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# 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 witholding of material facts may allow insurance companies to repudiate

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.

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

20/12/2021 10:35 (SGT) 18/12/2021 10:00 (SGT) Jalan Bukit Merah, Singapore TRAFFIC LIGHT JUNCTION Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

**GBD3615L** 

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes GRAND OCEAN SEAFOOD SUPPLY PTE LTD 2XXXXX247D winson\_tingwei@hotmail.com (Phone) +65-96262150 +65-87264704

VEHICLE PARTICULARS

Manufacturer Model

Toyota 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? Vehicle Category

Yes Commercial vehicle

Transmission CC

Manual 2982

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. Comprehensive No 7210110559

DRIVER

Name of Driver Passport No/FIN

ARUNNAGIRI KANNADHASAN GXXXX413W



Accident report SN0821CK0001

Date Of Birth 06/07/1990 Outdoor Occupation 28/01/2019 Date Of Driving Pass 2 YEARS AND 11 MONTHS Driving experience Gender (Phone) +65-87264704 Mobile Number Alt. Phone Number winson\_tingwei@hotmail.com Email Address BLK 476 SEMBAWANG DRIVE #12-311 Address Address complement 750476 Postcode No Is the driver the policyholder? 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident No Was anybody injured in the Accident? 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) No soliciting/offering accident claims assistance? 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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

WITH OWNER

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SLJ9251M Nissan Sylphy
Vehicle Variant	-
Vehicle Colour	Brown
Vehicle Category	Private car
Name of Driver	-
Contact Number	
Address	

Was there any video captured by Car Camera?

Was there any audio recorded?

Reasons for not uploading a video of the accident

Address complement	
Postcode	
	ľ
Nature Of Damage	•
Details of property damaged in accident	
No. Of Passenger (Including Driver)	19
(moldaling billyer)	

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

(高 GR/	洋海( AND OCE	単供应私/ AN SEAFOOD	有限公司 SUPPLY PTE LTD		
Policyholder's Signature /	/ Date &	Driver's Sig & Time	gnature (If driver is not the	policyholder) / Date	Witnessed by Reporting Centre
Sketch Plan	JA	ion Buk	in market Traf	FIC 21447	Junerion
vehicle			36152	8=	131
vehicle	5	SLJ	9251M	-	A

Describe Circumstances of the Accident 10-00 Am morning. was travelling along Jelan fowerds in front traffic 10564 Junction brake in time 50 collided vahicle 9251 M car portion SLJ 9251M" forward push the collision impact There is inJuries MASTERIA inJured involuti

#### Declaration

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

Policyholder's Signature / Date &

Witnessed by Reporting Centre

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

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

ACCIDENT DATE & LOCATION		
Date & Time of Accident	Date: (8/12/2021 Time	
Exact Location of Accident*	11110	: 10.00 Am (24 hr formet)
	THE THE TOW	Butraffic light
INSURED / POLICY HOLDER / VEHICLE PARTIC	ULARS / DETAILS OF OWN VEHICLE	
Vehicle Registration Number *	/	T.V-70 OV 0
Name of Registered Owner		TOYOTA DYNA
NRIC/FIN/Passport/Co Regn No. *		PIE LTD
Contact Number *	2015232470	
Exact Purpose for which vehicle	9626 2150 Email/Fax No: Win	son tingwei Chetmail
was being used at Time of Accident	☐ Private Usage / ☐ Comme	rcial or Company's Usage
Are you claiming under your own	DV- I DV	
insurance policy for repair to your vehicle?*	11175, F	lease state action to be taken
INSURANCE COMPANY (OWN VEHICLE)	☐ Third Party Claim (SYH / Other workshop?	) / ☐ Reporting Only
Name of Insurance Company *	China / EQ / Etiqa / MSIG / Tokio Marine/ Great	ot American (O1)
Type of Policy*	Comprehensive / Third Party / Third Party Fire & Theft	
Policy No. (Certificate No.) / Cover Note No.	7210110559	raity rife & Theit
DRIVER	1 / 6/01/033 /	
Name of Driver *	ARUNAGIRI EANNADHASAN	Candana
NRIC / FIN / Passport Number *	G 5179413W	Gender Male)/ Female
Date of Birth *	06/07/1990 (dd/mm/yyyy)	
Occupation *	☐ Indoor / ☐ Outdoor	
Date of Driving Pass (Pass Date) *		
Contact Number*		
Address		
Email Address / Fax Number *	BIK 476 Sembawing drive #12-	311 5 (750476)
Relationship of the Driver with the Insured *	Email: Winson tingwei Ohotmail, ( or	m Fax: —
Does Driver Own any Vehicle, if YES pls indicate	Owner Employee / Spouse / Friend / Othe	
Vehicle Number & Insurance Company *	Veh No; 1)2)	3)
GENERAL INFORMATION OF THE ACCIDENT	Ins Co: 1) 2)	3)
Type of Collision	Chain Collision 1814 Suit - 15 11 5	\(\tag{\tag{\tag{\tag{\tag{\tag{\tag{
Weather Conditions *	Chain Collision / Side-Swipe / Front to Real Clear / Raining / Others:	// Others:
Road Surface *	Wet / (Dry) / Others:	
OTHER INFORMATION	Tive (DIV) Others:	
Was anybody Injured in the accident? *		
	⊠No / □Yes (Police Report required	)
Was any injured conveyed to hospifal		
Was any injured conveyed to hospital by ambulance?	☑No / ☐Yes (Police Report required ☐No / ☐Yes	
Was any injured conveyed to hospital by ambulance? Was any foreign vehicle involved in this accident? *	☑No / ☐Yes (Police Report required ☐No / ☐Yes   ☑No / ☐Yes Veh No: Veh	Calegory:
Was any injured conveyed to hospital by ambulance? Was any foreign vehicle involved in this accident? * Number of vehicles involved in the accident	Mo / Dyes (Police Report required   Mo / Dyes   Who / Dyes Veh No: Veh	
Was any injured conveyed to hospital by ambulance? Was any foreign vehicle involved in this accident? * Number of vehicles involved in the accident Was there any witness?	Mo / Dyes (Police Report required   Mo / Dyes   Who / Dyes   Veh   Veh   (07)   Dyes   Police Report required   Police	
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Vehicle Registration Number *	1) (1) 605
Vehicle Make / Model / Colour	1) SLJ 9251 M 2) NISSAN SYLPHY / e.
Damage to Vehicle/Property?	NISSAN SYLPHY / Brown
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

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2014

Insuring with COE/PARF : Yes

: NA 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

: All Age Condition

Limitation as to use\*

Use in connection with the Policyholder's business
 Use for the carriage of passenger (other than for bit.)

Use for social, domestic or pleasure purposes.
 Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving luition, 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 hotiline 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

I/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

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