# **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 21/07/2023 15:31 (SGT) Reported by **Actual Driver** Date of Accident 20/07/2023 10:45 (SGT) Exact Location of Accident 91 Tuas S Blvd, Singapore 637065 Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number **GBG5330D** 

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner UNIQUE HARDWARE CO PTE LTD Company Reg No 198204883C Email Address sally@uniquehw.com Mobile Phone No (Phone) +65-67484211 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

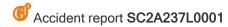
Model Dyna Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 2982

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1900151119-03

DRIVER

Name of Driver MUHAMMAD AZHAR BIN RAHMAN NRIC No S8114337D Date Of Birth 18/05/1981 Occupation Outdoor



Date Of Driving Pass 21/08/2004 Driving experience 18 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-98180590 Alt. Phone Number Email Address muhammadazhar4931@gmail.com Address BLK 847 WOODLANDS ST 82 #02-285 Address complement Postcode 730847 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 - Head to Rear 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) 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? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 20/7/2023 AT ABOUT 1045HRS. I WAS DRIVING AT 91 TUAS SOUTH BLVD. I FELT A SMALL IMPACT AND I PRESUME THAT

ON 20/7/2023 AT ABOUT 1045HRS. I WAS DRIVING AT 91 TUAS SOUTH BLVD. I FELT A SMALL IMPACT AND I PRESUME THAT I HIT ONTO THE KERB WHILE REVERSING. ON 21/7/2023, MY COMPANY INFORMED ME TO LODGE ACCIDENT REPORT THAT I COLLIDED ONTO A CAR. I WISH TO STATE THAT IT WAS HEAVY RAIN AT THE POINT OF TIME.

# ATTACHMENT(S)

Are accident photos available for attachment?

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

UNKNOWN

Mazda

Venicle Mazda

Venicle Variant

Private car

| 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)     | _ |

#### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 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.
- By the todgement 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:

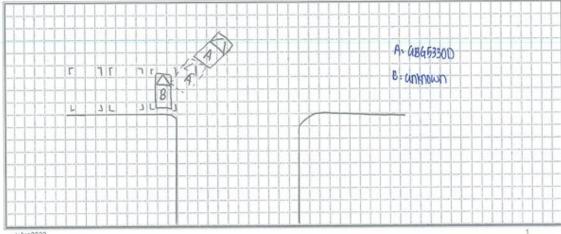
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)





|       | 30/4/09 | at      | about    | 1045hrs. | 1 was   | driving | at "  | 11 Tua | s sou | th Blva | (.       |
|-------|---------|---------|----------|----------|---------|---------|-------|--------|-------|---------|----------|
| fe    | H a     | smatt   | impact   | and I    | presume | that    | 1 hit | onto   | thu   | kerb u  | shile    |
| lver. | sing.   | 0n 4    | Hrows,   | my con   | npany i | Hormed  | me    |        | to    | lodge   | accident |
| Hode  | that    | 1       | rollidua | onto k   | a car.  | 1 mish  | to    | atate  | that  | it wa   | s heavy  |
| Nis   | at      | the por | nt of t  | time.    |         |         |       |        |       |         |          |
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|       |         |         |          |          |         |         |       |        |       |         |          |

Declaration

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

Actual Dover's Signature (if driver is not the policyholder) Witnessed by Reserving Centre Personnel (Name as in NRIC ID card)

vJun2022



# **CERTIFICATE OF INSURANCE**

# COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Unique Hardware Co Pte Ltd

Period of Insurance : 29 Aug 2022 To 28 Aug 2023 Engine No.

: 1KD2741858

Chassis No.

: JTFAT35Y00K208855

Vehicle No.

Issued Date

: GBG5330D

Policy No.

: 1900151119-03

Endorsement No.

: 05 Aug 2022 10:53

# ABOUT THE COVER

Make/Model

: TOYOTA DYNA 150 1.8 ton [Lorry]

Engine Capacity/Tonnage : 1.8 Tonnage Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2017 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\*

It is the connection with the Policyholder's business.

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 trialler 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 Act, 1987

Fire - \$0. Own Damage - \$600 Theft - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

# APPROVED REPORTING CENTRES/AUTHORISED REPAIRES (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/AlG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 6200. Alternatively, You may refer to AlG website www.aig.sg.cr.

AlG SG Mobile App, Simply search and download "AlG SG" from iTunes or Google Play.

### 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 (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1859 (Malaysia).

0692818000

TINTECK SIONS

83 CLEMENCEAU AVENUE #02-01 UE SQUARE

SINGAPORE 239920 SP-TIN

Underwritten by AIG Asia Pacific insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.



















