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.
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	12/04/2022 18:38 (SGT)
Date of Accident	12/04/2022 13:00 (SGT)
Exact Location of Accident	Near 151 Boon Lay Way Singapore 609959 Boon Lay Way, Singapore 609959
Additional Location Information	Boon Lay Way > Jurong Town Hall
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL5811G

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ANAND 108 (S) PTE LTD
Company Reg No	202020559Z
Email Address	anandcorp108@gmail.com
Mobile Phone No	(Phone) +65-90036099
Alternative Phone No	+65-90036099

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	HIACE DX 2.8 AUTO
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2798

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210127973
Cover Note Number	21/10/2021-20/10/2022

DRIVER

Name of Driver	Ismail Bin Juma'at

NRIC No	S1499729F
Date Of Birth	23/10/1961
Occupation	Outdoor
Date Of Driving Pass	08/05/2009
Driving experience	12 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93676439
Alt. Phone Number	-
Email Address	anandcorp108@gmail.com
Address	Blk 448 Tampines St 42 #02-42
Address complement	-
Postcode	520448
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Passenger
Gender	Female

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

Kindly refer to the 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	GBH4565U
Vehicle Manufacturer	Nissan
Vehicle Model	Nv350
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	Baey Soon Poo
NRIC No	S1742453Z
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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7. 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 :

   (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.

   (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:

   (i) 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

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

ANAND 108 (S) PTE. LTD. 2020205597

12/4/22

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Rajeswaran. Anand NRIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer to the attachment

You had been advised by workshop that in the event that you wish **to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made** within the stipulated timeframe from the day of occurance.	✓ Reporting Only Claim OD Claim TP Claim OD / TP at other workshop

DECLARATION

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

ANAND 108 (S) PTE. LTD. 202020559Z

Policyholder's Signature
Date & Time:

12/4/22
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIARMC SketchPlanForm_V3

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On the stated date and time, I was along the roadside at Boon Lay Way opposite Chinese Garden MRT. I parked my vehicle at the side of the road and after a while started to move out to the main road. I checked my right rear-view mirror there was no vehicle coming towards my direction. I move out of my vehicle suddenly this vehicle B at my side and accidentally sideswipes with my vehicle.

12/4/22

ANAND 108 (S) PTE. LTD.
202205592

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

PREMIER
Tel: 6265 1703
ANAND 108 (S) PTE LTD
710 CLEMENTI WEST STREET 2
#08-243 S'PORE 120710
CO REG NO : 202020556Z
PAX : 1 DRIVER 2 OTHERS

IMAGES #9

IMAGES #10

ANAND 108 (S) PTE LTD
710 CLEMENTI WEST STREET 2
#08-243 S'PORE 120710
CO REG NO : 202020559Z
PAX : 1 DRIVER 2 OTHERS
GBF
4290Y

IMAGES #11

IMAGES #12

IMAGES #13

CHASSIS NO : GDH201202054
U.L.W. : 1800 KG
M.L.W. : 3125 KG
PASS. CAP : 02
TYRE SIZE : F.195/80R15
R.195/80R15

GBL
5811G
OPPO A95
2022/04/12 13:01

OPPO A95
2022/04/12 13:01

GBL
5811G
MV TRADERS PTE LTD
OPPO A95
2022/04/12 12:56

ANAND 108 (S) PTE LTD
710 CLEMENTI WEST STREET 2
#08-243 S'PORE 120710
CO REG NO : 200202556Z
PAX : 1 DRIVER 2 OTHERS
OPPO A95
2022/04/12 12:56

IMAGES #18