SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

7. By the loagement of this report to the insurers, you hereby conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	01/08/2020 10:44
Date Of Accident	30/07/2020 15:45
Exact Location Of Accident	ALONG ROAD 1 TANJONG PENJURU
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG4707H
Insured/Policyholder	
Name Of Registered Owner	JR & P INDUSTRIES PTE LTD
Co Reg No	199904199H
Email Address	RYAN@ROGERANDSONS.SG
Mobile Phone No	(LOCAL) +65-91686242
Alternative Phone No	Office-62696269
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	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	1800089582
Cover Note Number	
Driver	
Name of Driver	RIPPEE NATHANIEL LEE
NRIC No	S9282104H
Date Of Birth	18/02/1992

INDOOR

17/02/2017

3 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85698501

Fax Number

Contact Number OFFICE-93453750

EMail Address NATHANIEL.RIPPEE@GMAIL.COM

Address BLK 150A CORPORATION DRIVE #16-13

Postcode 611150

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

Venicle -

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?

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

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

YES

NO

Number of Passengers (Including Driver) 2

Passenger 1 Name: : ARIEL

Gender: : Male

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

JURONG NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 158 YUNG LOH ROAD, POSTCODE: 610158, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2659999 - **FAX NO**: 62664987

Was notice of intended Prosecution given?

If Yes, against whom?

iom?

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

SHC2001Z

Vehicle Make/Model/Colour Details Of Properties HYUNDALBLUE LEFT SIDE MIRROR BROKEN

TAXI

Vehicle Category Name of Driver

LAY ENG KIAN

NRIC/Passport Number

S1721884J

Contact Number

Address

Postcode

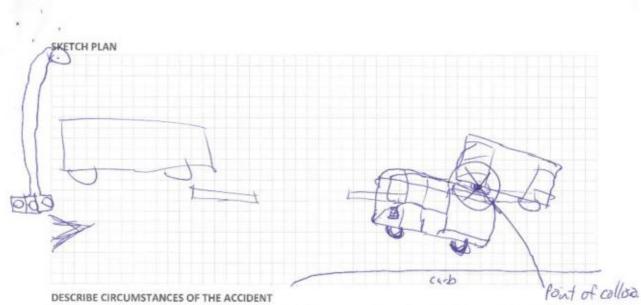
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Accident Sketch Plan



I Northaniel Lee lipper was intending to make a right hand turn.

The taxi Driver LAY ENG KIAN was intending to make a left turn. I was in front and the trafic light was near.

There were 2 lages ahead I for a left hand turn 2 for a right hand turn the taxi who was behind and to may right needed to those left and I needed to move right. I signled checked to see if I was clear through my right mirror, noted that the taxi was very near my lane and was available to turn left and I began to me ease right so that he rould pass to my inside. As I was easing right my release.

Should that But I the taxi horned me as I heard a crunch as any Concurrently my coleague who heard the horn looked back and Should as I heard crunch. I stoped the long and Got out to assess the Damages.

DECLARATION

I/We decline the pregoing particulars are true in every respect.

Policyholder's Certature Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 01/08/2020

1

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

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
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- Any false reporting may be referred to the Police for investigation.
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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)

Lunderstand, 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)
 - (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
- 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.
- 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

(iii) 1 lying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Nathaul La Hypo Driver's Signature (If driver is not the policyholder)

Date & Time: 01/08/2020

Reporting Centre Personnel's Signature

NRIC/FIN No.:





1 of 4

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158

Tel No: 1800-2659999

Report No.	T/20200730/2126

Date/Time Re 30/07/2020 1		ade:	Vide	Vide Report No.:			Si 28	tation Diary No.:	
Informant's		lars							
Name of Informant: RIPPEE NATHANIEL LEE			APT	Address: APT BLK 150A CORPORATION DRIVE #16-13 SINGAPORE 611150					
D Type / ID No.: NRIC NO / S9282104H			100000000000000000000000000000000000000	Contact No.:					
Nationality: AMERICAN	320210	411		Home/Office: Mobile: 85698501 Email:			5501		
	Age: 28	Date of Birtl 18/02/1992		Type of Informant: Driver					
Race: Caucasian			Lang				ution / School Name:		
Occupation: Carpenter				Driving Licence Information: Class: Date of			of Expiry:		
eneral Infor	mation	of the Accide	ent				A second		
Type of Accident:	N	on-Injury		Drink Drive:	Date/Tin Accident		Type of Location Straight Road		
Location:				No		20 15:45			
Along Road 1 FANJONG P Weather:	1 ENJUR	U .	1000000	No N		20 15:45		Speed Limit:	
Along Road 1 TANJONG P Weather: Clear Traffic Flow:	1 ENJUR	U .	Dry Traf	d Surface:	30/07/20	20 15:45	Road		
Along Road 1 TANJONG P Weather: Clear Traffic Flow: One Way Type of Collis	ENJUR	U	Dry Traf Traf	id Surface: fic Control: fic Light - Wo	30/07/20	20 15:45	Road Traffic Light	Speed Limit:	
Along Road 1 TANJONG P Weather: Clear Traffic Flow: One Way Type of Collis Between Mov	ENJUR	hicles - Side S	Dry Traf Traf	id Surface: fic Control: fic Light - Wo	30/07/20	20 15:45	Road Traffic Light Anyor ambu	Speed Limit: C Volume:	
Along Road 1 FANJONG P Weather: Clear Fraffic Flow: One Way Type of Collis Between Move	ENJUR sion: ving Vel	hicles - Side S	Dry Traf Traf wipe - Sa	id Surface: ffic Control: ffic Light - Wo me Direction	30/07/20	20 15:45	Road Traffic Light Anyor ambu No	Speed Limit: O Volume: ne conveyed by lance:	
Weather: Clear Traffic Flow: One Way Type of Collis Between Mov	ENJUR	hicles - Side S	Dry Traf Traf wipe - Sa	id Surface: fic Control: fic Light - Wo	30/07/20	20 15:45	Road Traffic Light Anyor ambu	Speed Limit: Volume: ne conveyed by lance:	
Along Road 1 FANJONG P Weather: Clear Fraffic Flow: One Way Fype of Collis Between Move Details of Very Vehicle No. GBG4707H	sion: ving Vel	hicles - Side S	Dry Traf Traf wipe - Sa	id Surface: ffic Control: ffic Light - Wo me Direction	30/07/20	20 15:45	Road Traffic Light Anyor ambu No	Speed Limit: C Volume: ne conveyed by lance:	
Along Road 1 TANJONG P Weather: Clear Traffic Flow: One Way Type of Collis	sion: ving Vel chicle II Type Lorry Car	hicles - Side S	Dry Traf Traf wipe - Sa	id Surface: ffic Control: ffic Light - Wo me Direction	30/07/20	20 15:45	Road Traffic Light Anyor ambu No	Speed Limit: C Volume: ne conveyed by lance: No of Passenge	





Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158 2 of 4 Report No. T/20200730/2126

Tel No: 1800-2659999

CONTINUATION OF REPORT

Passenger		Asia da			
Name	ARIEL				NIL
Related Vehicle	GBG4707H (Lorry)			ct No.	96203091
Hospital/Clinic	NIL			of g ce & / Date	Class: NIL. Date of Expiry: NIL
Date Treatment	NIL Date Disc			NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	
Driver					
Name	RIPPEE NATHANIEL LEE				S9282104H
Related Vehicle	GBG4707H (Lorry)			ct No.	85698501
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
No. of Days gran	ted Medical Leave NIL	f Injury NIL			
Driver		1 2 3 3 4	STATE OF THE PARTY		
Name	LAY ENG KIAN		ID No	.	S1721884J
Related Vehicle	SHC2001Z (Car)			ct No.	NIL
Hospital/Clinic	NIL			of g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	narge	NIL		
	ted Medical Leave NIL	Degree of		NIL	

Brief Details.

On 30/07/2020 at about 1545hrs, I was driving my company lorry; GBG4707H along TANJONG PENJURU along the EXTREME LEFT LANE when I wanted to filter right for a right turn. There was another taxi; SHC2001Z on my rear right side whom wanted to filter left.

Subsequently, prior to filtering right, I checked my right side mirror and my right blind spot and noted that I had enough to filter right. I then proceeded to filter right and I heard a crunch on the rear right side of my lorry. I immediately stopped my lorry, and assessed the damage to our vehicles. We then exchanged particulars however the taxi driver refused to give me his mobile number.

I wish to state that I did not consume any intoxicating substances prior to the accident. I have checked my in car camera however I realized that it was not recording.





3 of 4

Report No. T/20200730/2126

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158 Tel No: 1800-2659999

CONTINUATION OF REPORT





Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158 Tel No: 1800-2659999 4 of 4 Report No. T/20200730/2126

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: J / Sgt 2 CHIANG WEI TONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/07/2020 19:54
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 Signature: Singapore Police Force	



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : JR & P Industries Pte Ltd Period of Insurance : 17 Aug 2019 To 16 Aug 2020

Engine No. : 1KD2735484

Chassis No. : JTFAT35Y10K208640 Vehicle No. Policy No.

: GBG4707H : 1800089582-01

Endorsement No.

Issued Date : 05 Aug 2019

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.7 ton [Lorry]

Engine Capacity/Tonnage : 1.72 Tonnage

Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2017 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* :

Littrition to 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 taition, 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 proposed 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, 1997 (Malaysia) and Road Transport Act, 1997

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 Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the For other Approved Repairing Centres/Alfo, Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6336 6200. Alternatively, You may refer to AIG website 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: HONG LEONG FINANCE 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, 1969 (Malaysia).

0502263000

SAFE HARBOUR ASSURANCE AGENCY BLK 208 HOUGANG ST 21 #04-207 SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

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MOTOR ACCIDENT INTERVIEW FORM

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THE DAMAGES
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Mirror
1-11/10/
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I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9282104H





RIPPEE NATHANIEL LEE

CAUCASIAN Date of airth. 18-02-1992

\$92821041

UNITED STATES

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) EFFECTIVE DÂTE g with ≈ 7 17 Feb 2017

NP 428A

9541374 AMERICAN Data of mana 31-07-2019 APT BLK 180A CORPORATION DRIVE #16-13 SINGAPORE 611150













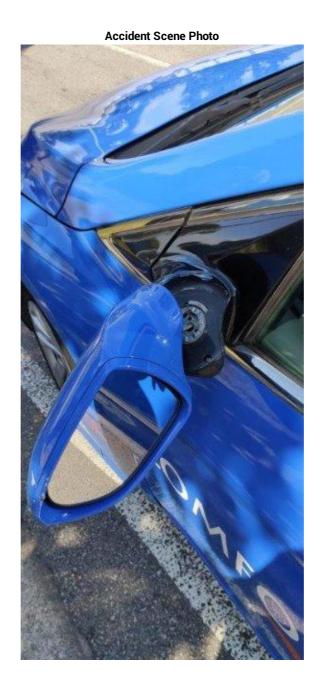


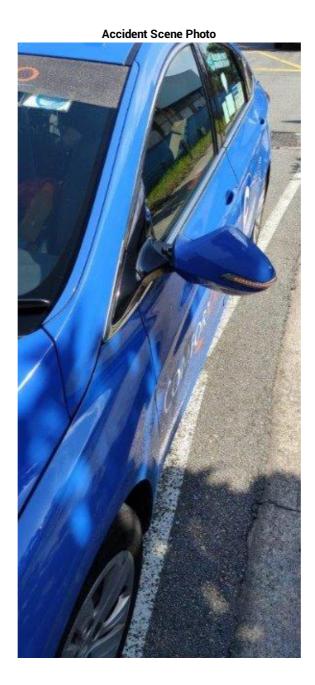




Accident Scene Photo









Accident Scene Photo



