

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	23/06/2020 10:59
Date Of Accident	22/06/2020 14:35
Exact Location Of Accident	SLE BEFORE TPE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ7483Z
Insured/Policyholder	
Name Of Registered Owner	AIK CHIN HIN MACHINERY CO.
Co Reg No	20030400C
Email Address	LAWRENCE5088@AIKCHINHIN.COM
Mobile Phone No	
Alternative Phone No	Office-64835888

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999993850/100856624-00000
Cover Note Number	

Driver

Name of Driver	N.SENTHIL KUMAGAN
Passport No/FIN	G7294874U
Date Of Birth	03/07/1968
Occupation	OUTDOOR
Date Of Driving Pass	28/11/2003
Driving Experience	16 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-83054177
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 388 #04-1681 YISHUN RING
Postcode	760388
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO REPORT ATTACHED

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	GBG4770P
Vehicle Make/Model/Colour	NISSAN
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 YP6496H
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 3

Vehicle Registration Number GX1519E
Vehicle Make/Model/Colour MITSUBISHI
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

Protected By Symantec

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:

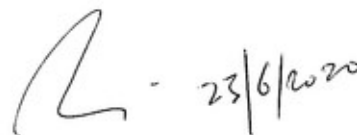
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



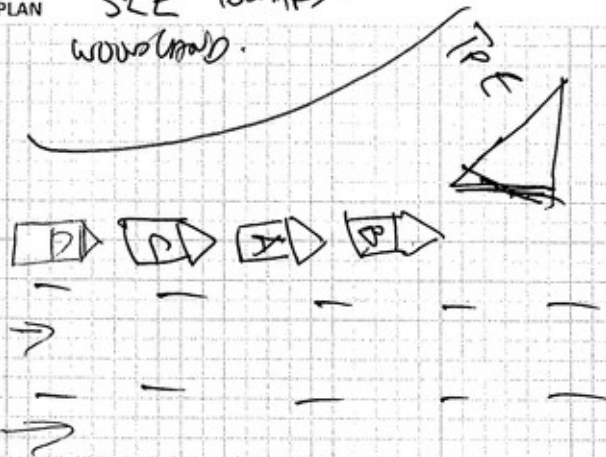

Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SYMANTEC Sketch Plan Form_V01

SKETCH PLAN

SLE TOWARDS
WOODLAND.

A: GZ7483Z
 B: GBD4770P
 C: YP6496H
 D: GX1519E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

22/6/20 Time 2.35pm

I was travelling Along SLE on 3rd Lane
 Before TPE Exit Front LORRY STOP
 I Follow STOP I was Bang From
 Behind

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

[Signature] 23/6/2020
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:





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, 1969
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MZ 300

TPFT COMMERCIAL MOTOR	OWN DAMAGE EXCESS	S\$0.00
CERTIFICATE NO. 999993850/100856624-00000	WINDSCREEN EXCESS	N/A
	(for policies with effect from 1st November 2002)	
	SUM INSURED	S\$1.00
	INSURING WITH COE/PARF	YES
1) VEHICLE REGISTRATION NO.	GZ7483Z	
2) NAME OF INSURED	Alk Chin Hin Machinery Co.	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	28 Jan 2020	
4) DATE OF EXPIRY OF INSURANCE	27 Jan 2021	
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		
* 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 / 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 Apr 2020

AIG ASIA PACIFIC INSURANCE PTE. LTD.

502972-000
CHUA WEE HONG
BLK 339B SEMBAWANG CLOSE
#16-05
SINGAPORE 752339


Authorised Representative

ORIGINAL

SSPIUS

AIK CHIN HIN MACHINERY CO

Blk 5020, #01-31, Ang Mo Kio Industrial Park 2

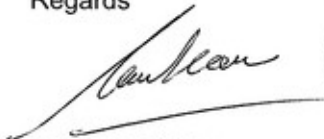
Singapore 569525

Letter Of Authority

We, authorise Name: NATARAJAN SENTHILKUMARAN , Fin : G7294874U to do this accident report on our behalf. GZ 7483 Z.

Thank you.

Regards




Lawrence Seow


Aik Chin Hin Machinery Co

Director

Identification Card

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


Employer
AIK CHIN HIN INDUSTRIAL SUPPLY PTE. LTD.

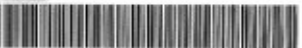


Name
NATARAJAN SENTHILKUMARAN


S Pass No.
Q 32553540

Sector
SERVICE



 K2179221

REPUBLIC OF SINGAPORE **DRIVING LICENCE**




Licence Number
G7294874U


Name
NATARAJAN SENTHILKUMARAN

Birth Date: 03 Jul 1968

Issue Date: 04 Dec 2018

Valid Till 10/12/2023



 002877573B

Identification Card

VISIT PASS		Immigration Regulations		24-03-2020	
Name NATARAJAN SENTHILKUMARAN		Download SGWorkPass App to check status		YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)	
FIN G7294874U		Date of Birth 03-07-1968		EFFECTIVE DATE	
Sex M		Nationality INDIAN		Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 28 Nov 2003	
MULTIPLE JOURNEY VISA ISSUED		QR Code		Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg 20 Feb 2017	
Barcode		NP 428A		Licence No:G7294874U	

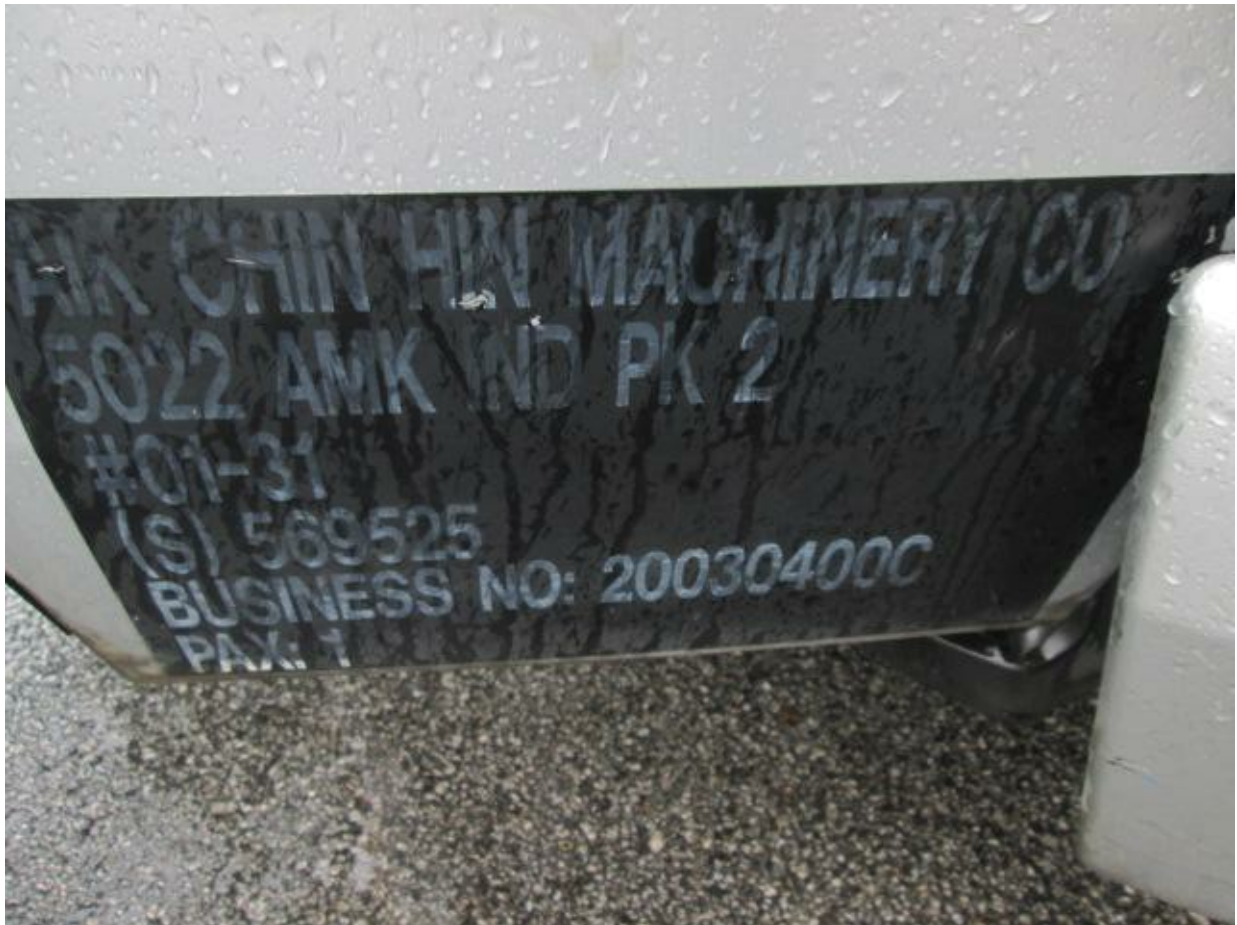
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

