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.

 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 07/04/2021 13:42 (SGT) Date of Accident 06/04/2021 14:45 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information TWDS CTE AFTER ANG MO KIO AVE 1 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD7705J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LITEWELL ENGINEERING PTE LTD Company Reg No 1XXXXX627E Email Address kh@litewell.com.sq Mobile Phone No (Phone) +65-92299339 Alternative Phone No +65-92299339

VEHICLE PARTICULARS

Manufacturer

Model Dyna 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 No - Claiming third party your vehicle?

Vehicle Category Commercial vehicle Transmission Manual CC

2982

Toyota

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2070027615 Cover Note Number

DRIVER

Name of Driver KASI NAGARAJAN Passport No/FIN GXXXX316N

Date Of Birth 27/07/1981 Occupation Outdoor Date Of Driving Pass 19/04/2018 Driving experience 3 YEARS Gender Male Mobile Number (Phone) +65-83146478 Alt. Phone Number Email Address priyarajancivil@gmail.com Address NO. 3 GUL STREET 2 Address complement Postcode 629288 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο 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? Nο **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 I WAS DRIVING STRAIGHT ALONG CTE TOWARDS AYE AFTER ANG MO KIO AVE 1 AT 4 LANE OF 6 LANES. THE TRAFFIC AT THAT POINT OF TIME WAS VERY HEAVY. VEHICLES WERE MOVING AND STOPPING INTERMITTENTLY. AS THE CAR IN FRONT OF ME HAD STOPPED. I ALSO FOLLOWED SUIT. SUDDENLY, I FELT AN IMPACT. VEHICLE B COLLIDED ONTO THE REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES. AFTER THE ACCIDENT, I ALIGHTED AND DRIVER B ADMITTED HER FAULT AND CLAIM AGAINST HER INSURANCE POLICY. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

SGH2556A

Veh2556A

Veh256A

Veh2556A

Veh2556A

Veh256A

-



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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KASI NAGARAJAN
Address	-
Address Complement	-
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD7705J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to remudiate policy liability.
- 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.
- 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.

ENGA, COLO

Policy older's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.

ADJUST SEMBERGER VI

I authorized SME email the GIA to admin antimotor.com

W

SKETCH PLAN A: GBD7705] B-SCH 2556A CTE Towards Aye After Ang mo bio Ave 1 A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

J was AYE a 6 lane	s Oltiving fter Ang	Straig Mo kio	ht along Avel a	CTE to t 4 lane	wards
heavy.	raffic at Vehicles ttently	that po were mo	int of till ving and	me was 1 stoppin	Very ng
Suddle	nh .I	feet an i	me had impact. V	leh "B"	Collided
Causeo	l clamac	3ds.	alighted claim		
insura	nce polic	igutt and iy.	C Claim I	against r	LEA

DECLARATION

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

Date & Time:

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

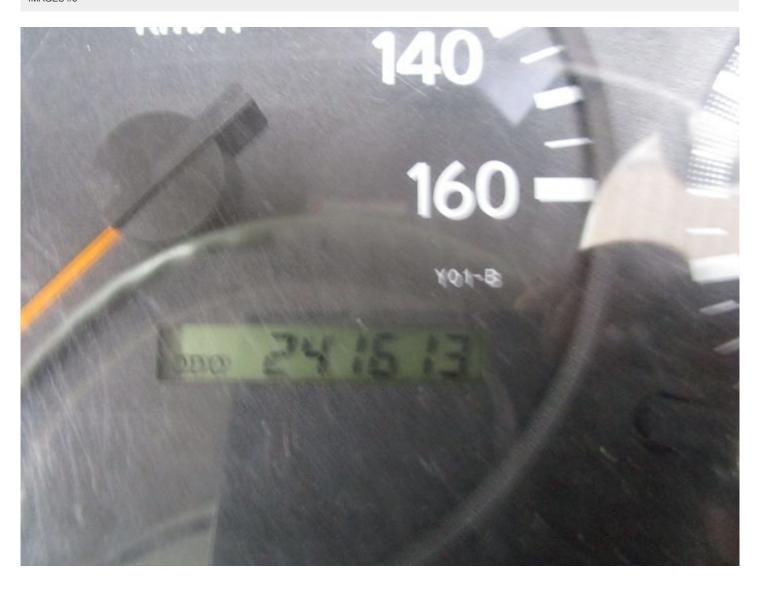
Reporting Centre Personnel's Signature NRIC/FIN No.:





















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CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : LITEWELL ENGINEERING PTE LTD
Period of Insurance : 23 Apr 2020 To 22 Apr 2021
Engine No. : 1KD2475688

Chassis No. : JTFAT35YX0K204196 Vehicle No. : GBD7705J Policy No. : 2070027615

Endorsement No. Issued Date

: 20 Mar 2020

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.7 ton [Lorry]

Engine Capacity/Tonnage : 1.7 Tonnage Sum Insured : Market Value First Year of Registration : 2015 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive":

a) Any poison who is driving on the Pracyholder's order or with their permission.
 b) This Pokey will indemnify the Pokeyholder or any authorised driver entry if helphe ments the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and'er inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less, itom 2 years' chineg experience.

Age Condition

: All Age Condition

Limitation as to use*

1) Use in connection with the Policyholder's business.
2) Use for the correspend passenger (either than for him or reward) in connection with the Policyholder's business.
3) Use for social, demostic or pleasure purposes. This Policy foes not cover a) use for him or strong further, driving lest, social, page-making, retability half or speed-festing, and b) use whilst drawing a traiter except the towing of anyone disabled using a mechanically proposled vehicle, c) use for any purpose in connection with Motor Trade.

* Limitations rendered inogenitive by Section (it of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 180); Section (if of the Road Transport Act, 1987 (Malaysian) and Road Transport Act, 2019, pre-not to be included under these headings.

EXCESS

Section 1 Fire - 50 Onn 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 REPAIRS)

Any additions repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Santagore. You have the person of having the

Any discount registry is the Vertice or into factorized out by virio of out Authorized responses, which me less a years of the less regulation of the Vertice in the Selfa Agency which he was a constitute peaks certical out, at the Selfa Agency which he was a self-constituted and the Selfa Agency which are the Selfa Agency of the Selfa Agency of

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

IAVe hereby deadly that the policy territich this Cortificate of Insurance release is leaved in accordance with the previsions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169), Part IV of the Read Transport Act, 1967 (Malaysia), Read Transport (Amondment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030305000 G&M PTE LTD

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

S SHENTON WAY #13-03 AXA TOWER SINGAPORE 068811

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

ting Hullen

Accident report SS1Y21470007

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