SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available			
aroreoutu.	ACCIDENT STATEMENT			
Date Of Report	02/07/2019 16:42			
Date Of Accident	02/07/2019 10:45			
Exact Location Of Accident	ALONG AYE TOWARDS JURONG PORT			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	GBC5557M			
Insured/Policyholder				
Name Of Registered Owner	SUNGEI KADUT ENGINEERING PTE LTD			
Co Reg No	1XXXXX424M			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	Office-62693236			
Vehicle Particulars				
Manufacturer	NISSAN			
Model	CABSTAR-3.0 5M/T ABS 2DR 2WD EURO 5 (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?	YES			
If No, Please state action to be taken				
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	2100326886-06			
Cover Note Number	08/01/2019-07/01/2020			
Driver				
Name of Driver	SOH KOK HWEE			
NRIC No	GXXXX694M			
Date Of Birth	24/11/1990			

OUTDOOR

08/12/2016

2 YEARS AND 6 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-93962156

Fax Number

Contact Number

EMail Address NOEMAIL

Address 273 KRANJI ROAD

Postcode 739510 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?

Was any injured conveyed to hospital by

ambulance?

YES

NO

I have been approached by unknown person(s)

Was any other material or property damaged?

soliciting/offering accident claims assistance.

NO

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO THE SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

XE1195D Vehicle Registration Number

Vehicle Make/Model/Colour В

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver **NERU MURUGAN**

NRIC/Passport Number

Contact Number

Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 6. 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 interested parties.
- 7. By the ladgment 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:

- 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 nvestigations 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, ovestigation 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.

Date & Time

ENGIN

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

Reporting Centre Personnel's Signature Name

NRIC/FIN No.:

B- XE 11950 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ON THE 2ND LANE	ALONG A	AYE AND	WDe Slavet =
FILTERING TO THE 3 RD LANE HEADING TOWARDS JURG	NG PORT	As WA	S CHECKING MY BLAN
SPOT, I ACCIDENTALLY DROVE TO CLOSE TO VEHICLE	R /xFlac	D) AND C	JUDED ANTO THE
REAR OF THE TRAILER WE BOTH THEN PULLED	TO THE SI	DE OF THE	EXPRESSIVANTA
EXCHANGE PARTICULARS THERE WAS NO DAMAG	E TO VI	HICIF	CYELIAZO
	10 11		CVEIL (-D)
	220000000000000		

	50200		
	75577		
Important:	П	- Rep	orting Only
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.			m OD
			m TP
			n OD/ TP at other workshop
		Cian	" ob, ir at other workshop

DECLARATION

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

Policyholder's signature

Date & Time

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.



WORK PERMIT

nent of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer SUNGEL KADUT ENGINEERING PTE, LTD.



SOH KOK HWEE Work Permit No. 4 03835536

Service



K0994839

REPUBLIC OF SINGAPORE DRIVING LICENCE G 6 9 0 7 6 9 4 M SOH KOK HWEE Birt Date: 24 Nov 1990 Have Date 06 Dec 2018 Valid Till 07/12/2021

VISIT PASS



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CHASSIES)

EFFECTIVE DATE



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Sungei Kadut Engineering Pte Ltd Period of Insurance : 08 Jan 2019 To 07 Jan 2020

Engine No. : ZD30322159K

Chassis No. : JN1SC2F24Z0855012

: GBC5557M Vehicle No. Policy No. : 2100326886-06

Endorsement No.

Issued Date : 19 Dec 2018

ABOUT THE COVER

Make/Model

: NISSAN NEW CABSTAR

Engine Capacity/Tonnage : 1.6 Tonnage Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2013

Insuring with COE/PARF : 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 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use* :

1) Use in connection with the Policyholder's business.
2) Use to corriage 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 fution, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whitst 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) 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 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/Alig Authorised Repairers, please contact our 24-hour accident emergency hotine 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: MayBank

If 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 (Mataysia) and Motor Vehicles (Third Party Risks) Rules, 1999 (Mataysia).

0500702000

TKH INSURANCE AGENCY 6001 BEACH ROAD #11-09 GOLDEN MILE TOWER SINGAPORE 199589 Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE KOND HORD THE



















Accident Photo



