

NATIONAL Assessment Centre Services. (2011, January 20).

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	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
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AME MACHINERY
Company Reg No	5XXXXX257X
Email Address	engguanxian@hotmail.com
Mobile Phone No	(Phone) +65-96345016
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	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	2
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)	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	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	-
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	-
Post Code	-
Approximate Age Years Old	-
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

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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.

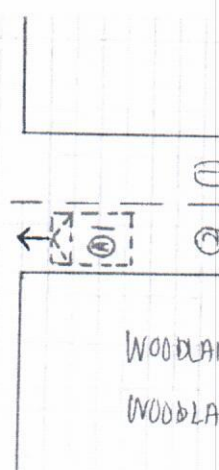
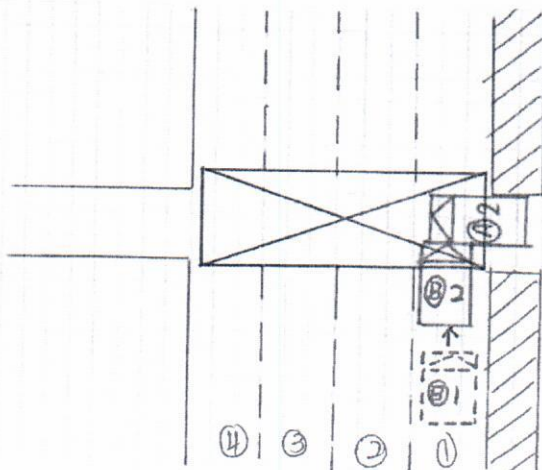


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



VEH A G13D 3434S
B 4BB 9846 H

WOODLANDS CENTRE RD TWDS
WOODLANDS RD.

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT NO = 1/2023 03 19 / 7045.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

John

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

[Signature] 20/03/2023
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20230319/7045

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

1 of 3
Report No. T/20230319/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2023 20:13		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOO ENG GUAN			Address: 874 WOODLANDS STREET 82 #07-508 SINGAPORE 730874		
ID Type / ID No.: NRIC NO / S7217421F			Contact No.: Home/Office: Mobile: 96345016		
Nationality: SINGAPORE CITIZEN			Email: Mysincerelead@gmail.com		
Sex: Male	Age: 50	Date of Birth: 22/05/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/03/2023 11:00	Type of Location:	
Location: WOODLANDS CENTRE ROAD					
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD3434S	Lorry					0

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



**SINGAPORE
POLICE FORCE**



T/20230319/7045

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

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Report No. T/20230319/7045

CONTINUATION OF REPORT

Driver			
Name	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 Serious

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.



**SINGAPORE
POLICE FORCE**



T/20230319/7045

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

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
19/03/2023 20:13

Classification Of Case:

3

Date of Accident : 17/3/2023 Accident Time: 1100 HRS (24-HR-Format)
 Accident Place : WOODLANDS CENTRE RD TWDS WOODLANDS RD.
 Vehicle No. (Car Plate No.) : GBD 3434 S Make/Model: NISSAN CABSTAR
 Insurance Company : AIG Policy No: 7210092417-01 V1
 Owner or Company Name /IC No. : AME MACHINERY (52888 257 X)
 Owner or Company Contact No. : 9634 5016 Owner's Hp - Company Tel
 DRIVER'S Name / IC No. : LOO ENG GUAN (S7317431 F)
 DRIVER'S Date Of Birth : 22/5/1972 DRIVER'S License Pass Date 13/8/1997
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: -
 DRIVER'S Address : APT B1K 874 WOODLANDS STREET 82 # 07-508 SINGAPORE 730874
 DRIVER'S Contact No./ Alt No. : 1) 9634 5016 2) -
 DRIVER'S Occupation : INDOOR \ 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 : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): -

Other Party Driver's Particular (if any)

Vehicle. No. (B) G88 9846 H	Vehicle. No: -
Vehicle Make \Model: -	Vehicle Make \Model: -
Name Driver: -	Name Driver: -
IC No. Driver/Contact: -	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. : JN1SC2F24ZD856239

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 (Lorry)
Engine Capacity/Tonnage : 1.3 Tonnage
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2014
Insuring with COE/PARF : Yes

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 \$553,000 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

Loss Of Use (10 Days) Commercial Auto

* 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

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 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 Agent's workshop.
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. 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 : NA

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).

0504592000

INSURE U SERVICES

9 LORONG 27A GEYLANG #02-13

SINGAPORE 389134

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

jane.kim@insureu.com.sg