

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 29/01/2022 12:17 (SGT)
Date of Accident 07/01/2022 00:59 (SGT)
Exact Location of Accident Singapore
Additional Location Information Along Blk 472C Fernvale Street
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK3417E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Metaquip TC Industrial Pte Ltd
Company Reg No A199305621Z
Email Address jonathan_goh@tanchong.com
Mobile Phone No (Phone) +65-87775119
Alternative Phone No +65-87775119

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 2500

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number -
Cover Note Number -

DRIVER

Name of Driver Muhammad Asyraf Bin Rahim
NRIC No S9116766B

Date Of Birth	04/05/1991
Occupation	Outdoor
Date Of Driving Pass	06/07/2015
Driving experience	6 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82227457
Alt. Phone Number	-
Email Address	asyrafrhim0910@gmail.com
Address	Blk 471A Fernvale Street
Address complement	#07-89
Postcode	791471
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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

See Attached Sketch Plan & Letter from LKK

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	SLH4411L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Shane Chia
Contact Number	(Phone) +65-88604232
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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

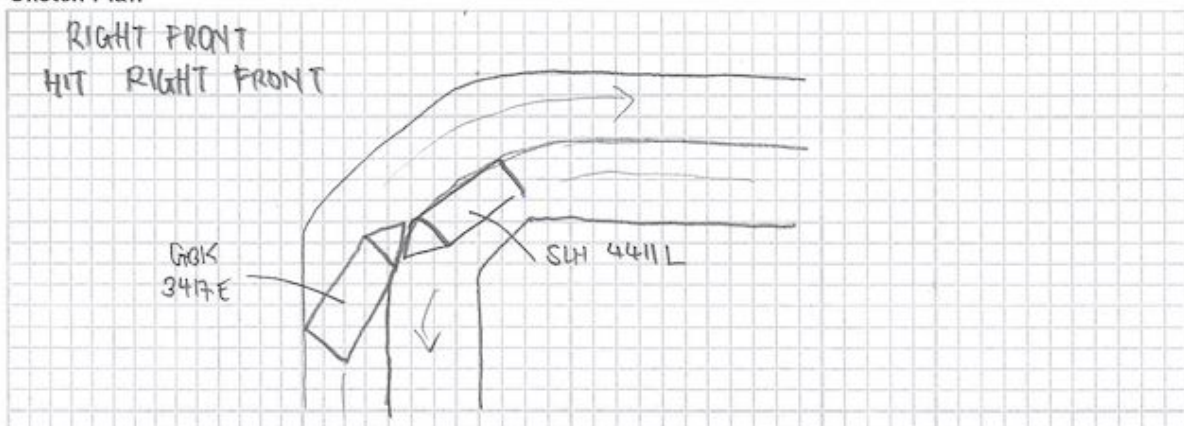
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

TRACORONER PTE LTD
SINGAPORE 319255
TEL: 6703 8012 FAX: 6356 4922

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident


ON 07/01/22 @ 0059HRS GRK 3417E WAS ON ITS WAY TO THE MSCP @ BLK 471A AND WAS TURNING RIGHT AND THE OPPOSITE CAR WAS TURNING LEFT. WE BOTH SIDE SWIPE ON OUR RIGHT CAUSING A SLIGHT GRACE ON EACH RIGHT OF OUR VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

TAN CHONG MOTOR SALES PTE LTD
19 LORONG 8 TOA PAYOH
SINGAPORE 319255
TEL: 6703 8012 FAX: 6356 4922


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel



















Auto
Consultants
Pte Ltd

31 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC6/AIG22000321/Kea3

11 January, 2022

METAQUIP TC INDUSTRIAL PTE LTD
19 LORONG 8 TOA PAYOH
SINGAPORE 319255

Dear Sirs,

ACCIDENT INVOLVING GBK 3417E AND SLH 4411L ON 07/01/2022 00:59
ALONG /AT 472C FERNVALE STREET, SINGAPORE 793472

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centers. You may refer to your Certificate of Insurance for the list of the reporting centers.

If you have any information to add or any amendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc. would be affected.

Yours faithfully,

Asher Sng
Claims
Tel : 6841 6051
Fax : 6741 4108
Email : AsherSng@lkkauto.com

c c Claims Manager
AIG Asia Pacific Insurance Pte Ltd
(Motor Claims Dept)