIDENT

18/11/2	me Report 019 12:39		Vide Report No.: E/20191021/0079	Station Diary No.:
Informa	ant's Partic	ulare	1	The second control of
Name o	f Informant RASHID B		Address:	
NRIC N	/ ID No.: O / S68115	83C	APT BLK 37 CIRCUIT ROAD #05-443 SINGAPOR Contact No.:	
National	ity: ORE CITIZ	1	Home/Office: Email:	Mobile: 83116920
Sex: Male	Age:	Date of Birth: 22/03/1968	Type of Informant:	
Race: Malay		122/00/1900	Driver Language:	Inglit ti
Occupati	on:			Institution / School Name:
OTHERS)		Driving Licence Information: Class: 2B,3,4	Date of Expiry:

Type of Accident:	Injury Conveyed By Amb		Drink Drive:	Date/Time of Accident:	Type of Location
Location: Along Road 1 SELEGIE ROA	AD		LNo	21/10/2019 13:55	5
Weather: Clear			Surface:		Pood Co.
		Dry			Road Speed Limit:
Fraffic Flow:	n:	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUM	Control:		Traffic Volume: Light

Vehicle No.	ehicle Involved	Make	The Control of the Co	公本的市场公司	建筑和	
GBH313G	Van	STICKES SECTIONS	Model	Color	Condition	No of Passenger
000				and the second s		0
30303/31	Bus/Coach/Mi nibus	1 30				0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	
	Use of Pedestrian Crossing: NA





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

2 of 3 Roport No. T/20191116/2059

CONTINUATION OF REPORT

Name	ABDUL RASHID BIN GANI		STATE OF THE SECOND			
			ID No).	S6811583C	
Related Vehicle	GBH313G (Van)					
	Solio 156 (Van)		Contact No.		83116920	
Hospital/Clinic	TAN TOCK SENS HOSTING			erociticis.		
arma bas-a 3 mmo	TAN TOCK SENG HOSPITAL		Class of Driving Licence &		Class: 28,3,4 Date of Expiry: NIL	
Date Treatment	21/10/2019		Expiry	Date		
Vo. of Days grant	and Marie and American	Date Disci	narge	11/11	/2019	
9.00	ed Medical Leave 30	Degree of	Injury	Seriou		

Brief Details.

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS DRIVING ALONG SELEGIE ROAD. I HAD A CRAMP ON MY RIBS AND STARTED COUGHING I LOST CONTROL OF MY VAN AND HIT THE BACK OF THE BUS.

THAT IS ALL.



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



3 of 3 Report No. T/20191118/2059

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 / MUHAMMAD MOINUR RAHMAN	Signalure Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/11/2019 12:39
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232 Authentication Stamp	Classification Of Case: SINGAPORE POLICE FORCE
NP 168	Signature: M

Personal Particulars
Date of Accident: 21/10/2019 Time of Accident: 13.55
Exact Location of Accident: Hong Road I , Selegie Road
Owner's Name: BS Industrial & Construction Supply Pte 1td NOV. 199307852K 9712 2564
Driver's Name: Modul Rushid Bin Grani NRICNO S GRUBESC 112 11 8211 CO 20
Date of Birth: 22/03/1968 Driving Licence Passing Date: Occupation: Indoor / Outdoor
Address: Thate, Singapore 334162
Relationship of Driver with Insured: Email Address: Jackyang @ bansoonhardware com co
Make & Model, Nissan NV 350 Penal Van 3-5 547 Tag
Insurance Co: AIG Asia Pacific Insurance PL Coverage: Comprehesive Policy No: 17000 93577-01
*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
*Weather Condition ? Clear Raining / Others: Wet Dry Bothers:
* Any passenger inside vehicle involved? (Yes No) If yes, Vehicle No & How many pax:
A:B:C:D:
*Was Anybody Injured ? (Yes) No If yes,
Name/NRIC/In Vehicle: Abdul Rashid Bin Gani /SG8H583C / GBH3H3G.
*Was The Accident Reported To The Police ?
O No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
O No O Yes, Vehicle Registration No:Insurer:
*Was any foreign vehicle involved? (Yes No) if yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (Yes/No)
Third Party Driver's Particulars
Vehicle B No: 389 83737 Make & Model: Bus / Conch / Minibus
Driver's Name: NRIC No: HP No:
Vehicle C No: Make & Model:
Driver's Name: NRIC No: HP No:
Witness Particulars
Name:



CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE Name of Policyholder

: BS Industrial & Construction Supply Pte Ltd

Period of Insurance Engine No.

: 27 Dec 2018 To 26 Dec 2019

Chassis No.

: YD25002279B : JN1MC2E26Z0009645 Vehicle No.

: GBH313G

: 05 Dec 2018

Policy No. Endorsement No. Issued Date

: 1700093577-01

ABOUT THE COVER

Make/Model

NISSAN NV350 PANEL VAN

Engine Capacity/Tonnage : 1.5 Tonnage Driver Restriction

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2017 Insuring with COE/PARF : Yes

: NA

Person or Classes of Persons Entitled to Drive*;

a) Any person wha is diving at the Policyholder's order or with their permission.
b) This Policy will indomnify the Policyholder or any authorised differ only if he/she made the specified age condition.

You have to pay an additional sum or \$3,000 as "Young and/or inexperiented Driver Excess" ("YIDR") if You are or Your Authorised Online (named or unnamed) to under the age of 23 and/or has less than yours' driving expensate.

Age Condition

: All Age Condition

Limitation as to use*

1) Use in connection with the Policyholder's business.
2) Use for soust, demands of passenger (other man for rive of reward) in connection with the Policyholder's business.
3) Use for soust, demestic or pressure purposes. This Policy does not caver a) use for his persward, driving feat, racing, pecermaking, reliability trial or speed-lessing; and b) use whitst drawing a trailer except the fewing of enyone disabled using a mechanically prepatled vahicio.c) use for any purpose in connection with Motor Trade.

* Limitations rendered inapprolive by Section 8 of the Motor Vehicles (Third-Parly Risks and Compensation) Act (Cop. 180) and Section 93 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings. EXCESS

Section 1 Fire - 30 Own Damage - \$1600 Theli - \$0 Flood Cover - \$0

Section 2 Properly Damage - 50

Windscreen : \$100

Named Driver and Excess (where applicable)

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

- 1. Tan Chong Motor Sales Add. 013 Bt Timah Road Singappre 580023 64804091 84694092 84694083
 2. TC AutoClinic Add No. 1, Sixth Lok Yang Road Singappre 68002 03022222
 3. Tan Chong Motor Sales Add. 17 Lor 6 Tee Payon Singapore 62002 03022222
 4. AutoLinio Industrial Add. 10 Ubi Road 4 Singapore 409623 64999080
 5. TC AutoClinic Add: 25 Long Kee Road Singapore 409623 64999080
 5. TC AutoClinic Add: 25 Long Kee Road Singapore 150007 67038011 07038512 67038513

For other Approved Reporting Centres/AIG Authorised Repairers, please centact our 24-hour accident emergency hotine at +65 8338 8200. Alternatively, you may refer to AIG website www.sig.com.ag or AIG-SG Mobile App. Simply search and cownload "AIG-SG" from litures or Google Play.

IMPORTANT NOTES

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

We havely 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 Companisation) Act (Cop. 169). Part IV of Inc. 1987 (Melaysta) and Motor Vehicles (Third Party Risks) Rules, 1959 (Melaysta).

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TAN CHONG CREDIT PTE LTD-PGE

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 580822

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd, AUTHORISED REPRESENTATIVE