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SN0823370001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 07/03/2023 10:25 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (07/03/2023 10:25 (SGT))

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
  2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
  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 3. Information provided must be as truthful and accurate as possible. Any fallowing 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss  | 07/03/2023 10:25 (SGT) Driver 06/03/2023 11:20 (SGT) CTE, Singapore TOWARDS YISHUN Singapore |
| DETAILS OF  | OWN VEHICLE  |
| Vehicle Registration Number   | GBH4527E   |
| INSURED/POLICYHOLDER  |  |
| Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No  | Yes HIBEX SINGAPORE PTE LTD 1XXXXX338C cecilia.sai@hibex.com.sg (Phone) +65-81132577         |
| VEHICLE PARTICULARS   |  |
| Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC | Toyota Hiace - Employment No - Reporting only Commercial vehicle Manual 2982                 |
| INSURANCE COMPANY   |  |
| Name of Insurance Company Policy Number / Cover Note Number   | AIG Asia Pacific Insurance Pte. Ltd. 7220059766  |
| DRIVER  |  |
| Name of Driver NRIC No Date Of Birth Occupation   | PANNERSELVAM S/O CHELLIAN<br>SXXXX553I<br>23/08/1967<br>Outdoor                              |

| Date Of Driving Pass   | 30/12/1991   |
|--|--|
| Driving experience   | 31 YEARS AND 3 MONTHS  |
| Gender   | Male   |
| Mobile Number  | (Phone) +65-81132577   |
| Alt. Phone Number  | -  |
| Email Address  | cpselvam@hotmail.com   |
| Address  | BLK 140 JALAN BUKIT MERAH #03-1150   |
| Address complement   | •  |
| Postcode   | 160140   |
| 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           | 4  |
|  |  |
| GENERAL INFORMATION OF THE ACCIDENT                          |  |
| Type of Accident   | Callinian Handta Bass  |
| Weather Conditions   | Collision - Head to Rear   |
|  | Clear  |
| Road Surface   | Dry  |
| OTHER INFORMATION  |  |
| 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                      | Ε  |
| DETAILS OF BOLLOF ACTION                                     |  |
| DETAILS OF POLICE ACTION                                     |  |
| Was the accident reported to the police?                     | Ne   |
|  | No   |
| Was notice of intended Prosecution given?                    | No   |
| If yes, against whom?  | -  |
| CIRCUMSTANCES OF ACCIDENT                                    |  |
| CINCUMSTANCES OF ACCIDENT                                    |  |
|  | ALONG CTE TOWARDS YSHUN TRAFFIC WAS HEAVY. I SAW A   |
| TRAILER IN FRONT OF ME BRAKE SO I QUICK CHANGE LANG          | E TO AVOID COLLISION, BUT THERE IS A VAN AT THE LANE<br>LD NOT SEE AND MY VAN BUMP INTO THE REAR OF THE VAN. |
| THAT I WAS CHANGING BESIDE THE TRAILER WHICH I COOL          | ED NOT SEE AND WIT VAN BOWF INTO THE REAR OF THE VAN.  |
| ATTACHMENT(S)  |  |
| ATTACHWENT(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                                  | GBH3332G   |
| Vehicle Manufacturer   | Toyota   |
| Vehicle Model  | Hiace  |
| Vehicle Variant  | 07 - MATRICANS   |
| Vehicle Colour   | _  |
| Vehicle Category   | Commercial vehicle   |
|  | Commercial Venicle   |

| Name of Driver Passport No/FIN          | MURUGESAN ASHOKKUMAR<br>GXXXX877T |
|---|-----------------------------------|
| Contact Number                          | -                                 |
| Address complement                      | . <del></del>                     |
| Address complement Postcode             |                                   |
| Insurance Company Name                  | -                                 |
| Nature Of Damage                        | -                                 |
| Details of property damaged in accident | -                                 |
| No. Of Passenger (Including Driver)     |                                   |

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

Od X38th

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the

Actual Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022

| Describe Circumstand | ce of the Accident |    |              |   |
|----------------------|--------------------|----|--------------|---|
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Declaration

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

Policyholder Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

### ACCIDENT'STATEMENT

| ACCIDENT DATE: (6.1.3) 23) (DD/MM/YYYY), TIME: (1.30) (HH:MM)   |
|---|
| ACCIDENT DATE: ( C. / - ) (DD/MM/.TTTI/   |
| CTE   |
| LOCATION:   |
| 1. DETAILS OF VEHICLE CRH 4527E.  |
|   |
| a) VEHICLE NUMBERI  |
| BINSURANCE COMPANYIS 300 59766  |
| DIPOLICY HUMBER: 72 200 JARTY / THIRD PARTY FIRE &THEFT)  DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  |
| AIPOUCY TYPE: (COMPREHENSIVE / TAIRCU FORCE   |
| B)MAKE & MODELL TO YOU HAVE (MOTOROYCLE, OTHERS)  |
| 6) MAKE & MODEL!  |
|   |
| h) PURPOSE OF USING AT ACCIDENT TIME: h) PURPOSE OF USING AT ACCIDENT |
| h) PURPOSE OF USING AT ACCIDENT TIME!  1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)   |
| I) ARE YOU CLAIMING UNDER YOUR OWN INSURANT ONLY)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)   |
| 2. INSURED / POLICY HOLDER (C) P/C. [MALE (FEMALE) STI  |
| 2. INSURED / POLICY HOLDER (S) P/C. IMALE (FEMALE) SF7 ANAMEL HIBER (S) P/C. IMALE (FEMALE) SF7   |
| - ANAMEL 198804330 CONTACT  |
| AINAMEL HIBEX SOUTACTE 81133 STA  |
| c)ADDRESS:  |
| * CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER   |
| * CONTINUE TO 3.d IF DRIVER ALSO I GOOT IN  |
|   |
| CINAME:   |
| (Including driver.) BINRIC/FIN/PASSPORY 3/8/863 TOLON BUKIT MERAN   |
| (1) 0)ADDRESS: BLK 146 52-146   |
| # 0.3 - ( White Market |
| d) DATE OF DIRTH: (23 JOE / GUIDOOR) 30/12/1991   |
| elocoupation: [INDOOR / OUTDOOR] 30/12/194/ elocoupation: [INDOOR |
| 6) OCCUPATION! INDUCTOR OF THE INSURED'S COMPANY? (YES Y'NO)  4. WAS DRIVER AN EMPLOYEE OF THE INSURED!  4. WAS DRIVER AN EMPLOYEE OF THE DRIVER WITH INSURED!  |
| WAS DRIVER AN EMPLOYEE OF THE INSURED!  |
| 4. WAS DRIVER AN EMPLOYEE OF THE DRIVER WITH INSURED!  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED!  |
| TO NOTICE TO SEPTION! (CLEAR / RAINING / OTTAL  |
|   |
|   |
| 6. WAS ANTBODY HOUSE (YES / NO) 7. a) REPORTED TO POUCE (YES / NO)  |
| 7. DIREPORTED TO POUCE (YES TINCT) IF YES, PLEASE STATE WHICH POLICE STATION:  7. TO YOTA HIACE   |
| IF YES, FLENOUS CONTROL OF A 2 337 CE WORLDEN   |
| 8. THIRD PARTY VEHICLE GBH 3332 G MODELL COMPAR   |
| Who of passinger of VEHICLE NUMBER: GRUGESAN ASHORYUMAN  DRIVER'S NAME: MURUGESAN ASHORYUMAN  ONTACT:   |
| (" ladudina dylver) D) URIYURA SSPORT! G 75/46  |
| NRIC/III/I AVVI ON NRIC/III/I AVVI ON A 2233 COLUMNIA   |
| (_) PARTY VEHICLE GBIL 3333 GMODELL   |
| d) VEHICLE NUMBERI  |
| W W M PASSANGE BI DRIVER'S NAME! CONTACT!   |
| ( Induding, driver) 1) NRIC/FIN/PASSPORTI   |
|   |
|   |
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|   |

email.=



## CERTIFICATE OF INSURANCE

### COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Period of Insurance

Name of Policyholder : Hibex Singapore Pte Ltd

: 13 Jun 2022 To 12 Jun 2023

Engine No.

: 1KD2807239

Chassis No. : JTFHT02P700243199 Vehicle No.

: GBH4527E

Policy No.

: 7220059766

Endorsement No.

Issued Date

: 25 May 2022 15:08

### ABOUT THE COVER

Make/Model

: TOYOTA HIACE [Van]

Engine Capacity/Tonnage : 1.1 Tonnage

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

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 S\$\$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 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.

\* 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

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 hotline 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: MITSUBISHI HC CAPITAL ASIA PACIFIC 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).

0503776000

LOW HAN LONG JOSEPH

AIG Asia Pacific Insurance Pte. Ltd.

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371 ALEXANDRA ROAD #08-14 AIA ALEXANDRA SINGAPORE 159963 SP-CML N ASSOC-MOTION Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

HAN LONG JOSEPH LOW