

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 Actual 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 08/12/2022 17:53 (SGT)
Reported by Driver
Date of Accident 08/12/2022 11:10 (SGT)
Exact Location of Accident Pasir Ris Farmway 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG3170L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JMJ DISTRIBUTION SERVICES PTE LTD
Company Reg No 199503796M
Email Address JMJCS@JMJDIST.COM
Mobile Phone No (Phone) +65-96382733
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 3000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 2070138660

DRIVER

Name of Driver MUTHU THEVAR SAKTHI
Passport No/FIN G7814727Q
Date Of Birth 11/01/1987
Occupation Indoor

Date Of Driving Pass	21/03/2016
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91753574
Alt. Phone Number	-
Email Address	JMJCS@JMJDIST.COM
Address	BLK 877 TAMPINES ST 84 #04-46
Address complement	-
Postcode	520877
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20221208/2043.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ9143D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
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)	2

SKETCH PLAN**IMPORTANT NOTICE**

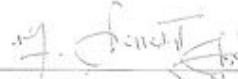
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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)

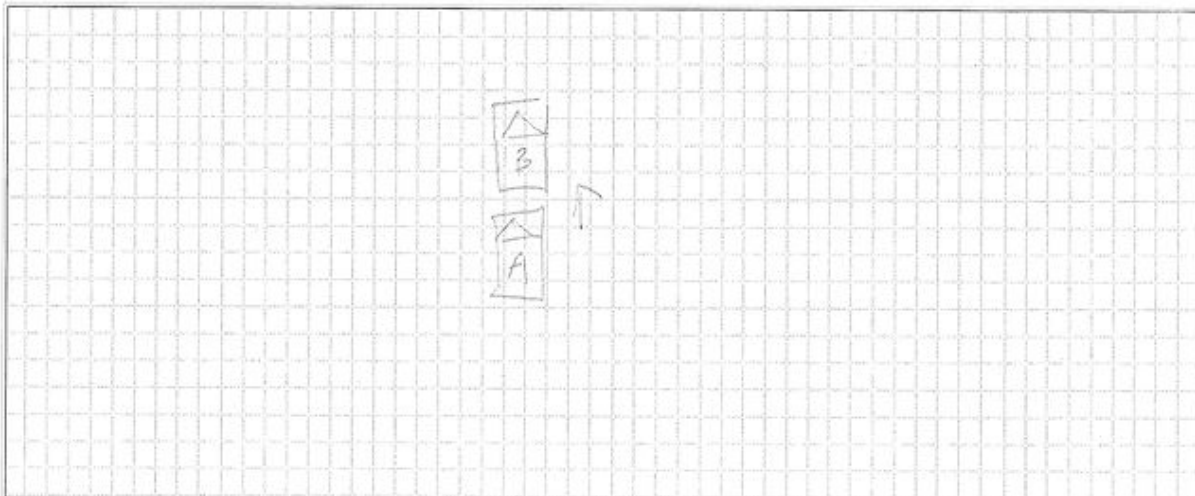
I understand, acknowledge, agree and consent that:

- (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' 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.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Describe Circumstance of the Accident

refer to police report

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)





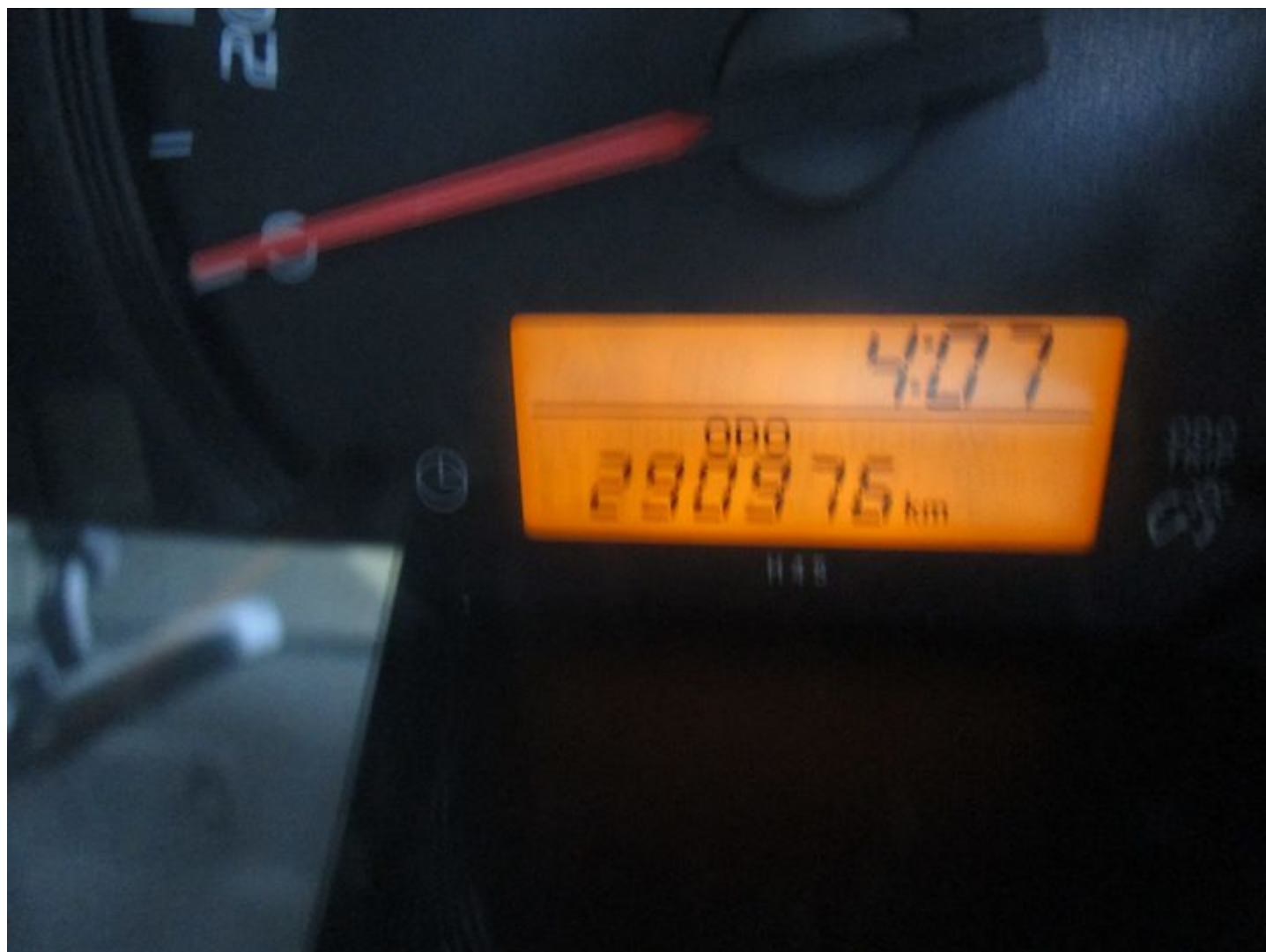














**SINGAPORE
POLICE FORCE**



T/20221208/2043

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3
Report No. T/20221208/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2022 14:13	Vide Report No.:	Station Diary No.: 58
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Informant's Particulars

Name of Informant: MUTHU THEVAR SAKTHI			Address: APT BLK 877 TAMPINES STREET 84 #04-46 SINGAPORE 520877	
ID Type / ID No.: FIN NO / G7814727Q			Contact No.: Home/Office: Mobile: 91753574	
Nationality: INDIAN			Email:	
Sex: Male	Age: 35	Date of Birth: 11/01/1987	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Delivery man using motorised personal mobility aids/devices			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 08/12/2022 11:10	Type of Location: Straight Road
Location: PASIR RIS FARMWAY 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG3170L	Van	TOYOTA	HIACE 3.0 DX DIESEL TURBO M/T 2WD 4DR LG	Yellow	Slightly Damaged	0
SJQ9143D	Car	HONDA	JAZZ GLI 1.3 A	White	Seriously Damaged	0



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2 of 3

Report No. T/20221208/2043

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUTHU THEVAR SAKTHI	ID No.	G7814727Q
Related Vehicle	GBG3170L (Van)	Contact No.	91753574
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Lim Meng Chye	ID No.	S7033824F
Related Vehicle	SJQ9143D (Car)	Contact No.	90939957
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/12/2022 at around 1130hrs, I was travelling along Pasir Ris Farmway, along the zebra crossing. When exiting the zebra crossing, merging into the main road, the vehicle(S7033824F) in front of me suddenly brake and I could not brake on time which caused me to hit his rear. No one was injured and no traffic police attend to our accident. We decided to settle the matter among ourselves. I am lodging this report for insurance purposes.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20221208/2043

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Report No. T/20221208/2043

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: G / SGT 2 SAMNEL LEE LE KUN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	

Signature Of Informant:	
Date/Time: 08/12/2022 14:13	
Classification Of Case:	

NP168

CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : MJM DISTRIBUTION SERVICES PTE LTD
Period of Insurance : 14 Jan 2022 To 13 Jan 2023
Engine No. : 1KD2426661
Chassis No. : KDH2010146224

Vehicle No. : GBG3170L
Policy No. : 2070138660-01
Endorsement No. :
Issued Date : 11 Jan 2022

ABOUT THE COVER

Make/Model	TOYOTA HIACE VAN 1.5 ton [Van]				
Engine Capacity/Tonnage	1.5 Tonnage	Sum Insured	Market Value	First Year of Registration	2017
Driver Restriction	NA	Off Peak Car	No	Insuring with COE/PAF	Yes

Person or Classes of Persons Entitled to Drive*

b) Any person who is driving on the Policyholder's order or with their permission.

*You have to pay an additional sum of \$553,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") 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.

Loss Of Use (7 Days) Commercial Auto

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 55 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 must be carried out by one of our Authorised Repairs. 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 Agent's workshop.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: THINKONE 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. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0613484000
NG SAY HANN
371 ALEXANDRA ROAD #12-31
SINGAPORE 159963 SP.GOHBOCKSENG
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

ALG Asia Pacific Insurance Pte. Ltd.
This computer generated document does not require a signature.

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) Muthu Theras Sakthi
 VEHICLE NUMBER GBG 3170L
 DATE/TIME OF ACCIDENT 8/10/22 @ 1110
 PLACE OF ACCIDENT Pasir Ris Farmway 2
 THIRD PARTY VEHICLE (IF ANY) SGR 9143D

 WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

from pasir ris to TPE

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NIL

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

head to head

WERE YOU OR YOUR PASSENGERS INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NIL

Name M. Senthil

I Affirmed The Above Information Is Given To My Best Knowledge.