

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	18/06/2020 10:04
Date Of Accident	17/06/2020 09:30
Exact Location Of Accident	SHUN LI INDUSTRIAL PARK INFRONT OF 143-181
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA4105B
Insured/Policyholder	
Name Of Registered Owner	I LOGISTICS PTE LTD
Co Reg No	2XXXXX562E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93205941

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	YES
Policy Number	999993960/100869851-0000
Cover Note Number	

Driver

Name of Driver	JOHANN BIN ABDUL JALIL
NRIC No	SXXXX174A
Date Of Birth	29/04/1993
Occupation	OUTDOOR
Date Of Driving Pass	21/08/2012
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93205941
Fax Number	
Contact Number	
Email Address	JOHANNABDULJALIL@GMAIL.COM

Address	BLK 129 PASIR RIS STREET 11 #02-327
Postcode	510129
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?	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

Please 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	GBG5111U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LAU MOOK LIN
NRIC/Passport Number	SXXXX933F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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: 18 JUN 2020



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



Reporting Centre Personnel's Signature
Name: Tracia Leon
NRIC/FIN No.: 18/06/2020

Sketch Plan Pg. 2

SKETCH PLAN

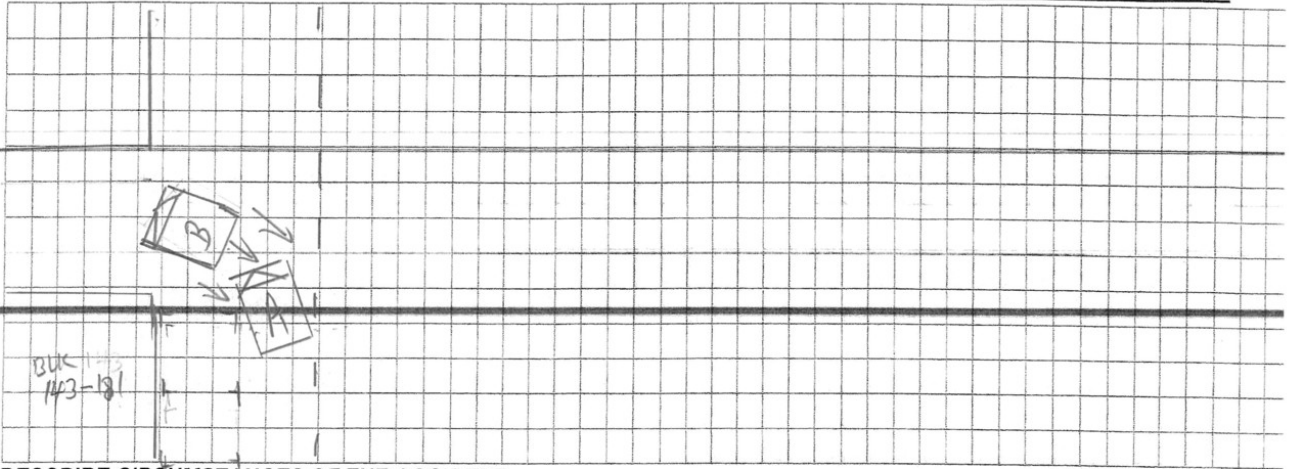
Date & Time of Accident: 18/06/20 9:30 am

Location: Shun Li Industrial Park nfo of 143-131

Veh A: GDA 4105B

Veh B: GBC 5111V

Veh C/Others: ---



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the material date and time, I was travelling along Shun Li Industrial park. Veh B instant of me suddenly reversed hit on my veh A cause Veh B's rear portion hit on my veh A's front portion. Nobody injury

☐ 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: Siti@ltm.sg

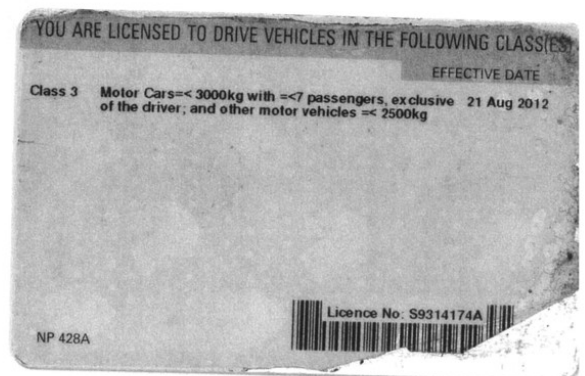
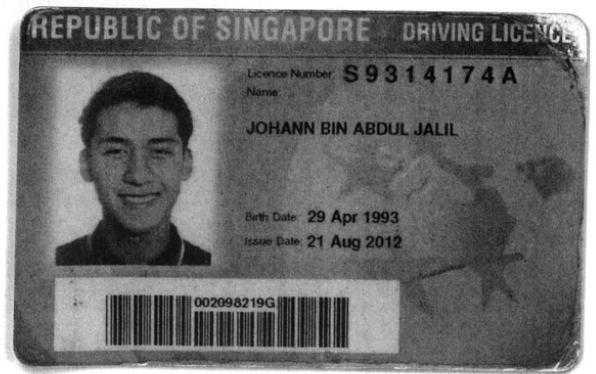
DECLARATION

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

Policyholder's Signature Date
& Time: 18 JUN 2020


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

Reporting Centre Personnel's Signature
Name: Tricia Goung
NRIC/FIN No.: 18/06/2020



Identification Card Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9314174A



Name
JOHANN BIN ABDUL JALIL

Race
MALAY


Date of birth
29-04-1993

Sex
M


Country/Place of birth
SINGAPORE

S9314174A

6153013



NRIC No. S9314174A



Date of issue
05-03-2019

Address
APT BLK 129 PASIR RIS STREET 11
#02-327
SINGAPORE 510129



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, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.300

TPFT COMMERCIAL MOTOR CERTIFICATE NO. 999993960/100869851-00000 1) VEHICLE REGISTRATION NO. GBA4105B 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 * Any person who is driving on the Insured's order or with their permission. 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. 6) LIMITATION AS TO USE * 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. LOSS OF USE NOT INCLUDED * NAMED DRIVER N/A HIRE PURCHASE COMPANY NA <i>* 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.</i>	OWN DAMAGE EXCESS S\$2,000.00 (II) WINDSCREEN EXCESS N/A <small>(for policies with effect from 1st November 2002)</small> SUM INSURED S\$1.00 INSURING WITH COE/PARF YES
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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 6 Dec 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD.

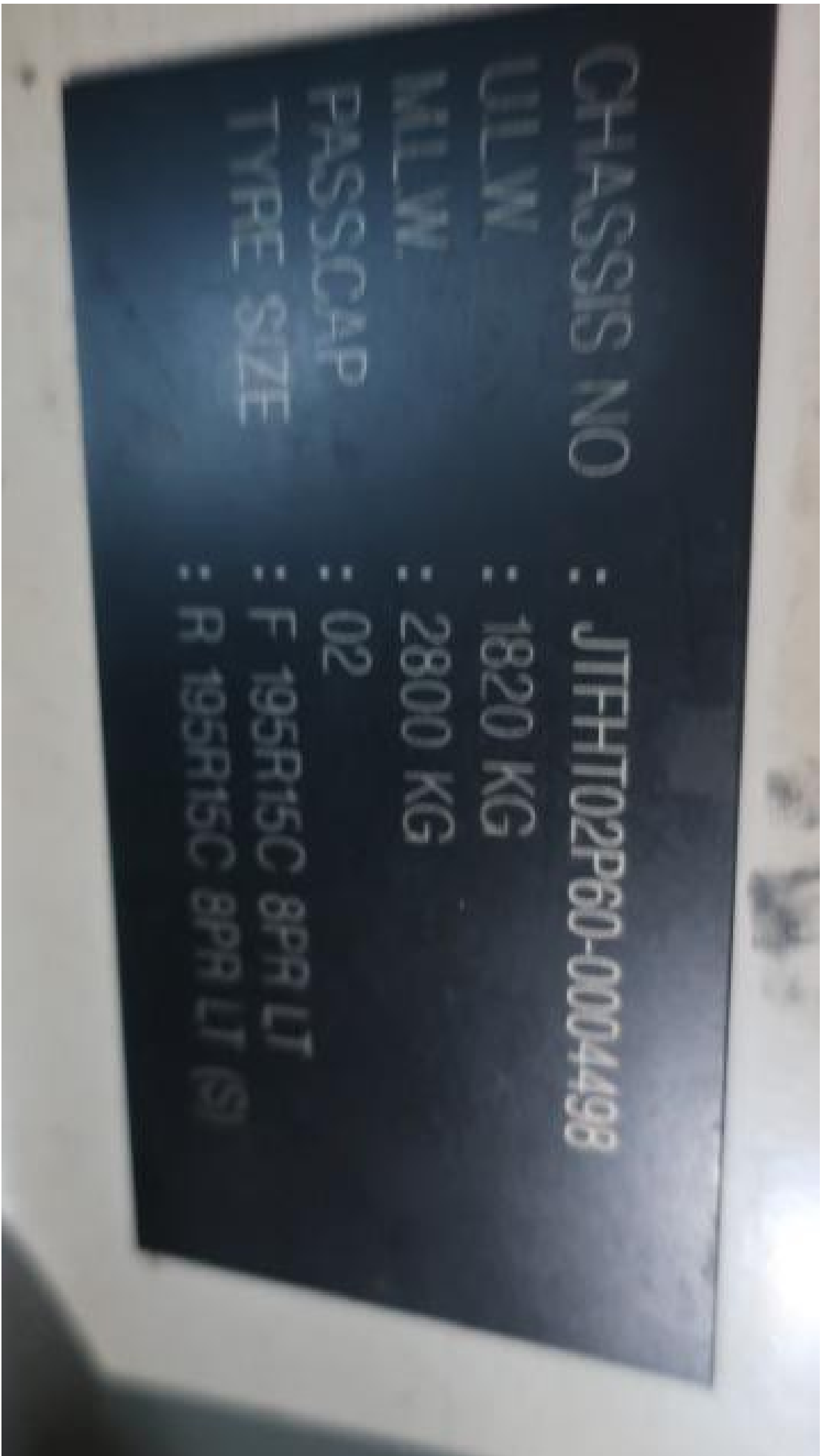
503982-000
 KHC HOLDINGS PTE. LTD.
 389A BALESTIER ROAD
 SINGAPORE 329796


 Authorised Representative

ORIGINAL

SSCDSK

Chassis Number



Accident Photo



Accident Photo



Accident Photo

