

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	03/06/2020 14:18
Date Of Accident	03/06/2020 08:35
Exact Location Of Accident	ALONG AIRPORT ROAD JUNCTION OF EUNOS LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1840X
Insured/Policyholder	
Name Of Registered Owner	I LOGISTICS PTE LTD
Co Reg No	2XXXXX562E
Email Address	SITI@ILOGPTELT.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68969818

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	THIRD PARTY
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	100869711-00000
Cover Note Number	

Driver

Name of Driver	REDUAN BIN HARUN
NRIC No	SXXXX262G
Date Of Birth	08/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	28/01/1985
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96415865
Fax Number	
Contact Number	
Email Address	REDUANMARIAM@GMAIL.COM

Address	BLK 167 HOUGANG AVENUE 1 #04-1568
Postcode	530167
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	CHAIN COLLISION
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	3
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

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	GBG6039P
Vehicle Make/Model/Colour	
Details Of Properties	
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBA5786D
-----------------------------	----------

Vehicle Make/Model/Colour

Details Of Properties

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

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. 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 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:

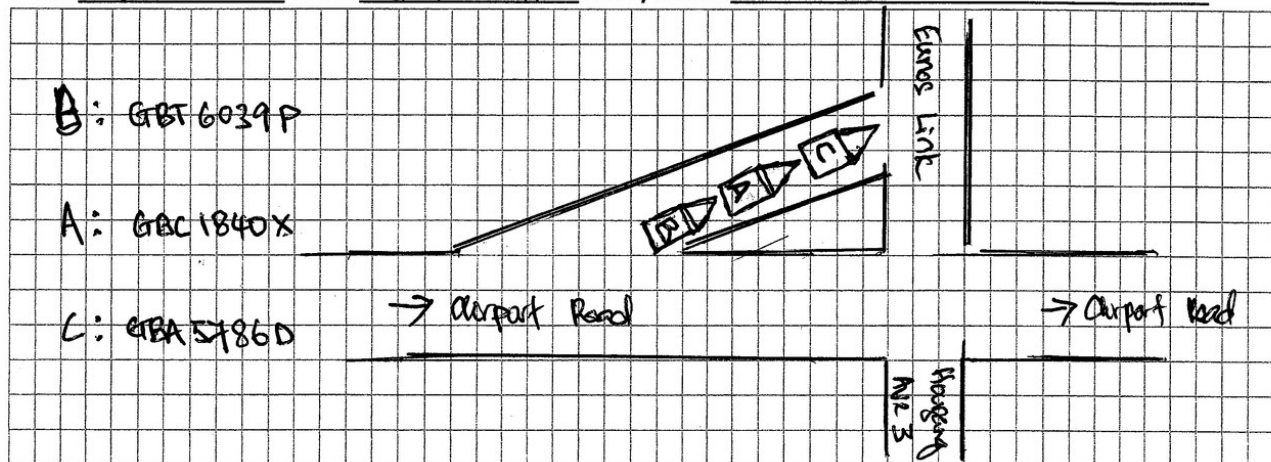
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Jenny Lim

Sketch Plan Pg. 2

SKETCH PLAN

Date & Time of Accident: 3/6/20 / 08:34 Location: Along Airport Rd junction of Euros Link
 Veh A: GBA 1840X Veh B: GBG 6039P Veh C/Others: GBA 5786D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/6/20 @ 08:34am while stopping stationary @ filter lane towards Euros Link, when suddenly GBG 6039P hit my rear van. The impact was so great till the extend it pushes my van forward. Due to that, my van had a minor damaged.

Nobody injury during this incident.

[] Own Damage Claim at Lim Tan Motor [☒] TP Claim at Lim Tan Motor
 [] Own Damage Claim at Other Workshop [] TP Claim at Other Workshop [] Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : VENUS@ltm.sg
 My/Our email : _____

DECLARATION

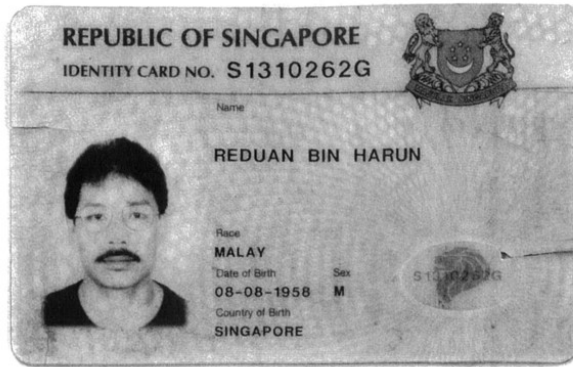
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: _____

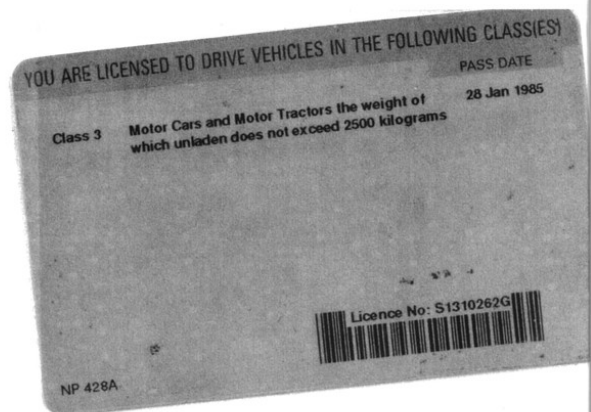
Driver's Signature (If driver is not the policyholder) Date & Time: _____

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

Identification Card Pg. 1



Driving License Pg. 1



96415865

Certificate of Insurance Pg. 1



HOTLINE TEL: (65) 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1959
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.300

COMPREHENSIVE COMMERCIAL MOTOR		OWN DAMAGE EXCESS	SS\$2,000.00 (I & II)
CERTIFICATE NO. 999993961/100869711-00000		WINDSCREEN EXCESS	SS\$100.00
		(for policies with effect from 1st November 2002)	
		SUM INSURED	SS\$1.00
		INSURING WITH COE/PARF	YES
1) VEHICLE REGISTRATION NO.	GBC1840X		
2) NAME OF INSURED	I Logistics Pte Ltd		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	15 Dec 2019		
4) DATE OF EXPIRY OF INSURANCE	14 Dec 2020		
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *			
<p>Any person who is driving on the Insured's order or with their permission. An additional Young and Inexperienced Driver (YIDR) Excess of SS\$3,000 (unless otherwise stated) applies to any drivers (named and unnamed) who is below age 23 or has less than 3 years driving experience.</p> <p style="text-align: center;">DELETED</p> <p style="text-align: center;">*Please refer to policy terms and conditions</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p>			
6) LIMITATION AS TO USE *			
<p>1) Use in connection with the Insured's business. 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business. 3) Use for social, domestic or pleasure purposes. The Policy does not cover a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing. b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p>			
LOSS OF USE NOT INCLUDED			
* NAMED DRIVER N/A			
HIRE PURCHASE COMPANY NA			
<p>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>			

I / We hereby Certify that the policy to which this Certificate relates 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 4 Dec 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD.

503962-000
KHC HOLDINGS PTE. LTD.
389A BALESTIER ROAD
SINGAPORE 329796

M. Anil

Authorised Representative

ORIGINAL

SSCDK

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Chassis Number



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: S66550020G / 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 : MLHM20049312 Vehicle Registration No: GBC 1840X
Name(as shown in NRIC) : I Supplies Pte Ltd NRIC/FIN/Passport No : 2XXXXX124H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : 68969818 Mobile No. : _____
Email Address : _____
Date of Accident : 03/06/2020 Time of Accident : 08:35 hours
Place of Accident : along Airport Road junction of Eunos Link
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 insured name: I Logistics Pte Ltd.

Reduan Bin Harun
Policyholder / Driver's Signature
Date: 11/06/2020



Reporting Centre Personnel's Signature
Name: Jenny Lim
NRIC/FIN No.: _____
Date: 11/06/2020

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: S66SS0020G / 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 : MLHM20049312-01 Vehicle Registration No: GBC 1840X
Name(as shown in NRIC) : Reduan Bin Harun NRIC/FIN/Passport No : SXXXX262G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 167 Hougang Avenue 1 #04-1568 Singapore(530167)
Contact (Tel) : _____ Mobile No. : 96415865
Email Address : _____
Date of Accident : 03/06/2020 Time of Accident : 08:35 hours
Place of Accident : along Airport Road junction of Eunos Link
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:

1. Company UEN No: 200001562E

2. Third party vehicle no: GBG 6039P

Reduan Bin Harun
Policyholder / Driver's Signature
Date: 13/06/2020



Reporting Centre Personnel's Signature
Name: Jenny Lim
NRIC/FIN No.: _____
Date: 13/06/2020