

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 Submission 18/01/2021 13:21 (SGT)
Date of Accident 16/01/2021 09:30 (SGT)
Exact Location of Accident Nicoll Hwy, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GW886G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HT ELECTRIC PTE LTD
Company Reg No 200716203C
Email Address htelectricpl@yahoo.com.sg
Mobile Phone No (Phone) +65-97915302
Alternative Phone No +65-97915302

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070053753
Cover Note Number -

DRIVER

Name of Driver SIKDAR HAROUN
Passport No/FIN G8150483R
Date Of Birth 10/09/1986
Occupation Indoor

Date Of Driving Pass	28/09/2018
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85251493
Alt. Phone Number	-
Email Address	sikdarharoun@gmail.com
Address	3013 BEDOK INDUSTRIAL PARK E
Address complement	-
Postcode	489979
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	Collision - Change/cross lane
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 material or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SAIMON MD
Gender	Male

PASSENGER 2

Name	KALIYASAMY KUMARAVEL
Gender	Male

PASSENGER 3

Name	TEO GI SIANG
Gender	Male

PASSENGER 4

Name	MUTHUSAMY SELLADURAI
Gender	Male

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

I ON MY RIGHT SIGNAL AND WAS SWITCHING TO THE RIGHT LANE WHEN SUDDENLY, VEHICLE B CAME AND COLLIDED ONTO MY VEHICLE'S REAR RIGHT PORTION. THE IMPACT CAUSES VEHICLE B FRONT BUMPER TO DROP AND HIT INTO VEHICLE C.

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 SHC4576T
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident VEHICLE B
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number EN8288B
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident VEHICLE C
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.

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop Leang Automotive via email / fax.

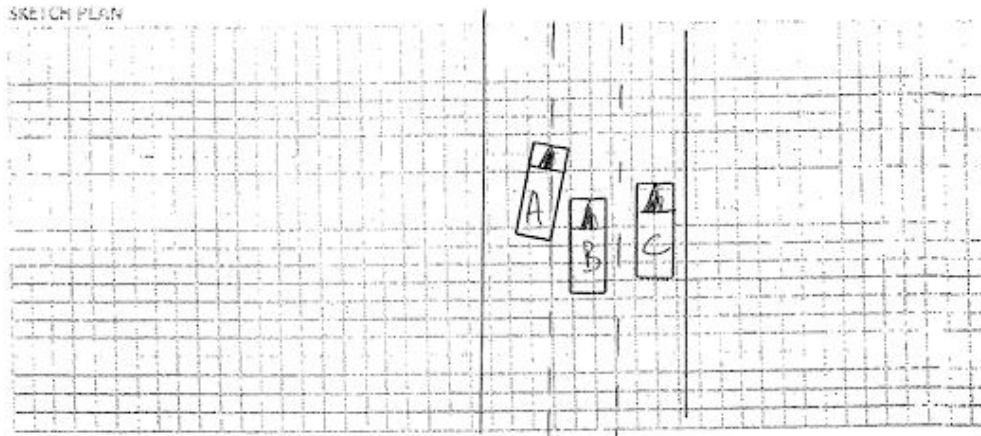
Signature: _____



Policyholder's Signature
Date & Time:

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

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 on my right signal and was switching to the right lane when suddenly vehicle B came and collided into my vehicle's rear right portion. The impact causes vehicle B frame bumper to drop and hit into vehicle C.

DECLARATION

17 We declare the foregoing particulars are true in every respect.

Policyholder's Signature _____
Date & Time: _____

[Downloaded from ascelibrary.org by University of California, San Diego on 07/06/14](#)

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

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

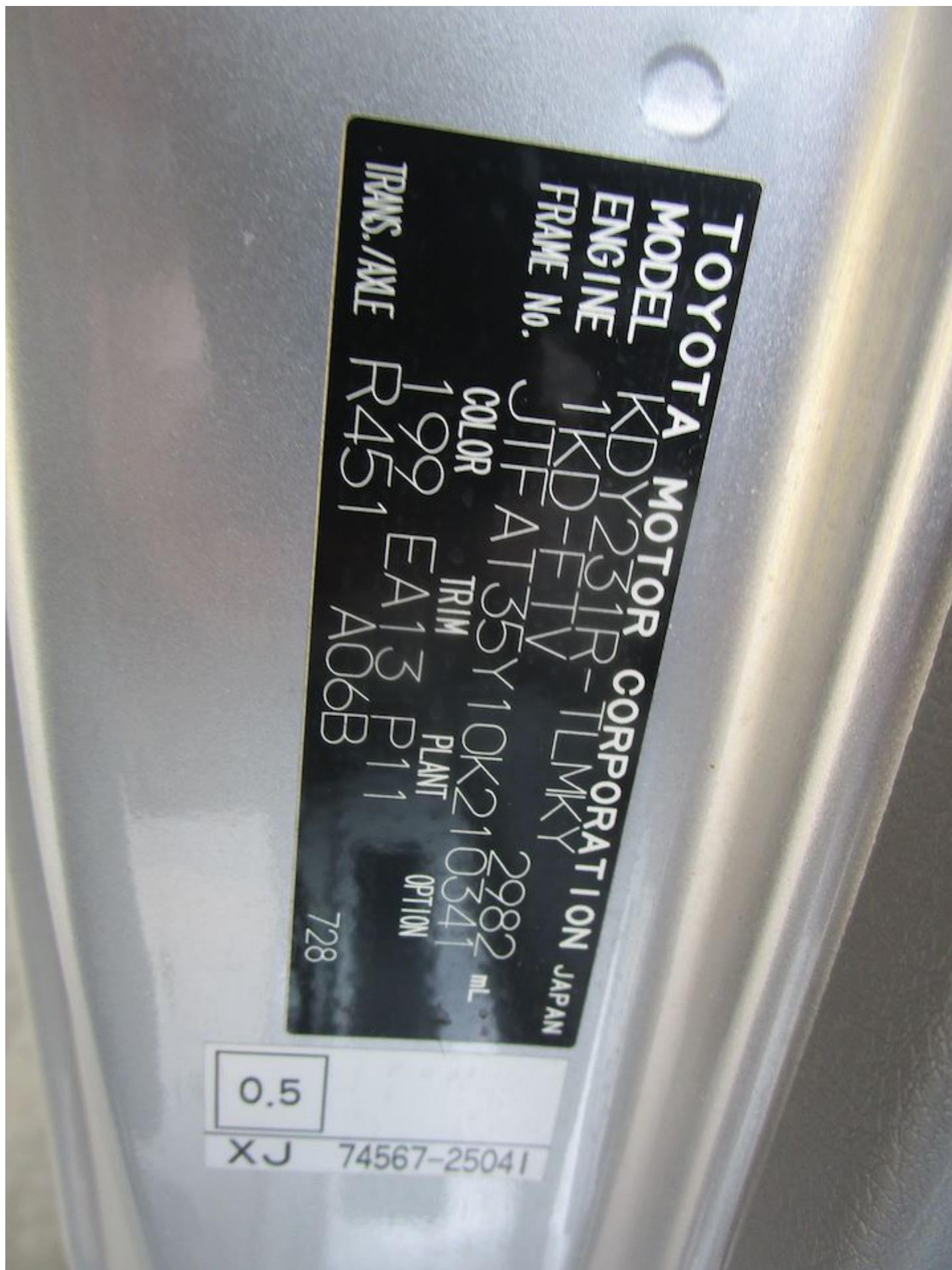














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048590
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

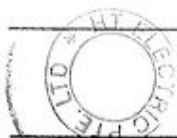
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SS1Y2110005 Vehicle Registration No: GW886 G
 Name (as shown in NRIC) : SHARAF HADJANI NRIC/FIN/Passport No : 918150-483R
 (* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 8251 8525 1243
 Email Address : _____
 Date of Accident : 16/10/21 Time of Accident : 09:50
 Place of Accident : NICOLL AVENUE
ACB
 Insurance Company: _____

(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:

- Vehicle C : EN8288B
- Amend sketch plan and accident description
- Change to reporting only.



Policyholder / Driver's Signature
 Date:

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

27/08/2021 9:57 PM FAX

RECEIVED 15/09/2015 09:32



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS - COMMERCIAL VEHICLE

Name of Policyholder : HT ELECTRIC PTE LTD
 Period of Insurance : 19 Apr 2020 To 19 Apr 2021
 Engine No. : 1KD2797262
 Chassis No. : JTFAT35Y10K210341

Vehicle No. : 1472536
 Policy No. : 100000000
 Endorsement No. :
 Issued Date : 24 Mar 2020

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.8 ton (Lorry)
 Engine Capacity/Tonnage : 1.8 Tonnage
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2019
 Insuring with COT (PV) : 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 authorized 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" ("YIDE") if You and/or Your Authorized Driver(s) who is/are licensed driver(s) with 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, dog trials/duels, exhibition, motor show, driving school, or 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 0 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 180), Section 95 of the Road Transport Act, 1997 (Singapore) 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 TO THIS POLICY

Any accident repairs to the Vehicle must be carried out by one of our Authorized Repairers. Within the first 3 years of the first registration of the Vehicle from the date of the first accident, the repairs must be carried out at the Sole Agent's workshop.
 For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency service at +65 6338 6200. Alternatively, you may download the AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

We hereby certify that this 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. 180), The Road Transport Act, 1997 (Singapore), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1999 (Singapore).

0504641000
 ASSURE INSURANCE AGENCY

AIG Asia Pacific Insurance Pte. Ltd.

This computer-generated print-out is not a contract.