

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 16/11/2021 15:06 (SGT)
Date of Accident 15/11/2021 13:15 (SGT)
Exact Location of Accident Tampines Ave 10, Singapore
Additional Location Information JUNCTION TAMPINES AVE 11
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE3718T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner 5 MASONS PTE LTD
Company Reg No 202031020E
Email Address lukelai12345@gmail.com
Mobile Phone No (Phone) +65-94578863
Alternative Phone No +65-94578863

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 - Claiming third party
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 7210034602
Cover Note Number -

DRIVER

Name of Driver CHIANG JIANN LAI
Passport No/FIN G2065984Q

Date Of Birth	18/05/1992
Occupation	Outdoor
Date Of Driving Pass	20/11/2012
Driving experience	9 YEARS
Gender	Male
Mobile Number	(Phone) +65-94578863
Alt. Phone Number	-
Email Address	lukelai12345@gmail.com
Address	115 BEDOK NORTH ROAD #05-309
Address complement	-
Postcode	460115
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	Raining
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	THANESH
Gender	Male

PASSENGER 2

Name	RASEL
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20211115/2064.

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	SHA4406L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	AH TUCK
Contact Number	(Phone) +65-96182709
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHA4406L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT 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:

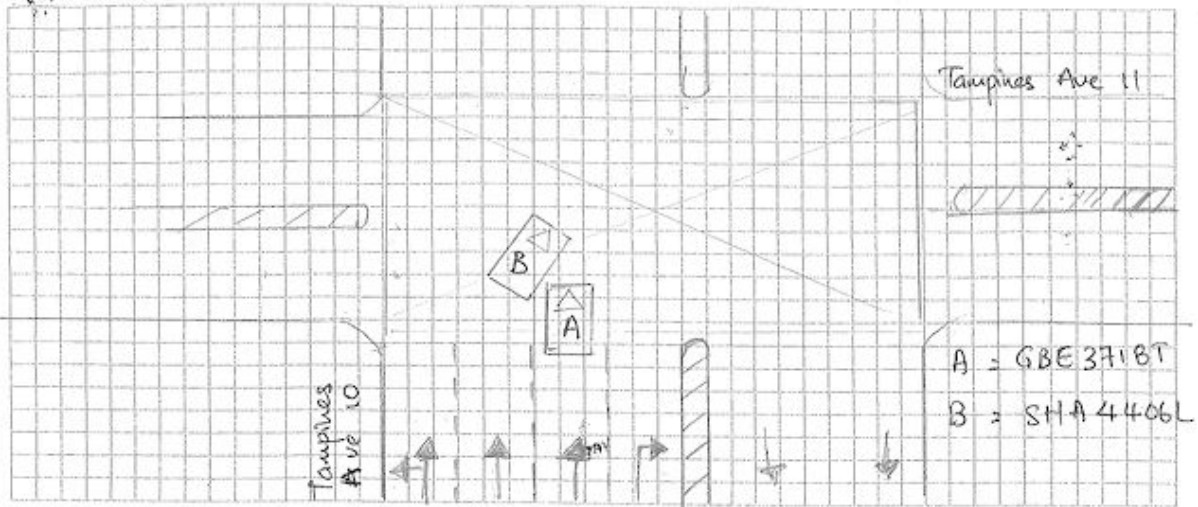
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.

X
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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Per Police Report

DECLARATION

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

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.:





















**SINGAPORE
POLICE FORCE**



T/20211115/2064

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20211115/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2021 16:03		Vide Report No.: G/20211115/0092		Station Diary No.: 57	
Informant's Particulars					
Name of Informant: CHIANG JIANN LAI			Address: APT BLK 810A CHOA CHU KANG AVENUE 7 #15-507 KEAT HONG COLOURS SINGAPORE 681810		
ID Type / ID No.: FIN NO / G2065984Q			Contact No.: Home/Office: Mobile: 84578863		
Nationality: MALAYSIAN			Email: lukelai12345@gmail.com		
Sex: Male	Age: 29	Date of Birth: 18/05/1992	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: ASSISTANT PROJECT MANAGER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/11/2021 13:15	Type of Location: Straight Road
Location: TAMPINES INDUSTRIAL AVENUE 2				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE3718T	Lorry	TOYOTA	Dyna	Silver	Slightly Damaged	2
SHA4406L	Car	HYUNDAI		Blue	Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
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Tel No: 1800-5871999

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Report No. T/20211115/2064

CONTINUATION OF REPORT

Driver			
Name	CHIANG JIANN LAI	ID No.	G2065984Q
Related Vehicle	GBE3718T (Lorry)	Contact No.	84578863
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MR TUCK	ID No.	NIL
Related Vehicle	SHA4406L (Car)	Contact No.	96182709
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 15/11/2021 at about 1315hrs, I GBE3718T was travelling along Tampines Avenue 10 towards Tampines Avenue 11. The road have a total of 4 lanes and at that time was green traffic light. I was driving along the second lane from the right and there was a taxi SHA4406L on my left which is on the third lane of the road. Lanes 2,3,4 are going straight towards Tampines Avenue 11 while only lane 1 at the far most right is a right turn.

At that time I was driving straight in 60km, however the taxi SHA4406L on my left make a abrupt right turn driving towards Pasir Ris as such he cuts into my lane by making a right turn. I was unable to stop in time and I collided into his rear right vehicle causing some dents and scratches. Likewise, the bumper at the rear right was also slightly loosen.

As for my vehicle GBE3718T there was dents on the front left portion of my vehicle and the front left portion lights is broken. The taxi driver and I alighted from our vehicle and he mentioned that his passenger told him to make a right turn at the very last minute and resulted the accident.

The female passenger had a headache due to the impact and was conveyed to hospital via ambulance. Traffic police was also at scene. I exchange numbers with the taxi driver



**SINGAPORE
POLICE FORCE**



T/20211115/2064

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Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20211115/2064

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
G /
Sgt 1 CHONG WAN XIN, CERES

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/11/2021 16:03

Classification Of Case:



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : 5 MASONS PTE. LTD.
Period of Insurance : 06 Apr 2021 To 17 May 2022
Engine No. : 1KD2556773
Chassis No. : KDY2318021631

Vehicle No. : GBE3718T
Policy No. : 7210034602
Endorsement No. :
Issued Date : 06 Apr 2021

ABOUT THE COVER

Make/Model : TOYOTA DYNA 3.0 M with Hood
Engine Capacity/Tonnage : 1.9 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2015
Insuring with COE/PARF : 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 authorized 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 Authorized 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 passenger (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, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle, c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$500 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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).
 For Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

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. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

0500859000
 INSMART (INSURANCE) AGENCY PTE
 NO 1 KAKI BUKIT ROAD 1 #03-27 ENTERPRISE ONE
 SINGAPORE 415934
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 This computer generated document does not require a signature.

Jong Chai Sandy Fang

For Statement of Insurance (SOSI) and other documents, please visit www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.