MTC420066984 / TC AutoClinic Pte Ltd - Lok Yang ENTRY DATE & TIME: 08/08/2020 10:19 SUBMITTED BY: Ho Yue Meng

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 truthful and accurate 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 ins ont to the archiving of this ort at the

By the lodgement 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	08/08/2020 10:19		
Date Of Accident	06/08/2020 14:30		
Exact Location Of Accident	ALONG CHAI CHEE RD TOWARDS CHAI CHEE ST NEAR B/20		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	YP6520X		
Insured/Policyholder			
Name Of Registered Owner	METAQUIP TC INDUSTRIAL PTE LTD		
Co Reg No	199305621Z		
Email Address	JONATHAN_GOH@TANCHONG.COM		
Mobile Phone No	(LOCAL) +65-87775119		
Alternative Phone No	Office-87775119		
Vehicle Particulars			
Manufacturer	JAC		
Model	HFC1048K-2.8 D (M)		
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE		
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	999993949/100835419-00000		
Cover Note Number			
Driver			
Name of Driver	ARUNACHALAM KIRUBAHARAN		
Passport No/FIN	G7325536N		
Date Of Birth	07/11/1979		
Occupation	OUTDOOR		

12/06/2013

7 YEARS AND 1 MONTH

Gender **MALE**

Mobile Number (LOCAL) +65-98661058

Fax Number

Contact Number

EMail Address VMO1@BIGFOOT.COM.SG

Address 30 QUALITY ROAD

Postcode 618803

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - DRIVER OF RENTED VEHICLE

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - OPENING DOOR OF VEHICLE

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?

Was any injured conveyed to hospital by

ambulance?

YES

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Was any other material or property damaged?

NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON THE ABOVE DATE, TIME AND LOCATION, I WAS DRIVING VA ON THE RIGHT LANE OF THE 2 LANES ROAD, AND VB WAS ON THE LEFT LANE. WHILST VA WAS PASSING VB, THE REAR LEFT HAND DOOR OF VA SWUNG OPENED AND HIT ONTO THE REAR RIGHT PORTION OF VB. THERE WAS NO INJURY TO ANYONE, OR GOVERNMANT PROPERTY DAMAGE. NO POLICE OR AMBULANCE AT SCENE.

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 SHD3027M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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:
 - 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.

* OF TRUE

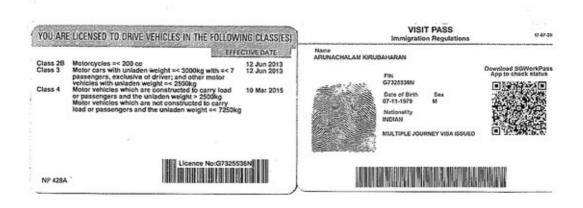
Policyholder's Signat o Date & Time: Driver's Signature (M driver is not the policyholder) Date & Time: TC ABBOCHNIC Pto LID 1 SIXTH LOK YANG RGAD SINGAPORE 828090 TEL: 6282 2212

FAX: 6262 3092

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

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Date: 06/08/			
Time: 1430			
Location: Alo	ng Chai Chee Rd :	towards Char Ch	ee St.
nec	or B/2A Chai C	hee Rel.	-
	0		
VA- 4P6520	X		
VB - SHD30			
VB - 011030	27 101		
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un the above	date, time s	location, I was	driving
VH on the re	glod lane of the	2 2 lanes voa	d, and
VB was on	the left lave.	Whilst VA was	passing
VB. the rear	r left hand doe	X OX UB SING	na a min
& hit ento.	the year right	portion of	VB.
There was no	o injury to any	one or anser	ment
property dam		9	
No Police	or ambulance	at 600.0	
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		70,-00-00-00-00-00-00-00-00-00-00-00-00-0	
CLARATION	16 ==	TC ABIOCH	CHC Pte Ltd
le declare the foregoing particu	lars are true in every respect.	1 SIXTH LOW SINGAPORE	YANG ROAD
A To	à)	TFL: 6262 22	212
1		FAX: 6282 3	992
wholder's Signature 101145	Oriver's Signature (if driver is not the policyholder)	Reporting Centre Person Name:	nnel's Signature
	Date & Time:	Name: NRIC/FIN No.:	







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.301

(1)

COMPREHENSIVE COMMERCIAL MOTOR.

OWN DAMAGE EXCESS

\$\$800.00

WINDSCREEN EXCESS

\$\$100.00

CERTIFICATE NO. 999993949/100835419-00000

SUM INSURED S\$1.00

Metaquip TC Industrial Pte Ltd

INSURING WITH COE/PARF

YES

1) VEHICLE REGISTRATION NO.

YP6520X

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 1 Jan 2020

4) DATE OF EXPIRY OF INSURANCE

31 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.

An additional Young and Ip of SS3.000 (unless otherwise stated) applies to any ed ho kelov age For his les than Dears driving experience. drivers(named and unnan

Flease refer to policy terms and conditions

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 *

Use for the carriage of passengers or goods in connection with the Insured's business.

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover:

1) Use for racing, pace-making, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

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 10 Jan 2020

AIG ASIA PACIFIC INSURANCE PTE. LTD.

000064-000 DIRECT CLIENTS 01.4.95 AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120

Authorised Representative

ORIGINAL

SSCOSK

Accident Photo



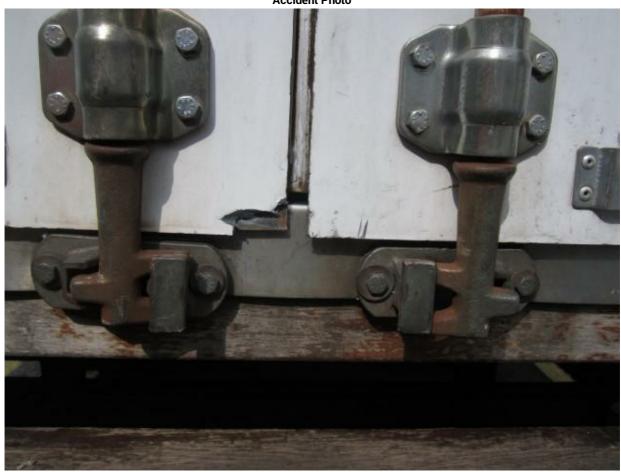
Accident Photo



Accident Photo







Accident Photo



Accident Photo





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