

## 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	17/04/2020 11:32
Date Of Accident	16/04/2020 18:50
Exact Location Of Accident	KAKI BUKIT RD 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP104D
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### Insured/Policyholder

Name Of Registered Owner	XI DE LI PTE LTD
Co Reg No	200814985W
Email Address	ACCOUNT@XIDELI.COM.SG
Mobile Phone No	
Alternative Phone No	Office-67499018

### Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4A R1
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	1900207238
Cover Note Number	

### Driver

Name of Driver	NIRVAIL SINGH
NRIC No	G8451311W
Date Of Birth	20/05/1986
Occupation	OUTDOOR
Date Of Driving Pass	31/07/2017
Driving Experience	2 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-87744695
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	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)	1

#### 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

VEHICLE B WAS STATIONARY PARKED AT THE SAID VICINITY AS I WAS DRIVING PAST IT WITH MY LEFT INDICATOR ON. AFTER I HAVE KEPT LEFT TO TURN LEFT, VEHICLE B SUDDENLY STARTED TO MOVE OFF WITHOUT INDICATION OR LOOK OUT FOR TRAFFIC ON HIS RIGHT. AS SUCH, VEHICLE B COLLIDED ONTO THE LEFT SIDE OF MY LORRY.

#### 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	GBC8217A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
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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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.

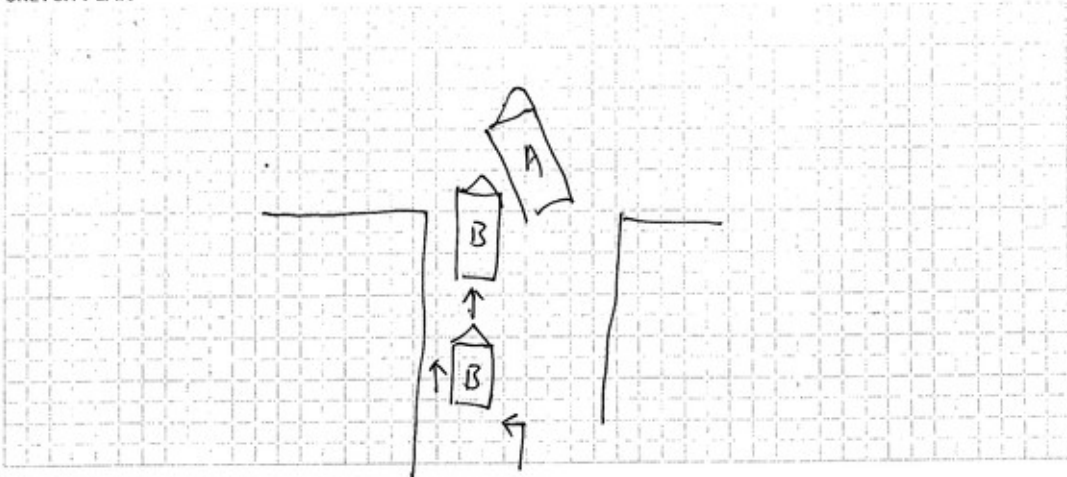


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle B was stationary parked at the said vicinity as I was driving past it with my left indicator on.

After I have kept left to turn left, vehicle B suddenly started to move off without indication or look ~~of~~ out for traffic ~~at~~ on his right. As such vehicle B collided onto the left side of my lorry

## 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.:

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : NIRVAIL SINGH  
 VEHICLE NUMBER : YP 104D  
 DATE/TIME OF ACCIDENT : 16/04/2020 @ 1850 HRS  
 PLACE OF ACCIDENT : BARI BUNDA RD 1  
 THIRD PARTY VEHICLE (IF ANY) : ABC 8219 A

\*\*\*\*\*  
 WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Adjusted to work office

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

head side to side

WERE YOU OR YOUR PASSENGERS INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No

Name:

Nirvail Singh



I Affirmed The Above Information Is Given To My Best Knowledge.

Identification Card

**VISA PASS**  
Immigration Registration

11-03-2020

Name  
NIRVAIL SINGH

FIN  
G8451311W



Date of Birth  
20-05-1986

Sex  
M

Nationality  
INDIAN

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status



**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
XI DE LI PTE. LTD.

Usage for Insurance Motor Accident Reporting and Claims Purposes Only

Vehicle no: YP 104P



Date of Accident: 16/04/2020

Name  
NIRVAIL SINGH

S Pass No.  
0 34538670

Sector  
MANUFACTURING

0 34538670



K2156847

Driving License

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  31 Jul 2017

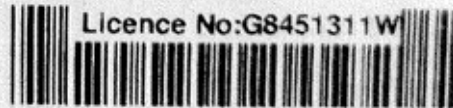
Usage for Insurance Motor Accident Reporting  
and Claims Purposes Only

Vehicle no:

YP 1047

Date of Accident:

16/04/2020



Licence No: G8451311W

NP 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G8451311W**

Name:

**NIRVAIL SINGH**

Birth Date: **20 May 1986**

Issue Date: **31 Jul 2017**

Valid Till **30/07/2022**



002709027H



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : XI DE LI PTE. LTD.  
 Period of Insurance : 16 Nov 2019 To 15 Nov 2020  
 Engine No. : 4JJ12C4397  
 Chassis No. : JAANHR85EF7100281

Vehicle No. : YP104D  
 Policy No. : 1900207238  
 Endorsement No. :  
 Issued Date : 06 Nov 2019

### ABOUT THE COVER

Make/Model : ISUZU NHR85AUE4A 2 ton [Lorry]  
 Engine Capacity/Tonnage : 2 Tonnage Sum Insured : Market Value First Year of Registration : 2015  
 Driver Restriction : NA Off Peak Car : No 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 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 Authorized 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

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).

0503982000

KHC HOLDINGS PTE. LTD.

389A BALESTIER ROAD

SINGAPORE 329796

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

Che Ying Lim

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

