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SN08235B0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 11/05/2023 13:04 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (11/05/2023 13:04 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> 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.

4. The issue and acceptance of this Form by instraince companies in the analysis of the Section of Singapore (GIA) for archiving 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

11/05/2023 13:04 (SGT) **Actual Driver** 07/05/2023 05:30 (SGT) 6 Gambas Cres, Singapore 757046

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBG1571B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

Yes HENG HUP HUAT FOODSTUFFS TRADING PTE. LTD. 2XXXXX464Z admin@henghuphuat.com

(Phone) +65-93987519

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model

Toyota Hiace

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

Yes

Commercial vehicle

Manual 2982

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number AIG Asia Pacific Insurance Pte. Ltd. 7210156175-01

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

RANGANATHAN NAGARAJ GXXXX220W 10/05/1992 Outdoor

Date Of Driving Pass 13/12/2021 Driving experience 1 YEAR AND 5 MONTHS Gender Male Mobile Number (Phone) +65-91218800 Alt. Phone Number **Email Address** admin@henghuphuat.com 2 GAMBAS CRESCENT #03-09 Address Address complement NORDCOM TWO 757044 Postcode 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 Collided into Property Type of Accident Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN 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 Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category NA / Unknown

Name of Driver Contact Number

Address	-
Address complement	_
Postcode	-
Insurance Company Name	21
Nature Of Damage	-
Details of property damaged in accident	WALL
No. Of Passenger (Including Driver)	20

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.
- 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>.
- 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. 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)

Lunderstand, 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' 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.

	- Works	Witnessed by Reporting Centre Personnel
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	(Name as in Nric/ID card)
Sketch Plan		
	house A	Which A - 6B6-15718
~		
7		
+		
		6 Gambus Cres

Describe Circumstances of the Accident	
On the Stated date and time.	I Wug
traveling on the stated location. As it w	as ruining
when I was multing a form into No	erd com 2.
My vehicle ski sed and collided anto the	wall on my
right.	

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

	Submitte	ed:
SINGAPORE A	CCIDENT STATEMENT	
BASIC	INFORMATION	
07-May-2023	Time of Accident:	0530
6 Gambas Cres		
DETAILS	OF OWN VEHICLE	
		201736464Z
	TOPPS TRADING PTE LTD	9398 7519
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	orcycle / Private Hire	
	Party / Third Party, Fire & Theft	
7210156175-01		
TEACHT VIEWS CONTRACTOR	DRIVER	
RANGANATHAN NAGARA		same as Owne
G3311220W	Date of Birth:	10/05/1992
		13/12/2021
		Male/ Female
- Project spec		
GENERAL INFOR		
		Dry / Wet
	T	1.0
	Police Report Made?	Yes(No)
	OF OTHER VEHICLE	Maria de la compansión de
Vehicle 1	Vehicle 2	Vehicle 3
wall		
DEL!	I S OF WITHESS	
DETAI		
	BASIC 07-May-2023 6 Gambas Cres DETAILS GBG 1571 B HENG HUP HUAT FOODS admin@henghuphuat.com 2 GAMBAS CRESCENT #0 TOYOTA 2982 Own Damage / Third Party Private / Confimercial / Mol AIG Comprehensive / Third F 7210156175-01 RANGANATHAN NAGARA G3311220W Indoor / Qutdoor 9121 8800 2 GAMBAS CRESCENT #0 Owner / Employee / Spoul GENERAL INFORI Chain collision / Side Swipe Clear / Raining / Others: Yes / No Cluding driver): DETAILS (Vehicle 1 wall	BASIC INFORMATION 07-May-2023 Time of Accident: 6 Gambas Cres DETAILS OF OWN VEHICLE GBG 1571 B NRIC / FIN / Passport no: HENG HUP HUAT FOODSTUFFS TRADING PTE LTD admin@henghuphuat.com 2 GAMBAS CRESCENT #03-09 NORDCOM TWO S(757044) TOYOTA Vehicle Model: 2982 Transmission: Own Damage / Third Party / Reporting Only Private / Confinercial / Motorcycle / Private Hire AIG Compenensive / Third Party / Third Party, Fire & Theft 7210136175-01 DRIVER RANGANATHAN NAGARAJ G3311220W Date of Birth: Indoor / Quidor Driving Pass Date: 9121 8800 Gender: 2 GAMBAS CRESCENT #03-09 NORDCOM TWO S(757044) Owner / Employee / Spouse / Child / Hirer / Others: Translater email: GENERAL INFORMATION OF THE ACCIDENT Chain collision / Side Swipe / Front to Rear / Others: Clear / Raining / Others: Road Surface: Yes / No Police Report Made? Studing driver): 1

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or innaccurate information that are submitted.

Person 1

Signature of Driver

Name / in which vehicle?:

Date and time

Person 2

Person 3



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

: HENG HUP HUAT FOODSTUFFS TRADING PTE LTD Name of Policyholder

Period of Insurance : 29 Dec 2022 To 28 Dec 2023

: 1KD2688804 Engine No.

: JTFHT02P800216979 Chassis No.

Vehicle No.

: GBG1571B

Policy No.

Issued Date

: 7210156175-01

Endorsement No.

: 27 Oct 2022 16:57

ABOUT THE COVER

Make/Model

: TOYOTA HIACE [Van]

Engine Capacity/Tonnage: 1.06 Tonnage

Sum Insured : Market Value

First Year of Registration 2017

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

Age Condition

: All Age Condition

Limitation as to use*

1) Use in connection with the Policyholder's business

2) Use for the camage 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 1960, 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 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 Risks 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).

0500718000

JG MOTOR AGENCY

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

80 CHANGI ROAD #04-06 CENTROPOD @ CHANGI SINGAPORE 419715

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Sook Foong Joanne Go