

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	20/12/2021 10:35 (SGT)
Date of Accident	18/12/2021 10:00 (SGT)
Exact Location of Accident	Jalan Bukit Merah, Singapore
Additional Location Information	TRAFFIC LIGHT JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3615L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GRAND OCEAN SEAFOOD SUPPLY PTE LTD
Company Reg No	2XXXXX247D
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-96262150
Alternative Phone No	+65-87264704

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?	Yes
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	7210110559
Cover Note Number	-

DRIVER

Name of Driver	ARUNNAGIRI KANNADHASAN
Passport No/FIN	GXXXX413W

Date Of Birth	06/07/1990
Occupation	Outdoor
Date Of Driving Pass	28/01/2019
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87264704
Alt. Phone Number	-
Email Address	winson_tingwei@hotmail.com
Address	BLK 476 SEMBAWANG DRIVE #12-311
Address complement	-
Postcode	750476
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?	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

PLEASE REFER TO SKETCH PLAN

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	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ9251M
Vehicle Manufacturer	Nissan
Vehicle Model	Sylphy
Vehicle Variant	-
Vehicle Colour	Brown
Vehicle Category	Private car
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) -

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.

海洋海鲜供应私人有限公司
GRAND OCEAN SEAFOOD SUPPLY PTE LTD

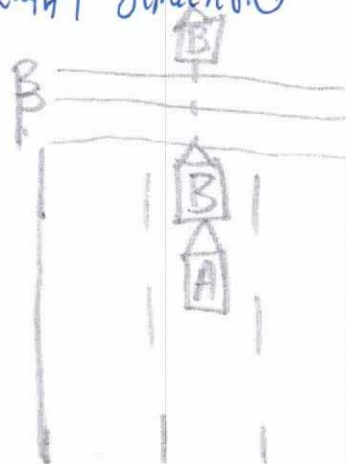
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

vehicle A GBD 3615L
vehicle B SLJ 9251M



Describe Circumstances of the Accident

On 18/12/2021 about 10-00 Am morning. I was travelling along
Jalan Bukit merah 3 towards in front traffic light Junction. traffic light
Turn red and I could not brake in time so collided onto vehicle B
" SLJ 9251M " rear car portion and ~~push~~ vehicle B " SLJ 9251M "
car push forward due to the collision impact. There is no one injuries
or ~~injured~~ injured involved.

Declaration

We declare the foregoing particulars are true in every respect.

G

km

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

海洋海鲜供应私人有限公司
GRAND OCEAN SEAFOOD SUPPLY PTE LTD

20/12/2021

ACCIDENT DATE & LOCATION		
Date & Time of Accident *	Date: 18/12/2021 Time: 10.00am (24 hr format)	
Exact Location of Accident *	Jalan Bukit merah Blue traffic light Junction	
INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE		
Vehicle Registration Number *	GBO 3615L Make & Type *: TOYOTA DYNA	
Name of Registered Owner *	Grand Ocean Seafood Supply PTE LTD	
NRIC / FIN / Passport / Co Regn No. *	201523247D	
Contact Number *	9626 2150 Email/Fax No: Winson_tingwei@hotmail.com	
Exact Purpose for which vehicle was being used at Time of Accident	<input type="checkbox"/> Private Usage / <input checked="" type="checkbox"/> Commercial or Company's Usage	
Are you claiming under your own insurance policy for repair to your vehicle? *	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No If No, Please state action to be taken	
INSURANCE COMPANY (OWN VEHICLE)	<input type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only	
Name of Insurance Company *	China / EQ / Etiqa / MSIG / Tokio Marine / Great American (AIG)	
Type of Policy *	Comprehensive / Third Party / Third Party Fire & Theft	
Policy No. (Certificate No.) / Cover Note No.	7210110559	
DRIVER		
Name of Driver *	ARUNAGIRI KANNAADHASAN Gender: Male / Female	
NRIC / FIN / Passport Number *	G5179413W	
Date of Birth *	06/07/1990 (dd/mm/yyyy)	
Occupation *	<input type="checkbox"/> Indoor / <input checked="" type="checkbox"/> Outdoor	
Date of Driving Pass (Pass Date) *	28/01/2019	
Contact Number *	8726 4704	
Address	Blk 476 Sembawang Drive #12-311 S(750476)	
Email Address / Fax Number *	Email: Winson_tingwei@hotmail.com Fax: —	
Relationship of the Driver with the Insured *	Owner <input checked="" type="checkbox"/> Employee / Spouse / Friend / Others:	
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision	Chain Collision / Side-Swipe / <input checked="" type="checkbox"/> Front to Rear / Others:	
Weather Conditions *	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / Others:	
Road Surface *	Wet / <input checked="" type="checkbox"/> Dry / Others:	
OTHER INFORMATION		
Was anybody Injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)	
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes	
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____	
Number of vehicles involved in the accident	(02)	
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes	
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes	
Was there any video captured by Car Camera?	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes	
DETAILS OF POLICE ACTION		
Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station _____	
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____	
Number of Passengers (Including DRIVER)? *	(01)	
Passengers	Name: _____ Gender: Male / Female	Name: _____ Gender: Male / Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes <input checked="" type="checkbox"/> No		

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) SLJ 9251 M	2)
Vehicle Make / Model / Colour	NISSAN SYLPHY / Brown	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : GRAND OCEAN SEAFOOD SUPPLY PTE LTD
Period of Insurance : 14 Sep 2021 To 21 Oct 2022
Engine No. : 1KD2420836
Chassis No. : JTFAT35Y70K203278

Vehicle No. : GBD3615L
Policy No. : 7210110559
Endorsement No. :
Issued Date : 13 Sep 2021

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.7 ton [Lorry]
Engine Capacity/Tonnage : 1.7 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2014
Insuring with COE/PAFF : 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 authorised 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 Authorised 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; b) use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; and 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 - \$600 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 Authorised 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: United Overseas Bank Limited

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, 1959 (Malaysia).

0503122000

INXURE NETWORK SERVICES

535 SERANGOON NORTH AVENUE #08-179

SINGAPORE 550535

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Tay Yu Qi Nikki