

## 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	25/06/2020 10:56
Date Of Accident	24/06/2020 10:10
Exact Location Of Accident	ALONG ROAD 1 DAIRY FARM ROAD BT TIMAH EXPRESSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3943T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RH2S DECO CURTAINS
Co Reg No	5XXXX976W
Email Address	RH2SGENERAL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94238608
Alternative Phone No	OFFICE-83859367

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
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	2070064703
Cover Note Number	

### Driver

Name of Driver	AKKAS
NRIC No	GXXXX372K
Date Of Birth	28/06/1985
Occupation	INDOOR
Date Of Driving Pass	04/10/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83859367
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 23 KIM KEAT LANE
Postcode	328878
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	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : CUNTAPAY EDWINDAQUIAOG GENDER: : MALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 32 YISHUN ST 81 , <b>POSTCODE:</b> 768456 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8522999 - <b>FAX NO:</b> 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLEASE REFER TO ATTACHED .

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	DRIVER DID NOT PROVIDE AT TIME OF REPORTING
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	TREE
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name CUNTAPAY EDWIN DAQUIAOG

Approximate Age

Injuries Sustain CHEST PAIN

Injured person in which vehicle? GBH3943T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**SKETCH PLAN**

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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: 25/6/20  
 1055

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 25/6/20  
 1055

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

GIA BANC (GIA) (Plan Form)\_01



**Sketch Plan Pg. 3**



**SINGAPORE  
POLICE FORCE**



T/20200624/2075

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

1 of 3

Report No. T/20200624/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/06/2020 16:41	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars			
Name of Informant: AKKAS		Address: BLK 23 Kinkeat land SINGAPORE 328878	
ID Type / ID No.: FIN NO / G8267372K		Contact No.: Home/Office: Mobile: 83859367	
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 34	Date of Birth: 28/06/1985	Type of Informant: Driver
Race: Bangladeshi		Language:	Institution / School Name:
Occupation: Working proprietor (construction)		Driving Licence Information: Class: 3 Date of Expiry: 03/10/2022	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/06/2020 10:00	Type of Location: T-Junction
Location: Along Road 1 DAIRY FARM ROAD BUKIT TIMAH EXPRESSWAY dairy farm road slip road into BKE(PIE)				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: self skid			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH3943T	Van		Totota	Silver	Seriously Damaged	2



SINGAPORE  
POLICE FORCE



T/20200624/2075

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

2 of 3  
Report No. T/20200624/2075

CONTINUATION OF REPORT

**Brief Details.**

On 24/06/2020 at about 1000hrs, I was driving along diary farm road turning right into slip BKE(PIE), my vehicle skidded due to unknown reason. during the skid, my van had brushed against one of the tree. there is slight chip off of tree bark. Police and ambulance had attended to my case. the front bumper of my van is seriously damaged. one of my passage had a chest pain after the accident and currently at Khoo teck puat hospital doing a check . I am not injured.

Sketch Plan Pg. 5



SINGAPORE  
POLICE FORCE



T/20200624/2075

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

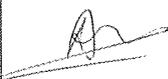
3 of 3  
Report No. T/20200624/2075

CONTINUATION OF REPORT

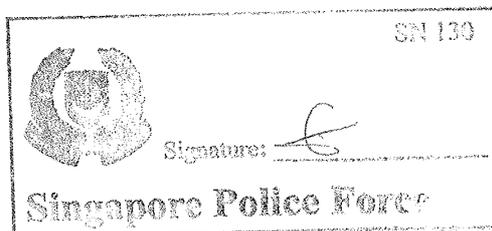
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: L / SCSGT(1) ANG WEI GUANG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/06/2020 16:41
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:

Authentication Stamp  
NP168





# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

<b>Name of Policyholder</b>	: RH2S DECO CURTAINS	<b>Vehicle No.</b>	: GBH3943T
<b>Period of Insurance</b>	: 23 May 2020 To 22 May 2021	<b>Policy No.</b>	: 2070064703
<b>Engine No.</b>	: 1KD2803526	<b>Endorsement No.</b>	:
<b>Chassis No.</b>	: JTFHT02P300242812	<b>Issued Date</b>	: 22 Apr 2020

### ABOUT THE COVER

<b>Make/Model</b>	: TOYOTA HIACE 1.1 ton [Van]	<b>Sum Insured</b>	: Market Value	<b>First Year of Registration</b>	: 2018
<b>Engine Capacity/Tonnage</b>	: 1.1 Tonnage	<b>Off Peak Car</b>	: No	<b>Insuring with COE/PARF</b>	: Yes
<b>Driver Restriction</b>	: NA				

#### 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 can be carried out at the repairer of Your choice (unless specifically excluded by Us). For 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.sg](http://www.aig.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: Hitachi Capital Asia Pacific Pte. Ltd.

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).

0502503000  
 CHUA TIEN SENG BENSON  
 371 ALEXANDRA ROAD #07-28 AIA ALEXANDRA  
 SINGAPORE 159963 SP-NEAM  
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
 This computer generated document does not require a signature.

TIEN SENG BENSON CHUA

## **RH2S DECO CURTAINS**

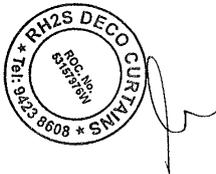
Showroom Workshop : 21 Woodlands Close # 02-22 Primz Bizhub Singapore 737854  
Handphone: 94238608 Tel:67293060 Email: rh2sdeco@gmail.com

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### **Letter Of Authorization      Date : 01/01/2019**

**We authorise Mr AKKAS Fin number G8267372K to operate RH2S DECO CURTAINS company vehicle GBH3943T.**

**Your sincerely**



**Thanks and Regards**

**Director Neo Yan Loy  
Rh2s Deco Curtains**

 **WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**APPLIED AIR QUALITY**

 Name:  
**AKKAS**

Work Permit No.: **0 62786833** Sector: **CONSTRUCTION**

 **K0587247**

**VISIT PASS**  
Immigration Regulations 13-07-2018

Name  
**AKKAS**

FIN  
**G8267372K**

Date of Birth **28-06-1985** Sex **M**

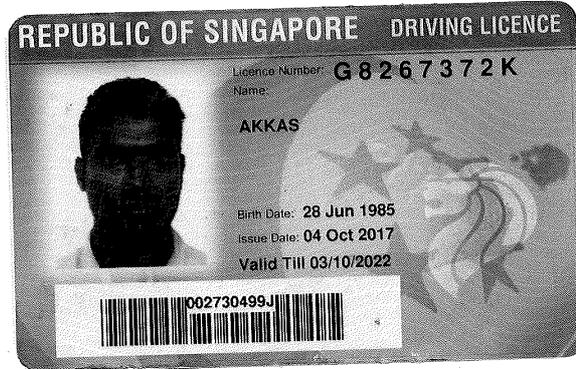
Nationality  
**BANGLADESHI**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

Download SGWorkPass App to check status





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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	04 Oct 2017

NP 428A

Licence No: G8267372K



**UNDERTAKING**

I, AKKAS (NRIC No.: G8267372K), hereby confirm that the Singapore Accident Statement lodged by me on 24/06/20 at 10.10 AM hours pertaining to the accident involving my motor car no.: GBH3943T, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I hereby confirm that I have not been subjected to any breathalyser test or blood test for alcohol in respect of this accident on 24/06/20 and no action has been taken or will be taken against me for driving whilst under the influence of alcohol in respect to this accident.

I further irrevocably undertake to absolve my insurer, American Home Assurance Company from any liability whatsoever in the event that I consciously derogate from my report which I had given to American Home Assurance Company and during any court proceedings concerning the accident involving my motor car no. GBH3943T along Road 1 Dairy Farm road BT Timah at about 10.10 hours and in such event, hereby irrevocably undertake to indemnify my insurers from all their costs and expenses of and incidental to the matters herein.

Signature

: 

Name of Insured/Driver:

AKKAS

NRIC No

: G8267372K

Date

: 24/06/20



INTERVIEW FORM Pg. 1



AIG Asia Pacific Insurance Pte. Ltd  
AIG Building  
78 Shenton Way  
#07-16

**MOTOR ACCIDENT INTERVIEW FORM**

NAME : AKKAS  
VEHICLE NUMBER : GBT 3943 T  
DATE/ TIME OF ACCIDENT : 24/06/20 10:10 AM  
PLACE OF ACCIDENT : Along Road 1 Dairy Farm Road BT Timah  
THIRD PARTY VEHICLE (IF ANY) : EXPRESSWAY

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

I was travelling from Petir Road heading towards Defu lane.

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 WAS THE RESULTS?

No.

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

Self skid. Our van front portion Damaged.

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

Yes Passenger was injured. Khoo Teck Phuat Hospital.  
No we was not taken by traffic police for investigation.  
We make police report at the police station.



AKKAS

**I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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 : MRD 520054290 Vehicle Registration No: 9BH3943T

Name (as shown in NRIC) : RHAS DECO CURTAINS NRIC/FIN/Passport No :

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : Singapore ( )

Contact (Tel) : Mobile No. :

Email Address :

Date of Accident : 24/06/20 Time of Accident : 10/0

Place of Accident : Along Road 1 Dairy Farm Road @ Timah Expressway

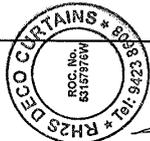
Insurance Company: AIG Asia Pacific Insurance Pte Ltd

(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 name to read as RHAS DECO CURTAINS

To attach interview form and undertaking form.



Handwritten signature of Policyholder/Driver

Policyholder / Driver's Signature
Date:

Handwritten signature of Reporting Centre Personnel

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 05108120
Date: