

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	07/01/2020 09:48
Date Of Accident	04/01/2020 14:45
Exact Location Of Accident	ENGKU AMAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7597T
Insured/Policyholder	
Name Of Registered Owner	METAQUIP INDUSTRIAL PTE LTD
Co Reg No	199305621Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94650041
Alternative Phone No	Office-94650041

Vehicle Particulars

Manufacturer	JAC
Model	HFC1048K-2.8 D (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?	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	100880163
Cover Note Number	

Driver

Name of Driver	LIM KIA KHEE
Passport No/FIN	g8093205m
Date Of Birth	28/07/1988
Occupation	OUTDOOR
Date Of Driving Pass	30/10/2018
Driving Experience	1 YEAR AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-94650041
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	465 CHOA CHU KANG AVE 4 #12-07
Postcode	680465
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286
Police Station Address	ROAD: 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

POLICE REPORT - T/20200104/2142

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	SKA9269Y
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

SKETCH PLAN


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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.

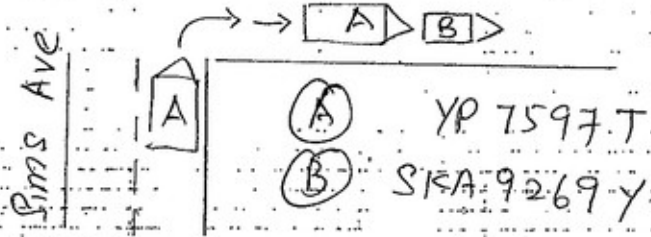

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

Jalan Engku Aman




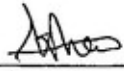
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report - T/20200104/2142

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200104/2142

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20200104/2142

96458303

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2020 21:58		Vide Report No.:		Station Diary No.: 183	
Informant's Particulars					
Name of Informant: LIM KIA KHEE			Address:		
ID Type / ID No.: FIN NO / G8093205M			Contact No.: Home/Office: Mobile: 94650041		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 28/07/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/01/2020 14:45	Type of Location: Bend
Location: Along Road 1 ENGKU AMAN ROAD				
Turning from Sims ave into Engku Aman Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Co.	Condition	No of Passenger
SKA9269Y	Car				Seriously Damaged	1
YP7597T	Lorry				Seriously Damaged	1



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T/20200104/2142

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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20200104/2142

CONTINUATION OF REPORT

Brief Details.

On 04/01/2020 at about 1445hrs, I was driving, YP7597T along Sims Ave 1 turning towards Engku Aman Road. As the traffic light turned green, I turned right in into Engku Aman Road and as I was turning, I turned my head to check my right blind spot.

Subsequently after checking my blind spot, I turned back and spotted 01 vehicle SKA9269Y stopped at the center of 01 lane in Engku Aman Road. I immediately stepped onto my brakes however my vehicle was not able to stop in time and bang onto the rear of the vehicle. We then alighted from our vehicles to check if anyone was injured and to exchange particulars. I then informed my company on the said matter and they instructed me to lodge a police report for insurance purposes.

My vehicle suffered a dent on the front of my vehicle and the other party suffered dents on the boot of the vehicle. I had checked with the other party and they informed that they do not require medical assistance and informed that they are not injured during the process.





**SINGAPORE
POLICE FORCE**



T/20200104/2142

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20200104/2142

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:

J /

Sgt 2 OH



Signature Of Interpreter:

Not applicable

SIGNATURE

Classification Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

04/01/2020 21:58

Classification Of Case:



HOTLINE TEL: (65) 6419-3000

COVER NOTE

Cover Note No. 100880163		Date 6 Jan 2020	
The following risk described in the Schedule is hereby HELD COVERED in the terms of the applicable Company's policy issued to the Policyholder.			
SCHEDULE			
Policyholder	Metaquip TC Industrial Pte Ltd		
Age Condition	N/A	Registration No	YP7597T
Policy Type	COMPREHENSIVE COMMERCIAL MOTOR	Make/Model	JAC HFC1048K
Effective Date	1 Jan 2020	CC/Tonnage	2.28
Expiry Date	31 Dec 2020	Engine No	ISF28S5148T89686983
Hire Purchase Company	NA	Chassis No	LJ11KCB0F8023574
		Year of Registration	2015
<p>This policy is subject to driver's age condition. The policy will indemnify the insured or any authorised driver only if he/she meets the age condition. Please refer to policy terms and conditions.</p> <p>Usage of vehicle only for the following purposes:</p> <ol style="list-style-type: none">1. Use only for social, domestic and pleasure purposes and for the Policyholder's business.2. Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business and use for social, domestic or pleasure purposes. <p>Please note that acceptance of the risk is subject to our final acceptance and terms and conditions applicable to the policy. Should you require any change to the insurance, please contact us immediately. Otherwise, any change will not be covered under the policy.</p> <p>The Company may cancel this cover by notice in writing and the insurance will be terminated and a proportionate part of the annual premium for the insurance will be charged for the time the Company has been on risk.</p>			
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1980 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)			
CERTIFICATE OF INSURANCE			
I/We hereby certify that this cover note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)			

Issued at SINGAPORE

AIG ASIA PACIFIC INSURANCE PTE. LTD.

IMPORTANT NOTICE
THIS COVER NOTE IS VALID FOR
60 DAYS FROM THE FIRST DAY OF
THE POLICY PERIOD.



Authorised Representative

SSPYTP

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



VISIT PASS
Immigration Regulations

NAME: LIM KAI HEE

SEX: M

DATE OF BIRTH: 20-07-1988

DATE OF ISSUE: 20-07-2018

DATE OF EXPIRY: 20-07-2019

Combined with ePass App to check status

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 1: Motorcycles & Scooters
Class 2: Motorcars & Light Trucks
Class 3: Motorcars & Light Trucks with Trailer

EXPIRY DATE: 20-07-2019

S. No. 9000200585

License No. 9000200585



Accident Photo

CHASSIS NUMBER

L 0911KCBDDQ#F80L3374

U.W : 2480 KG

M.L.W : 4800 KG

TYRE : (F) 50R15

SIZE : (R) 50R15

PASSENGER CAPACITY: 1 DRIVER OTHERS