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# 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 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 20/03/2023 15:36 (SGT)
Reported by Driver
Date of Accident 17/03/2023 11:00 (SGT)
Exact Location of Accident Woodlands Centre Rd, Singapore
Additional Location Information TOWARDS WOODLANDS ROAD
Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBD3434S

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

AME MACHINERY

5XXXX257X

engguanxian@hotmail.com

(Phone) +65-96345016

VEHICLE PARTICULARS

Manufacturer Nissan
Model Cabstar
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

Employment

No - Claiming third party Commercial vehicle

Manual 2953

INSURANCE COMPANY

Name of Insurance Company

AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number

7210092417-01

DRIVER

 Name of Driver
 LOO ENG GUAN

 NRIC No
 SXXXX421F

 Date Of Birth
 22/05/1972

 Occupation
 Outdoor

Date Of Driving Pass 13/08/1997 Driving experience 25 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-96345016 Alt. Phone Number Email Address engguanxian@hotmail.com Address BLK 874 WOODLANDS STREET 82 #07-508 Address complement Postcode 730874 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 - Cross Junction Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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 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 Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No. (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20230319/7045 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 GBB9846H Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour	_
Vehicle Category	Commercial vehicle
Name of Driver	( and the second
Contact Number	-
Address	· -
Address complement	-
Postcode	-
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

## INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	LOO ENG GUAN
Gender	Male
Phone No	(Phone) +65-96345016
Address	-
Address Complement	, <del>-</del> ;
Post Code	-
Approximate Age Years Old	<u>-</u> "
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBD3434S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. 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>.
- 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. 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.
- 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)

l 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.



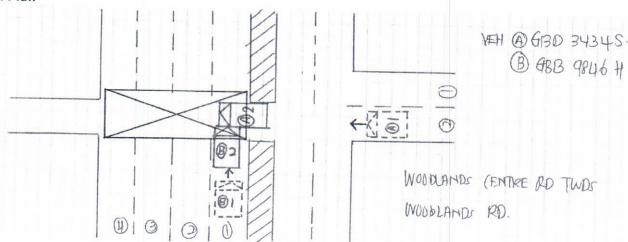
Policyholder's Signature / Date & Time

Jan

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident PLEADE REFER TO POLICE REPORT NO = 1/2023 03 19/ 7045.

## 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 Witnessed by Reporting Centre & Time

Personnel





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20230319/7045

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Use of Pedestrian Crossing: NA

### REPORT OF A TRAFFIC ACCIDENT

GBD3434S

Lorry

Details of Person Involved
Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL

	ate/Time Report Made: 9/03/2023 20:13			Vide	Vide Report No.:			Station Diary No.:	
Informan	t's Parti	cula	rs						
Name of Informant: LOO ENG GUAN			Address: 874 WOODLANDS STREET 82 #07-508 SINGAPORE 730874						
ID Type / ID No.: NRIC NO / S7217421F Nationality: SINGAPORE CITIZEN			Contact No.: Home/Office: Mo Email: Mysincerelead@gmail.com				obile: 96345016		
Sex: Male	Age: 50		Date of Birth: 22/05/1972		Type of Informant: Driver				
Race: Chinese			Language: Ins English			stitution / School Name:			
Occupation:			Driving Licence Information:			ate of Expiry:			
Type of Accident:	ccident:			Drink Drive: No	Date/Tin Accident 17/03/20	:	00	Type of Location	
Location:		ENT	RE ROAD						
Weather:			Road	Road Surface:			Road Speed Limit:		
Traffic Flow:			Traffi	Traffic Control:			Traffic Volume:		
Type of Collision:								one conveyed by ulance:	
Details o	of Vehicl	e In	volved						
Vehicle No. Type Make				Model	Color	C	onditio	No of	





2 of 3 Report No. T/20230319/7045

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### **CONTINUATION OF REPORT**

Driver									
Name	LOO ENG GUAN			LOO ENG GUAN		LOO ENG GUAN		ID No.	S7217421F
Related Vehicle	GBD3434S (Lorry)			Contact No.	96345016				
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL				
Date	NIL		Date	NIL					
No. of Days granted Medical Leave 03			Degree of	f Serie	ous				

#### Brief Details.

On the stated date and time I vehicle GBD3434S was travelling straight along Woodland centre road. As I approach the X-junction of woodland Checkpoint, I proceeded straight ahead as the traffic light was green in my favor.

Suddenly vehicle GBB9846H who was on woodland Checkpoint Road going towards Custom direction beat the redlight.

I immediately jammed my brakes but could not stop in time and collided onto the said vehicle right portion.

The impact was great and I hit my head onto something.

After a while I start to feel pain on my neck, shoulder and back areas.

The next day the pain on my body worsen and I quickly proceeded to Norwood Medical Clinic near my place to seek treatment and I was given 3 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230319/7045

**CONTINUATION OF REPORT** 

Sketch Plan Informant is not able to provide sketch

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/03/2023 20:13
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

3

Date of Accident	. 17/3/2023
Accident Place	: 17/3/2003 Accident Time: 1100 HRS (24-HR-Format) : WOODLANDS CENTRE RD TWDS WOODLANDS RD.
Vehicle No. (Car Plate No.)	: GBD 3434 S Make/Model: HISSAN CABSTAR
Insurance Company	: AIG Policy No: 3010090417 -01 V1
Owner or Company Name /IC No.	: AME MACHINERY (5288257 X)
Owner or Company Contact No.	: 9634 5016 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: 400 ENG GUAN (STORY 10)
DRIVER'S Date Of Birth	: 23/5/1973 DRIVER'S License Pass Date 13/8/1997
Relationship of Owner & Driver	: Spouse\Parent\Children\Sibling\Employee\Others:
DRIVER'S Address	: APT BLK 874 WOODLANDS STREET 80 # 07-508 SINGAPORE 73087
DRIVER'S Contact No./ Alt No.	:1) 9634 5016 2) -
DRIVER'S Occupation : INDO	OOR \OUTDOOR (e.g. working inside or outside office)
Email Address	: ENGGUANXIAN @ HOTMAIL. COM
Weather & Road Surface	:CLEAR & DRY\ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Repor	rting Only \Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driv	ver): 1
Was there any video Captured by car of	amera: YES \NO
Other Part Vehicle. No (B) GBB 9846 H	y Driver's Particular (if any)  Vehicle. No:
Vehicle Make \Model:	
Name Driver:	
IC No. Driver/Contact:	

NEW – Passenger's name & gender:



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder

: AME MACHINERY

Period of Insurance

: 18 Sep 2022 To 17 Sep 2023

Engine No.

: ZD30341181K

Chassis No. : JN1SC2F24Z0856239 Vehicle No.

: GBD3434S

Policy No. : 7210092417-01

Endorsement No.

Issued Date

: 05 Aug 2022 15:10

#### ABOUT THE COVER

Make/Model

NISSAN CABSTAR 1.3 ton [Lpmv]

Engine Capacity/Tonnage 13 Tonnage

Sum Insured

Market Value

First Year of Registration

2014

Driver Restriction

NA

Off Peak Car

Na

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 inderenify the Policyholder er any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of 6553,000 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' onlying experience

Age Condition

All Age Condition

Limitation as to use"

Use in connection with the Policyholder's business.
 Use for the carriage of passenger (other than for hird or reward) in connection with the Policyholder's business.

3) Use for social domestic or pressure purposes. This Pointy does not conver all use for himse for reviewed thinking taken, driving test, recting, pace-making, reliability true or speed-leasing, b) use whiter drawing a value coverage toward domestic toward (either than for reviewed) of any one or subset mechanically proposed vehicle, and c) use for any purpose in connection with labor T retire.

Loss Of Use (10 Days) Commercial Auto

\* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189); Section 65 of the Rised Transport Act. 1997 (Malaysia) and Road Transport (Americk Risks), and Compensation (Americk Risks).

#### EXCESS

Section 1 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Property Damage - \$0

Named Driver and Excess (where approache)

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

Arry accident repairs to the Venice must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Venicle in Singapore. You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, picture contact our 24-hour accident emergency hattine at <65 8318 8200. Alternatively. You may refer to AIG website www.org.org. AIG SG Mable App. Surgey search and download "AIG SG" from Tunes or Geogle Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy is which this Carifficate of Insurance relates is issued in accordance with the provisions of the Moles Vehicles (Third Party Risks and Compensation) Act (Cap. 189). Part N of the Road Transport Act. 1967 (Malaysia). Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

INSURE U SERVICES

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

9 LORONG 27A GEYLANG #02-13

SINGAPORE 388134

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.