

# 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 ..... 22/04/2021 10:54 (SGT)  
Date of Accident ..... 21/04/2021 13:30 (SGT)  
Exact Location of Accident ..... Upper Thomson Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBE6493X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SHINERS FACILITIES PTE LTD  
Company Reg No ..... A200822978D  
Email Address ..... vinoth@shiners.com.sg  
Mobile Phone No ..... (Phone) +65-63370821  
Alternative Phone No ..... (Office) +65-63370821

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv200  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2070013782-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... N VINOTH S/O NARASIMAN  
NRIC No ..... S8908764C

Date Of Birth .....	13/03/1989
Occupation .....	Outdoor
Date Of Driving Pass .....	19/04/2016
Driving experience .....	5 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-87525349
Alt. Phone Number .....	-
Email Address .....	n_vinoth13@outlook.com
Address .....	BLK 441C BUKIT BATOK WEST AVE 8 #02-921
Address complement .....	-
Postcode .....	653441
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 - Head to Rear
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
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? .....	Yes
Police Station Name .....	Yishun South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008522999
Alt. Police Station Phone No .....	(Fax) +65-68522239
Police Station Address .....	32 Yishun Street 81 Singapore 768456
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210421/2123.

#### 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 .....	SHA2879T
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	N VINOTH S/O NARASIMAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBE6493X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

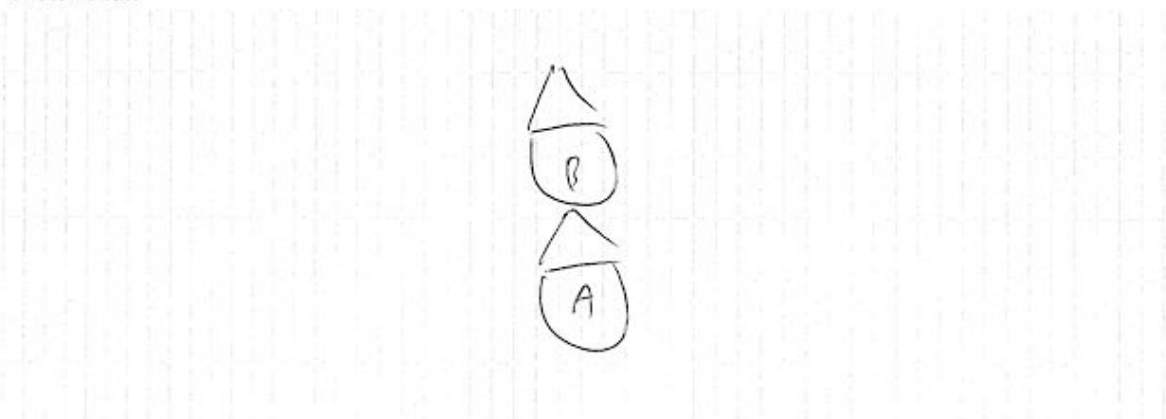
1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre 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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

SMB

Describe Circumstances of the Accident

REFER TO POLICE REPORT.

REFER TO POLICE REPORT.

## Declaration

I/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

Witnessed by Reporting Centre  
Personnel

## AIG ASIA PACIFIC INSURANCE PTE LTD

## MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : N VINOTH S/O NARASIMAN  
 VEHICLE NUMBER : 6BE 6493X  
 DATE/TIME OF ACCIDENT : 21/04/21 @ 13.30HRS  
 PLACE OF ACCIDENT : UPP THOMSON RD  
 THIRD PARTY VEHICLE (IF ANY) : SHA 28797

\*\*\*\*\*  
 WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

MEERA SAGA ROAD TO YISAMAM

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

HEAD TO REAR.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No.

Name: [Signature]



I Affirmed The Above Information Is Given To My Best Knowledge.



































SINGAPORE  
POLICE FORCE



T/20210421/2123

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

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Report No. T/20210421/2123

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2021 17:30		Vide Report No.:		Station Diary No.: 77	
<b>Informant's Particulars</b>					
Name of Informant: N VINOTH S/O NARASIMAN			Address: APT BLK 441C BUKIT BATOK WEST AVENUE 8 #02-921 SINGAPORE 653441		
ID Type / ID No.: NRIC NO / S8908764C			Contact No.: Home/Office: Mobile: 87525349		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 13/03/1989	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: OPERATIONAL EXECUTIVE			Driving Licence Information: Class: 3 Date of Expiry:		

#### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/04/2021 13:30	Type of Location: Straight Road
Location:  UPPER THOMSON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6493X	Van				Seriously Damaged	0
SHA2879T	Taxi				Slightly Damaged	2

#### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE  
POLICE FORCE



T/20210421/2123

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

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Report No. T/20210421/2123

CONTINUATION OF REPORT

Driver			
Name	N VINOTH S/O NARASIMAN		ID No. S8908764C
Related Vehicle	GBE6493X (Van)		Contact No. 87525349
Hospital/Clinic	CHUA CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	21/04/2021	Date Discharge	21/04/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Tan Swee Kim		ID No. S1530673D
Related Vehicle	NIL		Contact No. 94763328
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 21/04/2021 at 1330hrs, I was driving my vehicle bearing plate num: GBE6493X along Upper Thomson Road towards Yishun. As I was approaching the junction, I observed that the traffic light was amber. However, there was a taxi bearing plate num: SHA2879T in front of me suddenly jammed brake. I was not able to stop the vehicle in time and thus hit the rear of the taxi. I alighted from the van to check if the taxi driver was alright and he told me that he did not need any medical assistance. We then proceeded to exchange particulars for insurance claim. I then called up my office about the matter and they assisted me to call the tow truck to tow away my vehicle. I do not have any in-car camera inside my van.

I have went to see the doctor and was given three days MC (65646)for whiplash and swollen ankle.



SINGAPORE  
POLICE FORCE



T/20210421/2123

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Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

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Report No. T/20210421/2123

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
L /  
Staff Sgt NASRI BIN JUMARI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
21/04/2021 17:30

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476229

Classification Of Case:

Authentication Stamp  
NP168





# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Shiners Facilities Pte Ltd  
 Period of Insurance : 22 Feb 2021 To 21 Feb 2022  
 Engine No. : K9KC400D055193  
 Chassis No. : VSKYBAM20Z0120177

Vehicle No. : GBE6493X  
 Policy No. : 2070013782-01  
 Endorsement No. :  
 Issued Date : 11 Feb 2021

### ABOUT THE COVER

Make/Model : NISSAN NV 200 PETROL  
 Engine Capacity/Tonnage : 0.8 Tonnage  
 Driver Restriction : NA  
 Sum Insured :  
 Market Value :  
 First Year of Registration : 2016  
 Off Peak Car : No  
 Insuring with COE/PAF : 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.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has 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 passengers (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; b) driving tuition; c) driving test; racing; pace making; reliability trial or speed testing; and d) use whilst towing a trailer, except the towing of any trailer equipped with a mechanically propelled vehicle; e) use for any purpose in connection with Motor Trade.

Loss Of Use (7 Days) Commercial Auto

\* Limitations removed, inoperative by Section 9 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169), Section 95 of the Road Transport Act, 1997 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$1100 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 accident 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 Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
 For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6328 6200. Alternatively, You may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG's SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan : ETHOZ Capital Ltd

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. 169), Part IV of the Road Transport Act, 1997 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0276000000

LEE LIAN SENG KEITH

AIG Asia Pacific Insurance Pte. Ltd.

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