

# 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 ..... 11/08/2021 15:44 (SGT)  
Date of Accident ..... 11/08/2021 09:58 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... 492 Airport Road, Singapore 539945  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK3417E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Metaquip TC Industrial Pte Ltd  
Company Reg No ..... A199305621Z  
Email Address ..... jonathan\_goh@tanchong.com  
Mobile Phone No ..... (Phone) +65-87775119  
Alternative Phone No ..... +65-87775119

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv350  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2500

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... 999993682/100881079-00000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Muhammad Asyraf Bin Rahim  
NRIC No ..... S9116766B

Date Of Birth .....	04/05/1991
Occupation .....	Outdoor
Date Of Driving Pass .....	06/07/2015
Driving experience .....	6 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-82227457
Alt. Phone Number .....	+65-82227457
Email Address .....	asyrafrahim0910@gmail.com
Address .....	Blk 134 Rivervale Street
Address complement .....	#04-716
Postcode .....	540134
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 - 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle 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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

See Attached Sketch Plan

#### 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 .....	SHB5217D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	Lee K H
Contact Number .....	(Phone) +65-97427722
Address .....	-
Address complement .....	-

Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
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

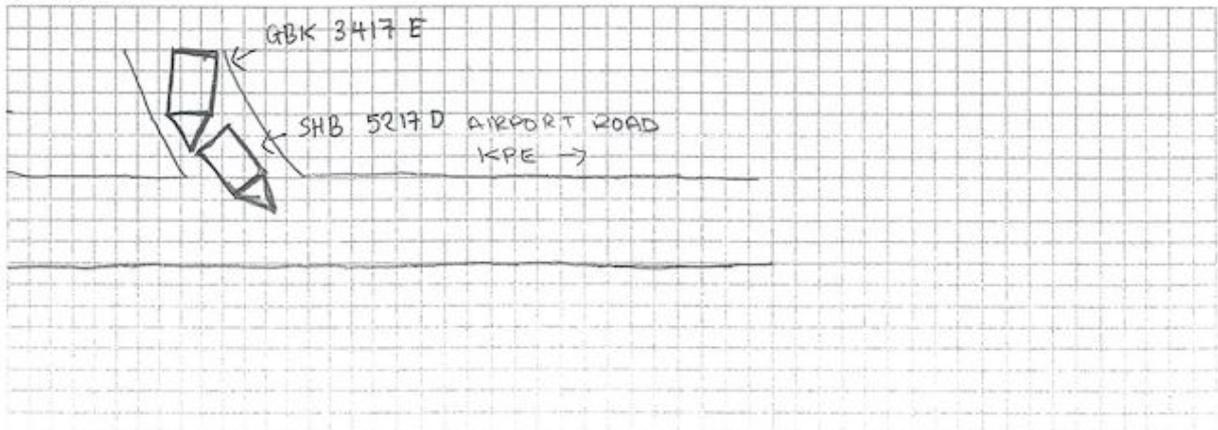
**REPORTOR SALES PTE LTD**  
 19 LORONG 8 TOA PAYOH  
 SINGAPORE 319255  
 TEL: 6703 8012 FAX: 6356 4922

*[Signature]*  
 Policyholder's Signature / Date & Time

*[Signature]* 11/08/2021 @ 1230 HRS  
 Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident** ON 11/8/2021,

@ 0958 HRS, I WAS THE DRIVER OF VEHICLE G8K 347 E, AND AT THE SLIP ROAD TURNING TOWARDS KPE, VEHICLE SHB 5217D WAS STATIONARY AND I WAS NOT ABLE TO BRAKE IN TIME WHEN THE INCIDENT HAPPENED. NO PARTY WAS INJURED AND BOTH DECIDED TO PROCEED TO MAKE THE ACCIDENT REPORT AT OUR INDIVIDUAL REPORTING CENTER.

ALSO TO ADD, AFTER I BRAKE, I TRIED TO AVOID THE COLLISION BY STEERING TO THE RIGHT BUT THERE WAS NOT SUFFICIENT SPACE, MY LEFT FRONT COLLIDED WITH THE RIGHT REAR OF THE MENTIONED VEHICLE.

M

**Declaration**

We declare the foregoing particulars are true in every respect.

TAN CHONG MOTOR SALES PTE LTD  
19 LORONG 8 TOA PAYOH  
SINGAPORE 319255  
TEL: 6703 8012 FAX: 6356 4922

  
Policyholder's Signature / Date & Time

 11/08/2021 @ 1230 HRS  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel































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

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: STOV218B0001 Vehicle Registration No: GBK8417E  
 Name (as shown in NRIC): Metagrip Te Industrial Pte Ltd NRIC/FIN/Passport No: -  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: - Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 87775119  
 Email Address: jonathan\_goh@tanchong.com  
 Date of Accident: 11/8/2021 Time of Accident: 09:58  
 Place of Accident: 492, Airport Road S (539945)  
 Insurance Company: AIG

**(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 Registration should be GBK3417E  
instead of GBK8417E

**TAN CHONG MOTOR SALES PTE LTD**  
 19 LORONG 8 TOA PAYOH  
 SINGAPORE 319255  
 TEL: 6703 8012 FAX: 6356 4922

Policyholder / Driver's Signature  
 Date:

[Signature]  
 Reporting Centre Personnel's Signature  
 Name: Aishah  
 NRIC/FIN No.: S1660822/2  
 Date: 18/8/21



HOTLINE TEL: (65) 6419-3000

## CERTIFICATE OF INSURANCE

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)

M.Z.301

<p>COMPREHENSIVE COMMERCIAL MOTOR</p> <p>CERTIFICATE NO. 999993662/100881079-00000</p> <p>1 ) VEHICLE REGISTRATION NO. GBK3417E</p> <p>2 ) NAME OF INSURED Metaquip TC Industrial Pte Ltd</p> <p>3 ) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 1 Jan 2021</p> <p>4 ) DATE OF EXPIRY OF INSURANCE 31 Dec 2021</p> <p>5 ) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *</p> <p>Any person who is driving on the Insured's order or with their permission.          An additional Young and Inexperienced Driver (YIDR) Excess of S\$3,000 (unless otherwise stated) applies to any drivers (named and unnamed) who is below age 23 or has less than 2 years driving experience.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p> <p>6 ) LIMITATION AS TO USE *</p> <p>Use for the carriage of passengers or goods in connection with the Insured's business.          Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.          The Policy does not cover:</p> <ol style="list-style-type: none"> <li>1) Use for racing, pace-making, reliability trial or speed-testing.</li> <li>2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</li> <li>3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</li> </ol>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">OWN DAMAGE EXCESS</td> <td style="width: 50%;">S\$800.00 (1)</td> </tr> <tr> <td>WINDSCREEN EXCESS</td> <td>S\$100.00</td> </tr> <tr> <td>SUM INSURED</td> <td>S\$1.00</td> </tr> <tr> <td>INSURING WITH COE/PARF</td> <td>YES</td> </tr> </table> <p>LOSS OF USE NOT INCLUDED</p> <p>* NAMED DRIVER N/A</p> <p>HIRE PURCHASE COMPANY NA</p> <p><small>* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</small></p>	OWN DAMAGE EXCESS	S\$800.00 (1)	WINDSCREEN EXCESS	S\$100.00	SUM INSURED	S\$1.00	INSURING WITH COE/PARF	YES
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WINDSCREEN EXCESS	S\$100.00								
SUM INSURED	S\$1.00								
INSURING WITH COE/PARF	YES								

I / We hereby Certify that the policy to which this Certificate relates 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 9 Feb 2021

AIG ASIA PACIFIC INSURANCE PTE. LTD.

504694-000  
 TAN CHONG CREDIT PTE LTD  
 913 BUKIT TIMAH ROAD  
 TAN CHONG MOTOR CENTRE  
 SINGAPORE 599623

  
 \_\_\_\_\_  
 Authorized Representative

ORIGINAL

SSGNPY