SA1D21430002 / Autolution Industrial Pte Ltd[408623] ENTRY DATE & TIME: 03/04/2021 15:20 (SGT) SUBMITTED BY: Elmer M Alfonso VERSION: 1 (03/04/2021 15:20 (SGT))

#### **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 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.

- 4. The issue and acceptance 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 03/04/2021 15:20 (SGT) Date of Accident 22/03/2021 21:30 (SGT) Exact Location of Accident Near 527 Sims Ave, Singapore 387587 Additional Location Information SIMS AVENUE Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Nissan

Vehicle Registration Number GBK4100I

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner METAQUIP TC INDUSTRIAL PTE LTD Company Reg No A199305621Z **Email Address** fanny loi@tanchong.com Mobile Phone No (Phone) +65-86786612 Alternative Phone No (Home) +65-86786612

#### VEHICLE PARTICULARS

Manufacturer

Model Cabstar Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Auto CC 3000

#### **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 999993682/100881222-0000 Cover Note Number

#### DRIVER

Name of Driver RASUKKANNU RAJESH Passport No/FIN G2272937W

Date Of Birth 11/12/1985 Occupation Outdoor Date Of Driving Pass 31/08/2018 Driving experience 2 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-82831927 Alt. Phone Number Email Address fanny\_loi@tanchong.com Address 911 BUKIT TIMAH RD Address complement TANCHONG MOTOR CTR Postcode 589622 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer 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 Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT SEE ATTACHED SKETCH PLAN AND PHOTO ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	GBJ2585P Toyota Dyna - Blue
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	_
nsurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

### SKETCH PLAN

## IMPORTANT NOTICE

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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

# Consent under the Personal Data Protection Act (PDPA)

lunderstand, acknowledge, agree and consent that :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to 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) (a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose government agency/authority (such as the police), for the purpose(s) of collectively referred to as the "Insurers"), the insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be

(ii) investigating the accident and/or my claims

the claims

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

packages); and/or disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve

(collectively the "Purposes") (v) complying with applicable law in administering, processing, handling and/or dealing with my claims

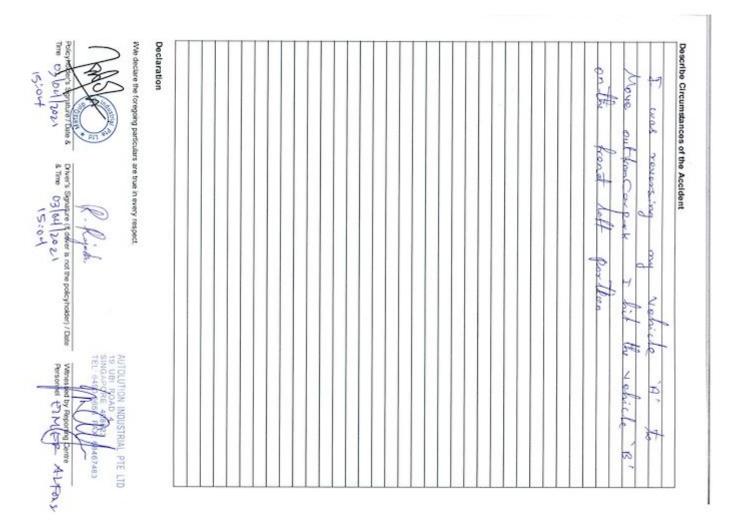
(including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents

use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers lawyers/law firm, may/are permitted to colect





















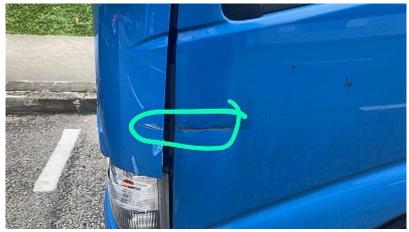
















## CERTIFICATE OF INSURANCE

9000 619 (50 TEL 3NTLOS

MOTOR VEHICLES (THRO-PARTY RISKS AND COMPENSATION) ACTIONATES 189 MOTOR VEHICLES (THRO-PARTY RISKS AND COMPENSATION) RULES, 1960 RADO REALISMAN (THRO-PARTY RISKS) HULES, 1950 (MALAYSIA)

CERTIFICATE NO. 999993682/100881222-00000 COMPREHENSIVE COMMERCIAL MOTOR OWN DAMAGE EXCESS WINDSCREEN EXCESS \$\$800.00

3

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT
A) DATE OF EXDRY OF INSURANCE
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

Any person who is chiving an the Insured's easter or with their permission: An additional Young and hexperienced Driver (YIDR) Escess of \$53,000 (unless otherwise stated) applies to any drivers/named and unnamed) who is below age 23 or has less than 2 years of long experience.

6) LIMITATION AS TO USE \*

Provided that the preson chinking is gentrified in accordance with the licensing or other laws or regulations to drive the Moor Vehicle or has been an germitted and is not disepatified by order of a Court of Law or by reason of any enactment or regulation in that behalf from dening the Moor Vehicle.

Use for the carriage of pasterogers or goods in econocition with the Insured's business.

Use for social, doinestic, pleasure purposes and business purposes of any posson whom the vehicle is hined.

The Posicy does not conver.

If Use for rearry, poternating, reliability that or speech testing.

If Use for rearry, poternating, reliability that or speech testing.

2) Use whilst deships at table councils the taking (offers than for remand) of any one disabled mechanically propelled vehicle.

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

2) NAME OF INSURED

Metaquip TC Industrial Pte Ltd

GBK4100L

1) VEHICLE REGISTRATION NO.

SUM INSURED \$51.00 INSURING WITH COE/PARF YES

ORIGINAL

SMEM COO TAMA SOAD TAM CHONG AGTOR CENTRE SMAAPORE SARCO

Issued At Singapore 9 Feb 2021

HIRE PURCHASE COMPANY NA

NAMED DRIVER NIA

LOSS OF USE NOT INCLUDED

If We hereby Certly that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Thad-Party Roads and Compensation) Act (Chapter 181) and Part IV of the Road Transport Act, 1987 (Malaysia)

AIG ASIA PACIFIC INSURANCE PTE, LTD.

Limitations revolved inoperative by Section 8 of the Motor Vehicles (Thirs-Party Rooks and Compensation) Act (Chapter 189) and Section 95 of the Rook Transport Act, 1987 (Maleysia), are not to be included under these headings.

RECORT