





## 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	22/11/2021 14:13 (SGT)
Date of Accident	16/11/2021 21:06 (SGT)
Exact Location of Accident	Woodlands Ave 9, Singapore
Additional Location Information	SLIP ROAD TOWARDS WOODLANDS INDUSTRIAL PARK E4
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ19X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LIAN HIN PTE LTD
Company Reg No	2XXXXX186N
Email Address	jeffrey.quek@lianhin.com
Mobile Phone No	(Phone) +65-98801223
Alternative Phone No	+65-90689417

#### 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	999993615/100879461-00000
Cover Note Number	-

#### DRIVER

Name of Driver	SEVAGAN SELVAM
Passport No/FIN	GXXXX404Q

Date Of Birth	25/06/1983
Occupation	Outdoor
Date Of Driving Pass	09/09/2009
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90689417
Alt. Phone Number	-
Email Address	selvamsms2@gmail.com
Address	204 WOODLANDS INDUSTRIAL PARK E9
Address complement	-
Postcode	757879
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	MR. PARVEZ MASUD
Gender	Male

#### 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

#### PLEASE REFER TO 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	GX6136T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	NG LYE HOCK
NRIC No	SXXXX826C
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	SEVAGAN SELVAM
Gender	Male
Phone No	(Phone) +65-90689417
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ19X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	MR. PARVEZ MASUD
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ19X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## 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.



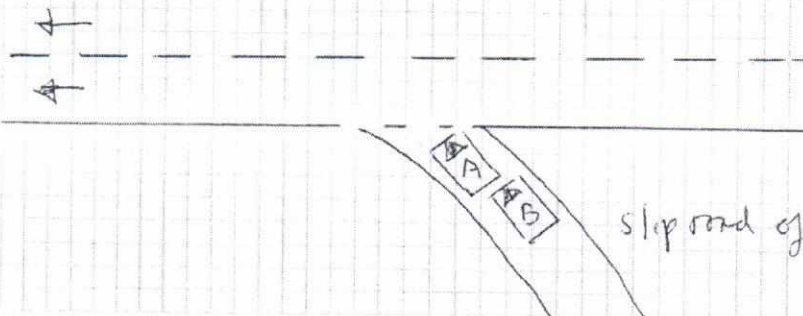
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Woodlands Industrial Park E4



\* Veh A : GBJ 19 X

\* Veh B : GX 6136 T

slip road of Woodlands Ave 9

Describe Circumstances of the Accident

On the stated date and time, I was travelling along the stated Venue  
I stopped my vehicle at the give-way line before turning into Woodlands  
Industrial Park E4 as there was an incoming vehicle. Suddenly vehicle B  
could not stop in time and collided onto my vehicle. My colleague (Masud)  
and I felt discomfort on our back after the accident and then we went  
to see a doctor.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*J. Schwan*

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

*[Signature]* 20/11/2021  
Witnessed by Reporting Centre Personnel





Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 16/11/2021 (dd/mm/yy) Time of Accident: 21 : 06 (24-HR-FORMAT)

Vehicle No.: GBJ 19 X Vehicle Make & Model / Engine (cc): Toyota Dyna 2982 cc Private Hire: (Y/N) (N)

Exact location of Accident: Slip Road of Woodlands Ave 9 Towards Woodlands Industrial Park E4

Policyholder's Name / IC No.: Lian Hin Pte Ltd 201306186N

Driver's Name / IC No.: Sevagan Selvam G8457404Q (As Above) ☐

Driver's Contact No.: 9068 9417 Company Contact No / Owner Contact No: 9880 1223

Driver's Address: 204 WOODLANDS INDUSTRIAL PARK E9 SINGAPORE 757879

Owner Email address: jeffrey.quek@lianhin.com Insurance Company: AIG

Driver Email address: selvamsms2@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative // Employee / Hirer or Others specify:

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job): ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

\*No. of Passengers (Including Driver): 2

\*Passanger Name: Mr. Parvez Masud

Gender: Male

\*Passanger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Sevagan Selvam and Parvez Masud

Injuries Sustain: Backpain Injured Person in Which Vehicle: GBJ 19 X

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: Ng Lye Hock / S1743826C Vehicle No: GX 6136 T

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_



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)

MZ 300

COMMERCIAL AUTOPLUS COMPREHENSIVE	OWN DAMAGE EXCESS	S\$800.00 (1)
CERTIFICATE NO. 999993615/100879461-00000	WINDSCREEN EXCESS	S\$100.00
	(for policies with effect from 1st November 2002)	
	SUM INSURED	S\$1.00
	INSURING WITH COE/PARF	YES
1) VEHICLE REGISTRATION NO.	GBJ19X	
2) NAME OF INSURED	Lian Hin Pte Ltd	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	2 Apr 2021	
4) DATE OF EXPIRY OF INSURANCE	1 Apr 2022	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *		

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.

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

### 6) LIMITATION AS TO USE \*

- 1) Use in connection with the Insured's business.
  - 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Insured's business.
  - 3) Use for social, domestic or pleasure purposes.
- The Policy does not cover : a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.  
b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- SOLE AGENT'S WORKSHOP : For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

#### AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

1. Star Automotive Ctr - 5 Portsdown Rd [Tel: 65620000]
2. Lai Huat Meng Kee Motor - 21, Sin Ming Ind [Tel: 64538110]
3. Kan Fook Sing Motor - 1069, Eunos Ave 5 [Tel: 67479560]
4. Sin Yew Hup Welding - 4 Woodlands Rd [Tel: 67600819]
5. Delgro Engrg P L - 205 Braddell Rd [Tel: 63837118]
6. Progressive Automotive - 3022A Ubi Rd 1 [Tel: 67415336]

LOSS OF USE NOT INCLUDED

\* NAMED DRIVER N/A

HIRE PURCHASE COMPANY NA


\* Limitations rendered inoperative by Section 8 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.

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 5 Apr 2021

AIG ASIA PACIFIC INSURANCE PTE. LTD.

693232-000  
NG YEOW HIONG MARCUS  
371 ALEXANDRA ROAD  
#11-33 AIA ALEXANDRA  
SINGAPORE 159963  
SP-ELITE

  
\_\_\_\_\_  
Authorised Representative

ORIGINAL

SSCNFY