# **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 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.

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   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 17/02/2022 16:06 (SGT) Date of Accident 16/02/2022 10:15 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information TWDS CTE AFTER ALEXANDRA EXIT Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBF2555C

## INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner DOUBLE-A CONSTRUCTION (PTE) LTD Company Reg No 200903174G **Email Address** abiandabi83@yahoo.com.sq Mobile Phone No (Phone) +65-90216785 Alternative Phone No +65-90216785

# VEHICLE PARTICULARS

Manufacturer Nissan Model Cabstar Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Auto CC 3000

# **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number 7220012722 Cover Note Number

# DRIVER

Name of Driver SANTHANAM ARUL STALIN Passport No/FIN G8415306R

Date Of Birth 27/02/1989 Occupation Outdoor Date Of Driving Pass 05/11/2014 Driving experience 7 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-87123340 Alt. Phone Number Email Address abiandabi83@yahoo.com.sg Address **8 SIANG KUANG AVE** Address complement Postcode 347926 Is the driver the policyholder? Nο 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 \/\e\_t OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS DRIVING ALONG ABOVE MENTION LOCATION, AS VEHICLE B STOPPED OUT OF THE SUDDEN, I STOPPED. HOWEVER, MY VEHICLE FRONT TOW HOOK HIT ONTO VEHICLE B. WE MANAGED TO STOP AND TOOK SOME PHOTOS AND LEFT. 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 SI P7146R

Vehicle Registration NumberSLP7146RVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate carName of Driver-Contact Number-

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



# SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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.
- By the lodgment 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 :
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date 8. Ylme: Oriver's Signature (If driver is not the policyholder) Date & Time:

Lital Steel

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GLARIAY, SineschPianForm, V

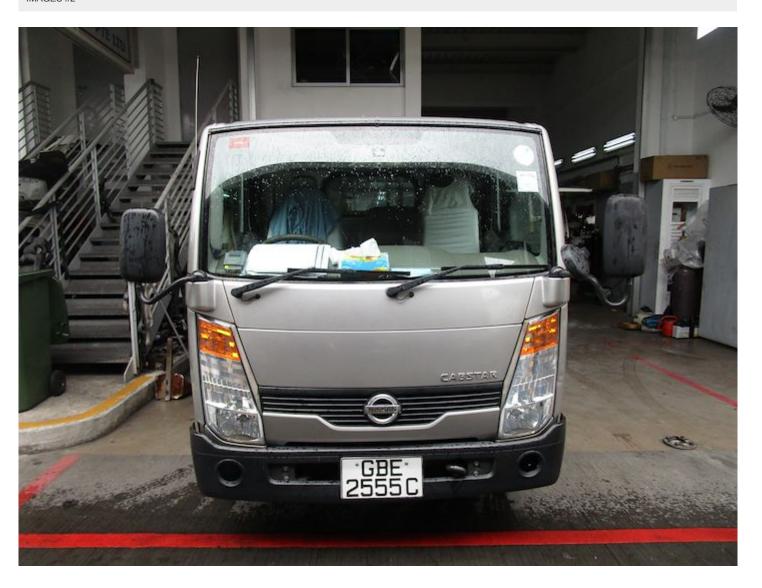
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GIARMC SketchPlanForm\_V3

NRIC/FIN No.:

CHASSIS NO: JN1SC2F24Z0857812
U.L.W : 1780 KGS
M.L.W : 3500 KGS
P. CAP : F: 1 DRIVER, 2 OTHERS
R: 00
TYRE SIZE : F: 175 x 80R 15PLY
R: 155 x 13R 8PLY (D)













# Enlace H

#### COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : DOUBLE-A CONSTRUCTION (PTE.) LTD.

: GBE2555C

Period of Insurance

: 09 Feb 2022 To 08 Feb 2023

Policy No. Endorsement No.

Vehicle No.

: 7220012722

Engine No. Chassis No.

: ZD30004278N : JN1SC2F24Z0857812

Issued Date

: 08 Feb 2022

## ABOUT THE COVER

Make/Model

: NISSAN CABSTAR 3.0 5MT

Engine Capacity/Tonnage : 1.7 Tonnage Driver Restriction : NA

Sum Insured : Market Value

First Year of Registration : 2015

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

as Any person also is driving on the Policyfolder's order or with their permission.

5) This Policy will indemnify the Policyfolder or any authorised driver only 4 horizon receipt the specified ago condition.

You have to pay an additional sum of \$\$\$1,000 as: "Young and/or inexpensional Dever Excess" ("YIDR" of You are or Your Authorised Dever (named or unnamed) is under the age of 23 and/or has known to 2 years" othergresses

Age Condition

: All Age Condition

Limitation as to use\* :

Use in domection with the Policyholder's business.
Use for the carriage of passenger (prior than for him or roward) in parnecsion with the Policyholder's business.
Use for the carriage of passenger (prior than for him or roward) in parnecsion with the Policyholder's business.
Use for social demention of pleasure purposes. This Policy does not sover all use for him or reward, divining test, racing, page making, rehability that or speech testing, b) use whilst drawing as for except the forwing (other than for reward) of any one challend mechanically properlied sets (i.e. and charled any purpose in connection with Motor Trade.

Loss Of Use (7 Days) Commercial Auto

\* Lumsatoms rendered inoperative by Section 8 of the Mater Vehicles (Thire-Party Raiks and Compensation) Act (Cop. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under thisse headings.

## EXCESS

Section 5 Fine - \$0 Own Damage - \$600 Theft - \$0 Floor Cover - \$0

折时代汽车保险代理私人有限公司 **NEW TIMES MOTOR & INSURANCE AGENCY PTE LTD** 

Section 2 Property Dartrage - 50

Bix 9010 Tampinos Street 93 #02-79 Singaporo 528844 Tel: 6260 8705 / 6260 8706 / 9846 6076 Email: enquiry newtimes@gmail.com

Windscreen: \$100

Named Driver and Excess (where applicable)

# APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accisent repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore. You have the option of having the accident repairs carried out at the Sole Agents workshop.

For other Agentive Reported CenterwARS Authorised Repairers, blease contact our 24 fears account emergency holine at +65 6338 6200. Alternatively, You may refer to AIG website wave any sport AIG 9G Mobile Age. Simply search and download "AIG 9G" from Tunes or Google (Pay).

# IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MOTOR CREDIT PTE. LTD.

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. 169), Part IV of the Read Transport Act, 1987 (Malaysia), Read Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia).

JG MOTOR AGENCY

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SINGAPORE 419715

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

80 CHANGI ROAD #04-06 CENTROPOD @ CHANGI

Stock Flooring Journal Gold

## 24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you?

What should I do in the event of an accident?