

NATIONAL ASSOCIATION OF CERTIFIED SCRAPERS, WILLIAMSBURG, VIRGINIA, 80821310006

Date: 20/11/2021 17:52  
Ref No: NA2104559  
Job No: 28/11/2021 12:50

(1) (1) Reporting Only

TP Insurer: [Blank]  
Job description: [Blank]  
Date & Time Completed: [Blank]  
Done by: [Blank]

Preferred Wreck / NO AFRUIT WRECK / AWI: [Blank]  
Yell: [Blank] Fax: [Blank]

Owner / Driver: [Blank] Policy No: [Blank] Period: [Blank] Cover Type: [Blank]

Completed by: [Blank] Date: [Blank] Time: [Blank]

Insured / Driver License: [Blank] % (Not Est Show (WO) NO-20% PI 21-70% PI 80-100%)

Year of Registration: [Blank] Loading: \$1,000 / \$2,000 / [Blank]

Excess: [Blank] ( ) Within Coverage / Customer Information & Policy NO for of report

( ) Total Loss Case / to e-mail Insurer URGENTLY, ( ) Towing Cost: [Blank]

Driver-In: [Blank] / Towed-In: [Blank] / Involves VAS: [Blank] / NO: [Blank]

1) Apply for Transport Allowance: [Blank] / Courtesy Car: [Blank]

2) QO Check / Post Repair Inspection: [Blank]

3) Upload Recovery Photo (Repair Cost > \$5,000): [Blank]

Injury: [Blank]

[Blank]

[Blank]

[Blank]

[Blank]

[Blank]

[Blank]

[Blank]

[Blank]

[Blank]

[Blank]

[Blank]

[Blank]

[Blank]

# 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	30/11/2021 17:52 (SGT)
Date of Accident	28/11/2021 13:50 (SGT)
Exact Location of Accident	Din Pang Ave, Singapore
Additional Location Information	JUNCTION WITH SIAN TUAN AVENUE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7248R
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	+65-97787076

## 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	999993615/100877663-00000
Cover Note Number	-

## DRIVER

Name of Driver	HOSSEN MD SHAMIM
Passport No/FIN	GXXXX885Q

Date Of Birth	27/12/1985
Occupation	Outdoor
Date Of Driving Pass	06/08/2017
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97787076
Alt. Phone Number	-
Email Address	hossenmdshamim583@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 - Major/Minor Rd
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	ISLAM MD SHIFUL
Gender	Male

#### PASSENGER 2

Name	MIAH MD ABDUL JALIL
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	SGP5915K
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEE HONGDA
NRIC No	SXXXX092B
Contact Number	(Phone) +65-94874310
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	HOSSEN MD SHAMIM
Gender	Male
Phone No	(Phone) +65-97787076
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBH7248R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	ISLAM MD SHIFUL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBH7248R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 3

Name of injured person	MIAH MD ABDUL JALIL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBH7248R
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.
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. 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.

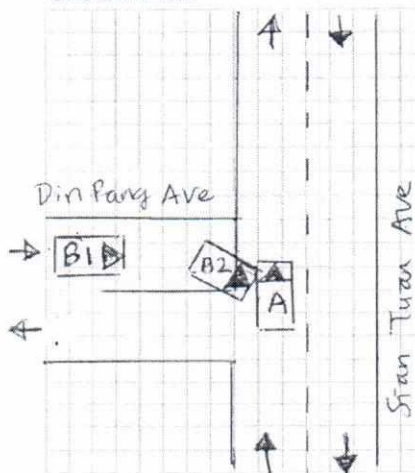


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



\* Vehicle A: GBH 7248 R  
\* Vehicle B<sub>1</sub>: SGP 5915 K  
and B<sub>2</sub>

Describe Circumstances of the Accident

On the stated date and time, I was travelling along the stated Venue. I was driving straight in my lane along Sian Tuan Avenue and suddenly vehicle B did not stop at the stop line, made a right turn from Din Pang Avenue and collided into my vehicle. There were two colleagues sitting with me in my vehicle and after the collision, all of us felt unwell and discomfort on our arms and lower backs. We then went to seek medical treatments and were given 2 days of MC.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*John*

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

*[Signature]* 30/11/2021  
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: 28/11/2021 (dd/mm/yy) Time of Accident: 13 : 50 (24-HR-FORMAT)  
Vehicle No.: GBH 7248 R Vehicle Make & Model / Engine (cc): Toyota Dyna 2982 cc Private Hire: (Y/N) (N)  
Exact location of Accident: Junction of Din Pang Avenue and Sian Tuan Avenue  
Policyholder's Name / IC No.: Lian Hin Pte Ltd 201306186N  
Driver's Name / IC No.: Hossen Md Shamim G8383885Q (As Above) ☐  
Driver's Contact No.: 9778 7076 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: hossenmdshamim583@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): 3

\*Passanger Name: Islam Md Shiful

Gender: Male

\*Passanger Name: Miah Md Abdul Jalil

Gender: Male

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: Hossen MD Shamim, Islam Md Shiful & Miah Md Abdul Jalil

Injuries Sustain: Arms and lower backs Injured Person in Which Vehicle: GBH 7248 R

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

### The Other Party(s) Details:

1. Driver's Name / IC No: Tee Hongda / S8904092B Vehicle No: SGP 5915 K

Driver's Contact No: 9487 4310 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)

M 2 300

COMMERCIAL AUTOPLUS COMPREHENSIVE	OWN DAMAGE EXCESS	S\$800.00 (1)
CERTIFICATE NO. 999993615/100877663-00000	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.	GBH7248R	
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 *		
<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>		
<b>6) LIMITATION AS TO USE *</b>		
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] 4. Sin Yew Hup Welding - 4 Woodlands Rd [Tel: 67600819]		
2. Lai Huat Meng Kee Motor - 21, Sin Ming Ind [Tel: 64538110] 5. Delgro Engrg P L - 205 Braddell Rd [Tel: 63837118]		
3. Kan Fook Sing Motor - 1069, Eunos Ave 5 [Tel: 67479560] 6. Progressive Automotive - 3022A Ubi Rd 1 [Tel: 67415336]		
LOSS OF USE NOT INCLUDED		
* NAMED DRIVER N/A		
HIRE PURCHASE COMPANY HONG LEONG FINANCE LTD		
* 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