

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	06/04/2021 16:18 (SGT)
Date of Accident	05/04/2021 17:30 (SGT)
Exact Location of Accident	Choa Chu Kang North 6, Singapore
Additional Location Information	ALONG CHOA CHU KANG NORTH 6 TWRDS CHOA CHU KANG WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK3561X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Company Reg No	199001196N
Email Address	IsaacNgCL@gbl.com.sg
Mobile Phone No	(Phone) +65-98298836
Alternative Phone No	(Office) +65-98298836

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	100881094

DRIVER

Name of Driver	NALLUSAMY A/L VEERASAMY
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Passport No/FIN	F8035553W
Date Of Birth	13/02/1977
Occupation	Outdoor
Date Of Driving Pass	28/05/2004
Driving experience	16 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88091290
Alt. Phone Number	-
Email Address	songhee.png@dhl.com
Address	APT BLK 186 BOON LAY DRIVE #05-124
Address complement	-
Postcode	640186
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	Collision - Major/Minor Rd
Weather Conditions	DRIZZLING
Road Surface	Wet

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?	Yes
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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO POLICE REPORT NO: T/20210405/2123.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TP.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK8886B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-


SKETCH PLANIMPORTANT NOTICE

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7. 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:
 - (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.


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.:

COVER NOTE

Cover Note No. 100881094		Date 15 Jun 2020	
The following risk described in the Schedule is hereby HELD COVERED in the terms of the applicable Company's policy issued to the Policyholder.			
SCHEDULE			
Policyholder	GOLDBELL LEASING PTE LTD &/OR DHL EXPRESS (S) PTE LTD		
Age Condition	N/A	Registration No	GBK3561X
Policy Type	ACT	Make/Model	TOYOTA HIACE VAN TURBO
Effective Date	8 Jun 2020	CC/Tonnage	2,982.00
Expiry Date	7 Jun 2021	Engine No	1KDB024276
Hire Purchase Company	NA	Chassis No	JTFHT02P400250160
		Year of Registration	2020
<p>This policy is subject to driver's age condition. The policy will indemnify the insured or any authorised driver only if he/she meets the age condition. Please refer to policy terms and conditions.</p> <p>Usage of vehicle only for the following purposes:</p> <ol style="list-style-type: none"> 1. Use only for social, domestic and pleasure purposes and for the Policyholder's business. 2. Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business and use for social, domestic or pleasure purposes. <p>Please note that acceptance of the risk is subject to our final acceptance and terms and conditions applicable to the policy. Should you require any change to the insurance, please contact us immediately. Otherwise, any change will not be covered under the policy.</p> <p>The Company may cancel this cover by notice in writing and the insurance will be terminated and a proportionate part of the annual premium for the insurance will be charged for the time the Company has been on risk.</p> <p>MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)</p>			
CERTIFICATE OF INSURANCE			
I/We hereby certify that this cover note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)			

Issued at SINGAPORE

AIG ASIA PACIFIC INSURANCE PTE. LTD.

IMPORTANT NOTICE
THIS COVER NOTE IS VALID FOR
60 DAYS FROM THE FIRST DAY OF
THE POLICY PERIOD.


Authorised Representative

SSPKHO





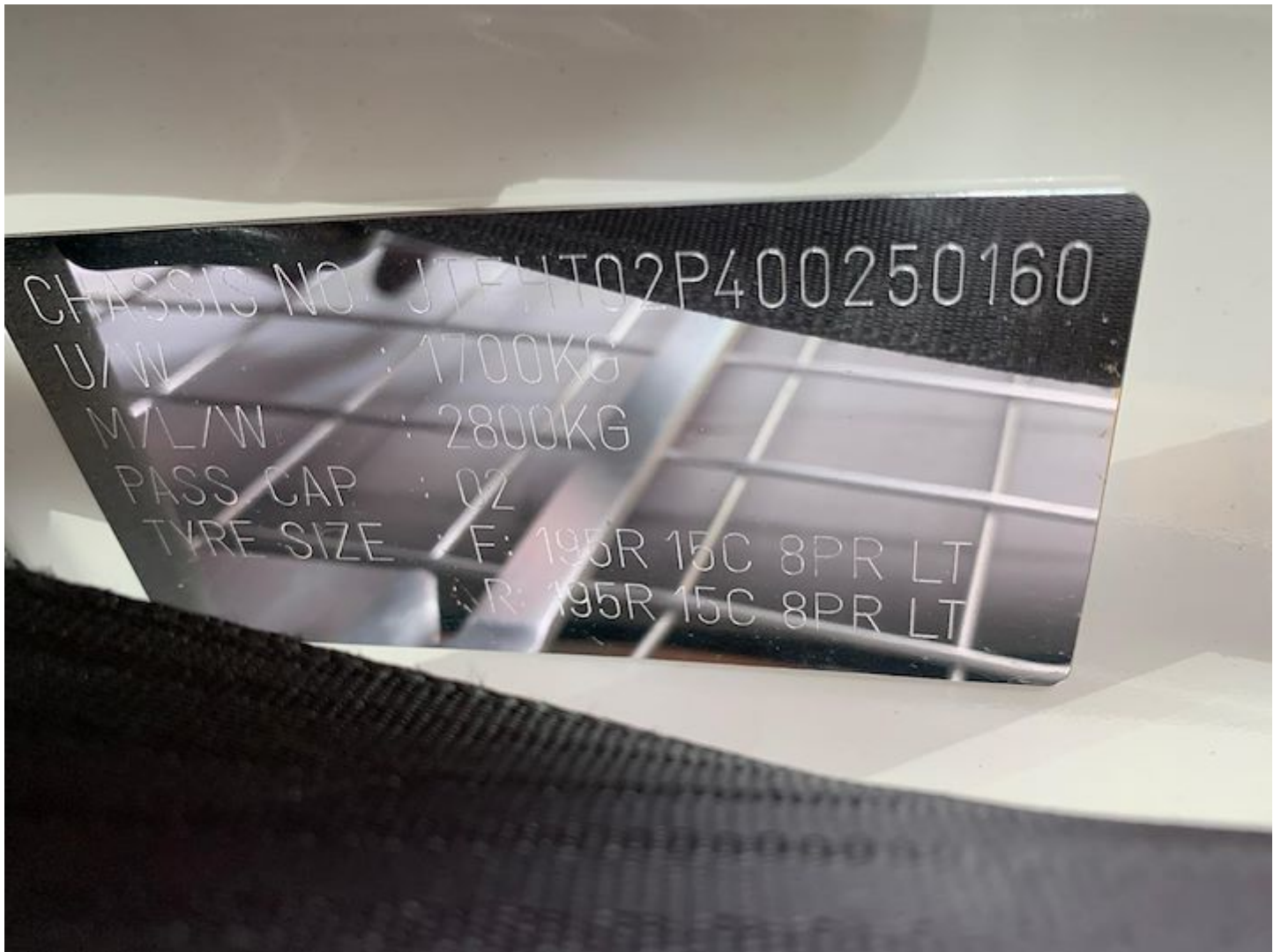


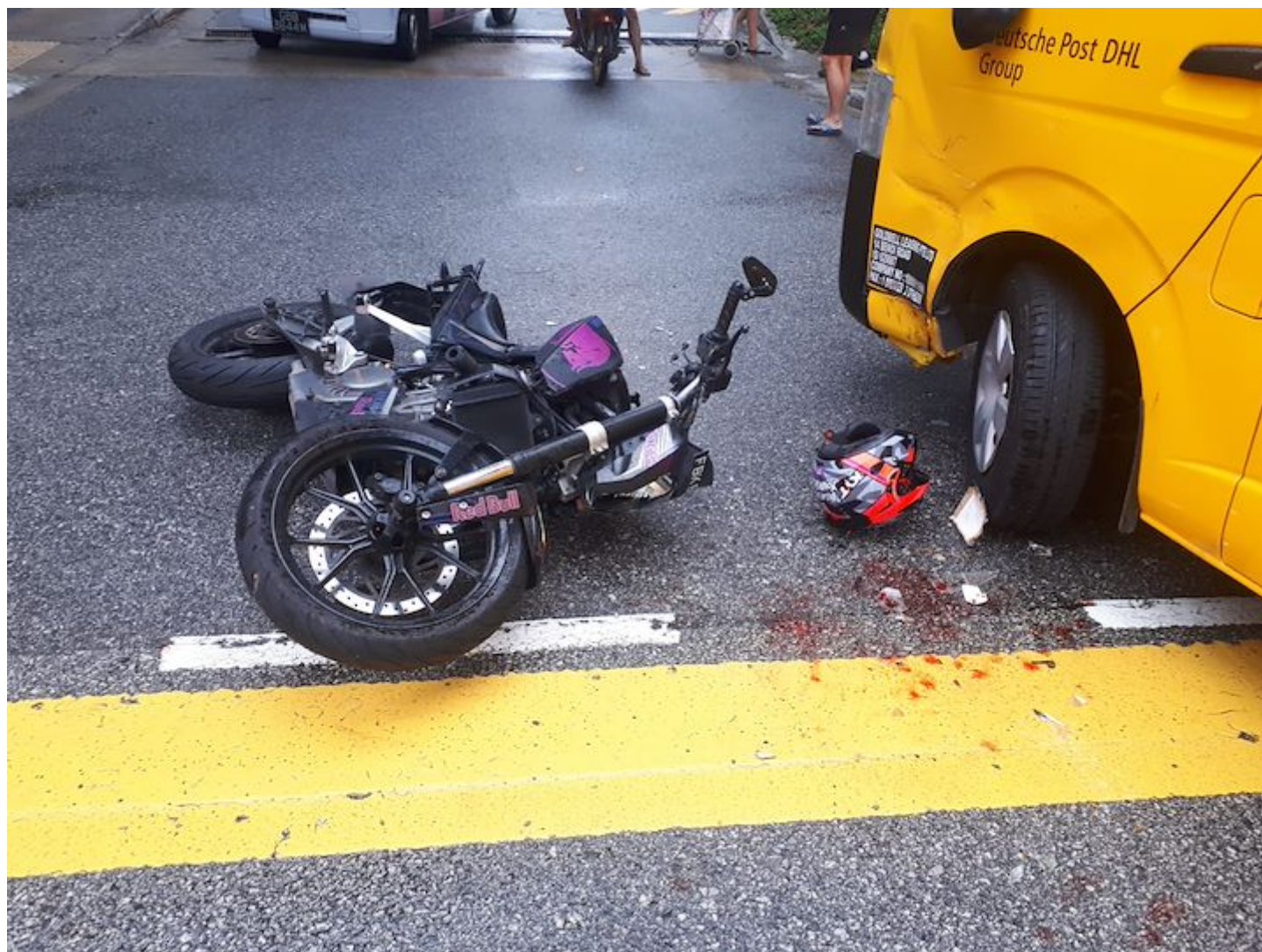


















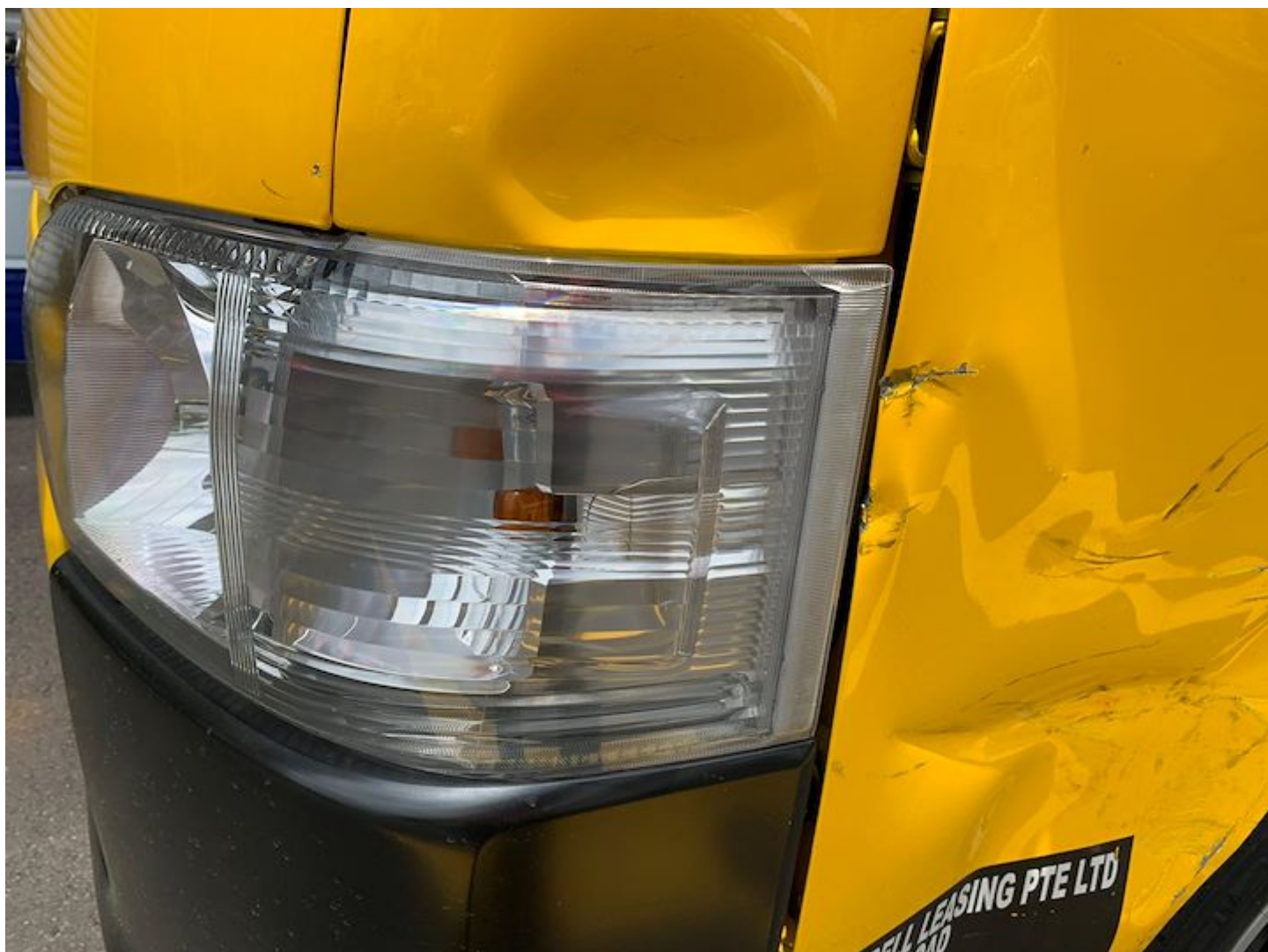




















**SINGAPORE
POLICE FORCE**



T/20210405/2123

1 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20210405/2123

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2021 20:40		Vide Report No.:		Station Diary No.: 106	
Informant's Particulars					
Name of Informant: NALLUSAMY A/L VEERASAMY			Address: APT BLK 186 Boonlay Drive #05-124 SINGAPORE 640186		
ID Type / ID No.: FIN NO / F8035553W			Contact No.: Home/Office: Mobile: 88091290		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 44	Date of Birth: 13/02/1977	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: SERVICE			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/04/2021 17:30	Type of Location: Straight Road
Location: CHOA CHU KANG NORTH 6				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK8886B	Motorcycle				Seriously Damaged	0
GBK3561X	Van				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210405/2123

2 of 4

Police Station Of Origin:
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700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20210405/2123

CONTINUATION OF REPORT

Driver			
Name	Motorcyclist	ID No.	NIL
Related Vehicle	FBK8886B (Motorcycle)	Contact No.	NIL
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	Serious
Driver			
Name	NALLUSAMY A/L VEERASAMY	ID No.	F8035553W
Related Vehicle	GBK3561X (Van)	Contact No.	88091290
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 5/4/2021 at around 1730hrs, I was driving my yellow colored van V1)GBK3561X along Choa Chu Kang North 6 towards Choa Chu Kang Way. I was driving V1 and making a right turn at the yellow box outside YewTee Point and trying to get to the loading/unloading bay of YewTee Point. While I was making this right turn and V1 was about a quarter across the opposite lane, I spotted a black motorcycle V2)FBK8886B from the opposite lane coming towards my V1 at a speed around 95km/h, I immediately braked my V1. However, V2's driver wasn't able to react in time and caused a collision between V1 and V2.

V2 had knocked on the left door of V1. V1's left door was slightly damaged, V1's left rear mirror was also damaged. V2 was badly damaged.

I came down from my vehicle and saw the driver of V2 took out his helmet and observed bleeding from his face. Driver of V2 then sat on the road side and I called for police's assistance.

The ambulance came to the scene at around 1745hrs and had conveyed driver of A2 to the hospital. Thus I did not take down any particulars of the driver of V2.

The police had came to the scene at around 1800hrs and had retrieved my car's in-built camera' SD card and had issued me a NP323 r.e.f J/20210405/0079.

I wish to state that the in-built camera is unlikely to capture the scene. I was unsure if there were cameras around the vicinity that might had captured the incident.



**SINGAPORE
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T/20210405/2123

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3 of 4

Report No. T/20210405/2123

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210405/2123

4 of 4

Police Station Of Origin:
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700 Corporation Road SINGAPORE 649818
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Report No. T/20210405/2123

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:

J/
SC2 ZHANG YUNFAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/04/2021 20:40

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NG BEIFENG
Contact No.: 65476845

Classification Of Case:

Authentication Stamp
NP168



Signature :

Singapore Police Force

SN 126