

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 Actual 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 Submission 10/02/2022 16:20 (SGT)
Reported by Driver
Date of Accident 31/01/2021 17:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information TRURO ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK6187Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner METAQUIP TC INDUSTRIAL PTE LTD
Company Reg No 1XXXXX621Z
Email Address jonathan_goh@tanchong.com
Mobile Phone No (Phone) +65-92772227
Alternative Phone No (Home) +65-92772227

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number C220000104

DRIVER

Name of Driver LAURENCE XAVIER ZHIWEI
NRIC No SXXXX336D
Date Of Birth 09/08/1999
Occupation Outdoor

| | |
|--|------------------------------|
| Date Of Driving Pass | 09/04/2018 |
| Driving experience | 2 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93633414 |
| Alt. Phone Number | - |
| Email Address | jonathan_goh@tanchong.com |
| Address | APT BLK 172 BISHAN STREET 13 |
| Address complement | #07-93 |
| Postcode | 570172 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|--------------|
| Type of Accident | No Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | No |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED SKETCH PLAN

ATTACHMENT(S)

| | |
|---|----|
| Are accident photos available for attachment? | No |
| Was there any video captured by Car Camera? | No |

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 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.

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.


Policyholder's Signature / Date & Time


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

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408021
TEL: 6463 0665 FAX: 6467483


Witnessed by Reporting Centre Personnel

Sketch Plan

No accident


Describe Circumstances of the Accident

The driver have left the company already. We do not have knowledge of the accident


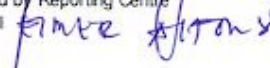
Declaration

We declare the foregoing particulars are true in every respect.

 
Policyholder's Signature / Date &
Time


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

AUTOLUTION INDUSTRIAL PTE LTD,
19 UBI ROAD 4,
SINGAPORE 408623
TEL: 6490 6626 FAX: 68467483


Witnessed by Reporting Centre
Personnel 



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: S665500206 / 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: SA1D222A0005 Vehicle Registration No: GBK 6187Z
 Name (as shown in NRIC): METAQUIP TC INDUSTRIAL PTE LTD NRIC/FIN/Passport No: 1993056212
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE Singapore (589622)
 Contact (Tel): _____ Mobile No.: 9277 2227
 Email Address: jonathan-goh@tanchong.com
 Date of Accident: 31/01/2021 Time of Accident: 17:45
 Place of Accident: TRURO ROAD
 Insurance Company: ALL


(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 DOA 31/01/2020 TO 31/01/2021


 Policyholder / Driver's Signature
 Date: 04/10/2022

AUTOLUTION INDUSTRIAL PTE LTD
 19 UBI ROAD 4
 SINGAPORE 408623
 TEL: 6490 9656 FAX: 6846 7483


 Reporting Centre Personnel's Signature
 Name: ETMEL ALFONSO
 NRIC/FIN No.: GXXXXX244L
 Date: 04/10/2022



COVER NOTE

COMMERCIAL AUTO COMPREHENSIVE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Individual Policyholder : METAQUIP TC INDUSTRIAL PTE LTD

Period of Insurance : 01 Jan 2022 to 31 Dec 2022

Engine No. : YD25070303B

Chassis No. : JN1MC2E26Z0032160

Vehicle No. : GBK6187Z

Cover Note No. : C220000104

Issued Date : 28 Jan 2022

ABOUT THE COVER

Make/Model : NISSAN NV350 PANEL VAN

Engine Capacity/Tonnage : 1.5 Tonnage

Sum Insured : Market Value

First Year of Registration : 2020

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive* :

Any person who is driving on the Policyholder's order or with their permission.

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 S\$3,000.00 as Young and/or Inexperienced Driver Excess ("YIDR") if You are or Your Authorised Driver (named or unnamed) is below the age of 23 (in case of All Age Condition policies) and/or has less than 2 years' driving experience. The YIDR Excess is not applicable to Named Driver policies or otherwise stated. Please refer to policy terms and conditions.

Age Condition : All Age Condition

Mileage Condition :

Limitation as to use* :

Use for social, domestic, pleasure purposes and business purposes of the Policyholders.

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

Use for the carriage of passengers or goods (other than for reward) by any person to whom the Vehicle is hired.

This Policy does not cover

1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;

2) use whilst drawing a trailer;

3) use for the towing of any one disabled mechanically propelled vehicle;

4) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; and

5) 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) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Own Damage: \$1300.00, Fire: \$0.00, Theft: \$0.00, Theft Outside Singapore Cover: \$0.00, Outside Singapore Cover: \$0.00, Flood Cover: \$1300.00

Section 2

Property Damage: \$1000.00

Windscreen: \$100.00

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

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

Please refer to Master Policy Schedule for the Terms and Conditions

Hire Purchase Company/Employer's Loan: NA

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately. We hereby certify that this Cover Note 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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0504694000

TAN CHONG CREDIT PTE LTD

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589623

Underwritten by test AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPYTP