

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	12/10/2020 14:39
Date Of Accident	10/10/2020 09:30
Exact Location Of Accident	SOUTH BRIDGE ROAD BESIDE CARPENTER STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA4670K
Insured/Policyholder	
Name Of Registered Owner	Q MAX ENTERPRISE PTE LTD
Co Reg No	2XXXXX156G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84215001
Alternative Phone No	OFFICE-84215001

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSES
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	2100419676-05
Cover Note Number	

Driver

Name of Driver	MURUGESAN PURUSHOTHAMAN
NRIC No	GXXXXX616P
Date Of Birth	12/04/1987
Occupation	OUTDOOR
Date Of Driving Pass	30/07/2018
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84215001
Fax Number	
Contact Number	
Email Address	PURUSHOTHJANY@GMAIL.COM

Address	1 SOON LEE STREET #03-12 PIONEER CENTRE
Postcode	627605
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 - MAJOR/MINOR RD
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)	4
Passenger 1	NAME: : PERIYANAGAYAM GENDER: : MALE
Passenger 2	NAME: : BALAMURUGAN GENDER: : MALE
Passenger 3	NAME: : HENG GENDER: : MALE

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	SJD297X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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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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:

12 OCT 2020

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

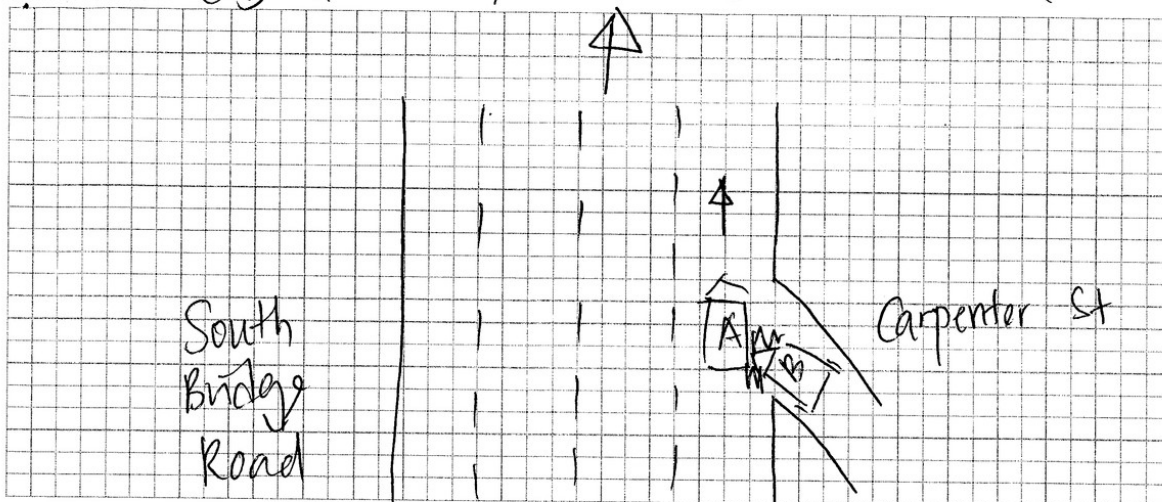
12 OCT 2020

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

12 OCT 2020

SKETCH PLAN

(A) GBA 4670K (B) SJD 297X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/10/2020 at 9:30 am. I was travelling my vehicle (A) GBA 4670K along South Bridge Road beside Carpenter St. I was moving straight. Suddenly, the vehicle (B) SJD 297X dash out from right side Carpenter St and hit onto my vehicle rear right portion.

DECLARATION

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

Policyholder's Signature

Date & Time:

12 OCT 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:


12 OCT 2020

Reporting Centre Personnel's Signature

Name:


NRIC/FIN No.:

12 OCT 2020



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




Employer
Q MAX ENTERPRISE PTE. LTD.




Name
MURUGESAN PURUSHOTHAMAN

Work Permit No.
0 35684042

Sector:
CONSTRUCTION



0 35684042




K1983941

VISIT PASS
Immigration Regulations

12-12-2019

Name
MURUGESAN PURUSHOTHAMAN




FIN
G2141616P

Date of Birth
12-04-1987

Nationality
INDIAN


Sex
M

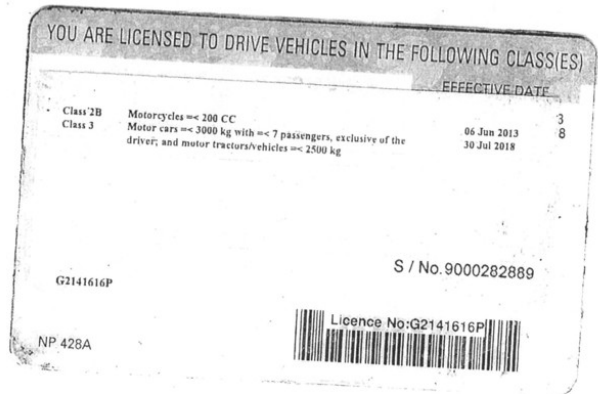
Download SGWorkPass
App to check status



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.







CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY FIRE AND THEFT COMMERCIAL VEHICLE

Name of Policyholder	: Q Max Enterprise Pte Ltd	Vehicle No.	: GBA4670K
Period of Insurance	: 26 Jul 2020 To 25 Jul 2021	Policy No.	: 2100419676-05
Engine No.	: 1KD1647909	Endorsement No.	:
Chassis No.	: JTFAT35Y603001039	Issued Date	: 23 Jun 2020

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 LORRY 1.7 ton [Lorry]
 Engine Capacity/Tonnage : 1.7 Tonnage Sum Insured : Market Value First Year of Registration : 2007
 Driver Restriction : NA Off Peak Car : No 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.

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 Theft - \$0

Section 2
Property Damage - \$0

Windscreen : NA

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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/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).

0503858000

TOH KAI WEE JERRY

3 TAMPINES GRANDE #05-48 AIA TAMPINES

SINGAPORE 528799 SP-JERRYTOH

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

KAI WEE JERRY TOH

Date: 17/10/2020

To Whom It May Concern

Dear Sir/Madam

This is authorize my Employee, Name Mungesan Punushothaman
of NRIC/ID No. G2141616P to drive, report and claim
for the accident dated 10/10/2020 for vehicle number
GBA4670K.

Sign & Chop



A

Name of Manager/ In Charge/ Owner Chiah Keri Sin

NRIC No: G6889096P

write name & ic who use sign this

TOYOTA

MOTOR

CORPORATION

JAPAN

MODEL

KDY231R-TLMKY

ENGINE

1KD-FETV

2982

ml

FRAME No.

JTFA135Y603001039

COLOR

TRIM

PLANT

OPTION

199

EA12

P11

TRANS./AXLE

R451

A06B

463

Odometer Reading



Accident Photo



Accident Photo



Accident Photo



Accident Photo

