# **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.

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   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 02/05/2023 22:18 (SGT) Reported by **Actual Driver** Date of Accident 29/04/2023 07:30 (SGT) Exact Location of Accident Still Rd S, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GQ10Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LTC Coatings (S) Pte Ltd Company Reg No 199905874G Email Address gary\_chen@ltccoats.com.sg Mobile Phone No (Phone) +65-91886068 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna 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

No - Reporting only Commercial vehicle

Manual 2982

**Employment** 

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2100498109-06

DRIVER

Name of Driver Hasan MD Mehedi Passport No/FIN G2685723L Date Of Birth 19/07/1994 Occupation Outdoor

Date Of Driving Pass 29/07/2021 Driving experience 1 YEAR AND 9 MONTHS Gender Mobile Number (Phone) +65-93539859 Alt. Phone Number Email Address gary\_chen@ltccoats.com.sg Address 159 Jln Loyang Besar Address complement Postcode 509051 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes 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 PASSENGER 1 Name Kyaw Kyaw Lwin Gender Male PASSENGER 2 Name Aung thu Gender Male PASSENGER 3 Name Oo Min Zaw Gender Male PASSENGER 4 Name Myo Than Htut Gender Male PASSENGER 5 Name Aung Myo Lwin Gender Male PASSENGER 6 Zaw Win Naing Gender Male PASSENGER 7 Foysal Ahmed Male

#### PASSENGER 8

Name Krishna Moorthy Gender Male

#### **DETAILS OF POLICE ACTION**

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Police Station Address

Police Station Address

Police Station Address

No

If yes, against whom?

Yes

Jurong West Neighbourhood Police Centre

(Phone) +65-18002689999

(Fax) +65-62672438

700 Corporation Road Singapore 649818

No

CIRCUMSTANCES OF ACCIDENT

Please refer to the police report.

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 GBF751K Vehicle Manufacturer Tovota 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 Unknown Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? GBF751K Were seat belts worn? Was this injured conveyed to hospital by ambulance? Yes **INJURED 2** 

Name of injured person Unknown
Gender Male
Phone No Address -

Address Complement	-
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	_
Injured person in which vehicle?	GBF751K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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# 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
- (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.

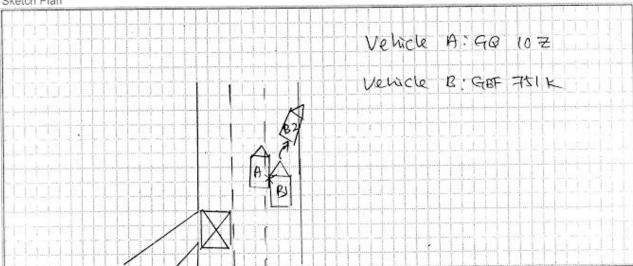
Policyholder's Sign

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

Dec 02.05.23

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) 30H JIT HOON

# Sketch Plan



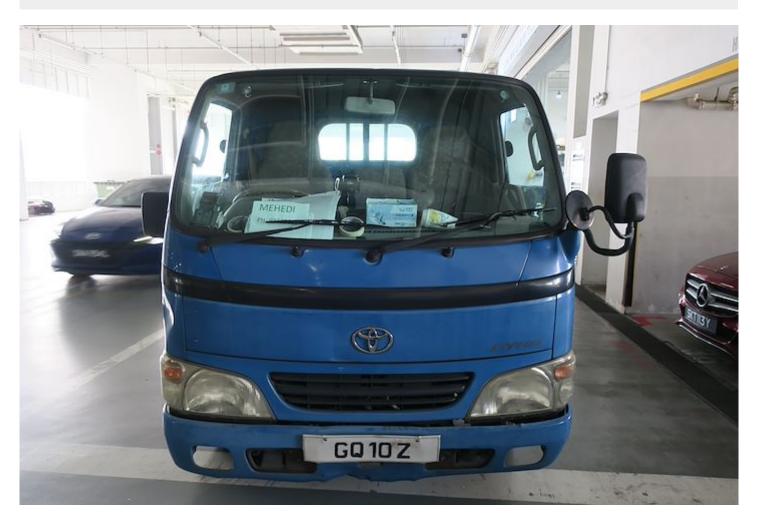
	REFER TO POLICE REPORT	
	T/20230429/2016	
1005 = =		
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		_
claration		

Policyholder's Signature / Date & Time

1,11,100

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

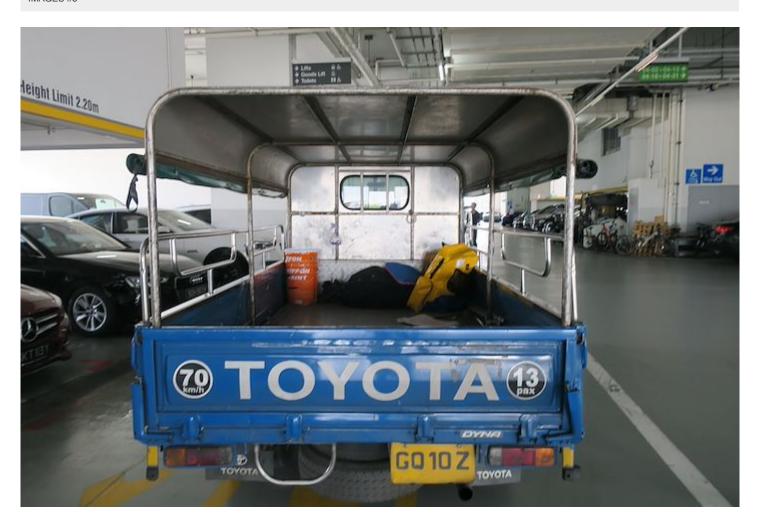
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) SOH JIT HOON
2

























1 of 4 Report No (T/20230429/2056)

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

REPORT C	F A TRAFFIC	CACCIDENT				
Date/Time Report Made: 29/04/2023 15:13		fade:	Vide Report No.: G/20230429/0079	Station Diary No.: 83		
Informa	nt's Partici	ilars 🚁 🕹		THE INC. INC. INC. INC. INC. INC. INC. INC.		
Name of Informant: Address: HASAN MD MEHEDI 6A JOO KOON CIRCLE SINGAPORE 629			SAPORE 629038			
ID Type / ID No.: FIN NO / G2685723L			Contact No.: Home/Office:	Mobile: 93539859		
Nationality: BANGLADESHI			Email:			
Sex: Age: Date of Birth: Male 28 19/07/1994			Type of Informant: Driver			
Race: Others		NE SERVE SOM DE SOUDO	Language: English	2		
Occupation:		WORKER	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:  Conveyed By Ambulance		Drink ce Drive: No	Date/Time of Accident: 29/04/2023 07:30	Type of Location: Straight Road	
Location: STILL ROAD	SOUTH				
Weather: Raining		Road Surface: Ory		2 3	
Traille Flow.		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis	sion: ving Vehicles - Head To Side	1		Anyone conveyed by ambulance:	

Details of V	ehicle involved	CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.				
Vehicle No:	-Type	Make	Modell :	Color : The	Condition	No of Passenger
GBF751K	Lorry	TOYOTA	DYNA	Silver	Seriously Damaged	
GQ10Z	Lorry	TOYOTA	DYNA	Blue	Slightly Damaged	8

Details of	Vehicle Insurance	。通道 医多类	设置原法上。	ALC: OF
Vehicle No	Insulance Company:	Insurance No.	Effective	Expiry Date
GQ10Z	AIG ASIA PACIFIC INSURANCE PTE.		22/03/2023	
	LTD.			L.,



T/20230429/2056

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

2 of 4 Report No. T/20230429/2056

No. of Pedestriar	s Injured: NIL		Use of Pe	destrian	Cross	ing: NA
	SECTION AND DESCRIPTION OF THE	<b>南京研究</b>		(1) (1)		in because the contract
Name	BOSE PRABU			ID No.		G2507486L
Related Vehicle	GBF751K (Lorry)		7	Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 2B,3 Date of Expiry: 23/03/2027
Date Treatment	NIL		Date Disc	Date Discharge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	Slight	
Driver 1		<b>自由的</b>				Charles are a constructed to
Name	HASAN MD MEHEDI			ID No		G2685723L
Related Vehicle	GQ10Z (Lorry)			Conta	ct No.	93539859
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: 28/07/2026
Date Treatment	NIL		Date Disc	scharge NIL		
No. of Days granted Medical Leave NIL			Degree of Injury   Slight			

CONTINUATION OF REPORT

#### **Brief Details**

On 29/4/2023 at about 0730hours, I was driving my company lorry bearing plate number GQ10Z along Still Road South and I was heading towards East Coast Park. I was ferrying my 8 of my other workers to send them to their work sites.

At that point of time, I was travelling along the second lane, and I was heading straight. Ahead of me, I saw a black car who was filtering out from the left side of the road, and it was driving at a fast manner. I tried to slow down my company lorry by applying emergency brake however my lorry still moved forward. Thus, I wanted to change lane to the right most lane so as to avoid colliding into the black car. However, when I checked my blind spot, I was unable to see any incoming cars.

Suddenly, another lorry bearing plate number GBF751K approached my lorry and we collided. My lorry moved forward whilst the other lorry had hit the center divider.

I then stopped my lorry and went down to check my workers. They were all okay, however there were some damages on my lorry. I am unsure of the total cost of repair.

A nearby security then helped to call for Police and ambulance. Two workers from the other lorry then were conveyed to hospital. I had also exchanged particulars with the other driver. Traffic Police came and advised me to lodge a Police report. I was also not injured. There is no in-car camera inside my lorry. I am unsure if there were any CCTVs located around the vicinity.





3 of 4 Report No. T/20230429/2056

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

CONTINUATION OF REPORT

First time such incident had happened.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

Report No. T/20230429/2056

4 of 4

CONTINUATION OF REPORT

Signature of Officer Recording The Report: J / STAFF SGT NUR SYAFIQAH BINTE ABDUL LATIFF	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/04/2023 15:13
Officer In Charge Of Case: TP / GIT / SR STAFF SGT NADYA BINTE MOIDEEN Contact No.: 65476331	Classification Of Case:



# CERTIFICATE OF INSURANCE

# COMMERCIAL AUTO THIRD PARTY ONLY COMMERCIAL VEHICLE

Name of Policyholder : LTC Coatings (S) Pte Ltd

: 22 Mar 2023 To 21 Mar 2024

Engine No. : 5L5608413

Chassis No. : JTFUF34Y603010958 Vehicle No. : GQ10Z

Policy No. : 2100498109-06

Endorsement No.

Issued Date : 06 Mar 2023 12:04

#### ABOUT THE COVER

Period of Insurance

: TOYOTA DYNA 150D 2 ton [Lorry] Make/Model

Engine Capacity/Tonnage : 2 Tonnage Sum Insured: NA First Year of Registration : 2005 Insuring with COE/PARF : NA Driver Restriction Off Peak Car : No : NA

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.

Age Condition : All Age Condition

Limitation as to use\*

1) Use in connection with the Policyholder's business.
2) Use for connection with the Policyholder's business.
3) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
3) Use for booled, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, 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 1960, Section 95 of the Road Transport Act, 1967 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

#### EXCESS

Section 1

Property Damage - \$0

Windscreen: NA

Named Driver and Excess (where applicable)

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

For Approved Reporting Centres, please contact our 24-hour accident emergency hotine at +65 6336 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from Apple App Store or Google Play Store.

# IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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 Fisks and Compensation) Act 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504709000

PJ INSURANCE AGENCIES PTE LTD

6 PETIR ROAD #19-10 MAYSPRINGS

SINGAPORE 678267

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

enton Way #08-16 AIG Building \$079120 | T:+65 6419 3000 | www.aig.sg