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 First Submission 28/10/2024 12:53 (SGT) Reported by **Actual Driver** Date of Accident 25/10/2024 17:20 (SGT) Exact Location of Accident Singapore Additional Location Information **DEFU LANE 10** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBL8467Y**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner DHL EXPRESS (S) PTE LTD Company Reg No 198105775H Email Address lee.johnnie@dhl.com Mobile Phone No (Phone) +65-93837789 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Citroen Model **ELECTRIC DISPATCH** 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 Auto CC Vehicle Fuel Electric First Regisration Date Chassis no VF7V1ZKXZNZ033767 Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 0999993559-03

DRIVER

Name of Driver	MOHAMMAD HIDAYATULLAH BIN HAHADI
NRIC No	S9502518H
Date Of Birth	31/01/1995
Occupation	Outdoor
Driving Pass Date	22/04/2014
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience Gender	10 YEARS AND 6 MONTHS
Mobile Number	Male (Phana) 105 00717044
Alt. Phone Number	(Phone) +65-92717244
Email Address	- IAMMOHAMMADHIDAYAT@HOTMAIL.COM
Address	IAMMOHAMMADHIDAYAT@HOTMAIL.COM BLK 20 CHAI CHEE ROAD 06-424 SINGAPORE 461020
Address complement	BEN 20 CHAI CHEE NOAD 00-424 SINGAPONE 401020
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	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
	Diy
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?	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) soliciting/offering accident claims assistance?	No
Translator's name	NO
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER WITH ATTACHED.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
DETAILS OF OTHER	VEHICLE PROPERTY 1
DETAILS OF OTHER	VEHICLE PROPERTIES
Vehicle Registration Number	SNA3010E
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	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)	1

SKETCH PLAN

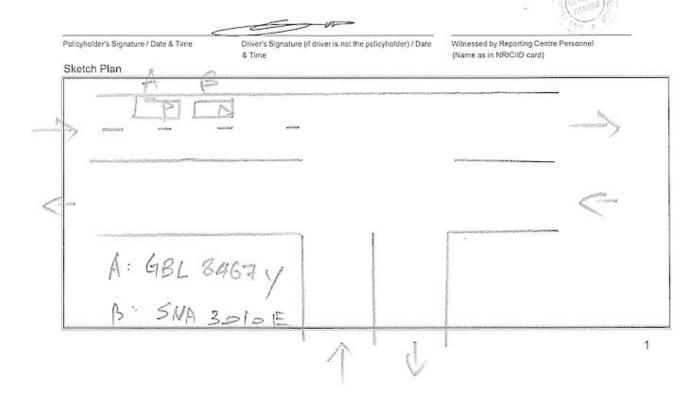
IMPORTANT NOTICE

- 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.
- 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 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 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 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.



Describe Circ	we my vehicle GREL8467y 1120 Det 1	one.
	on left lane. Or SNAZOLO R FILM	
	7 right lone to by lone and n	
	time have in front of me.	
	brance in vehicle, however sitil rol	_
	ed and lightly Horch and other re	
	his com.	
Terr		
Note: D3	ance note that your incures may have 14 days time from for you to cubmit as or	un.
	ease note that your insurer may have 14 days time frame for you to submit an overlaim under your own policy, please check your policy for more information.	val.

Declaration

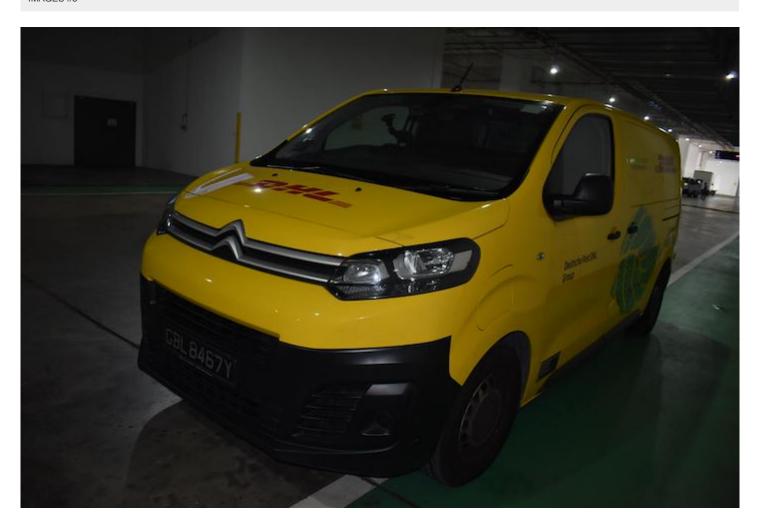
I/We declare the foregoing particulars are true in every respect.

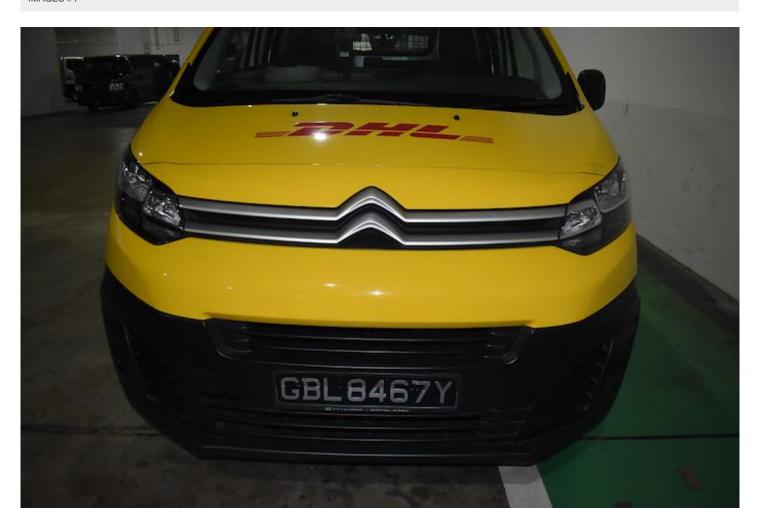
Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Dare & Time

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









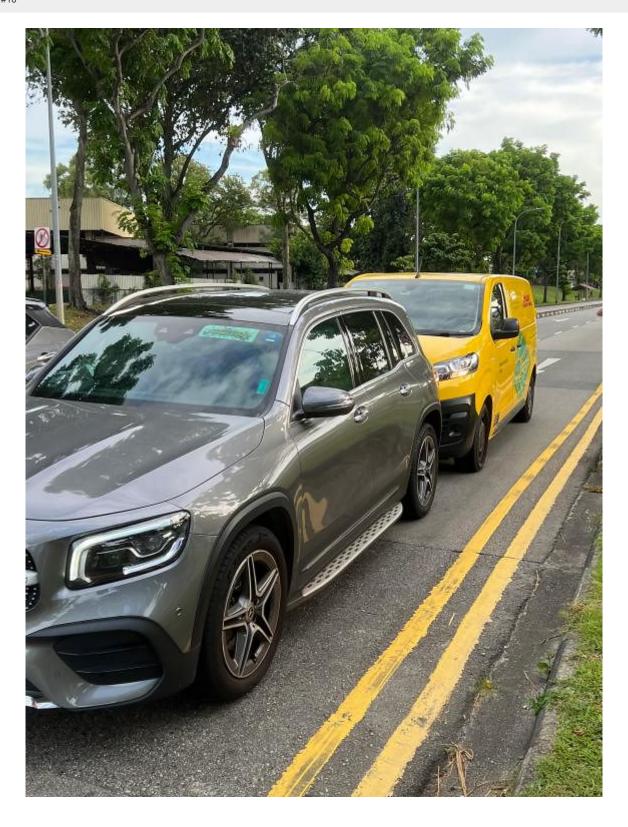


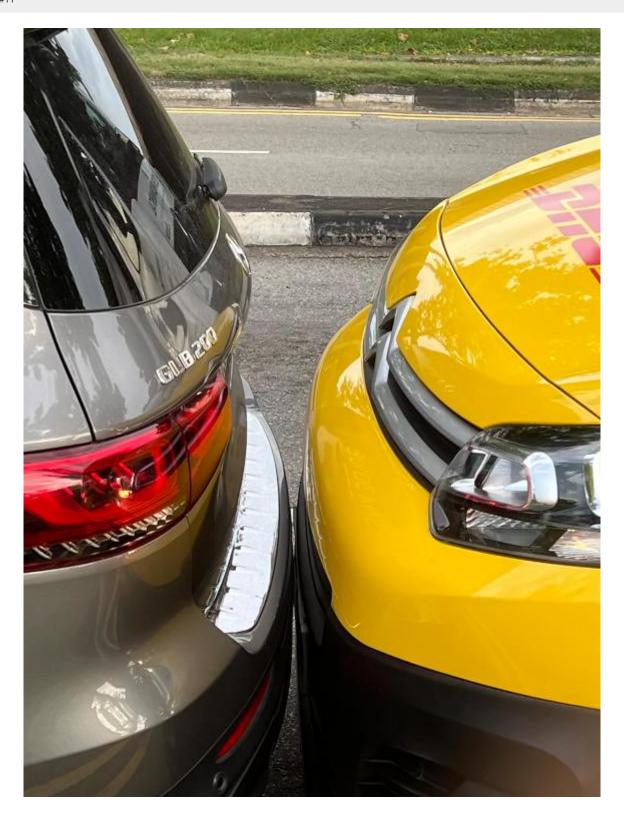


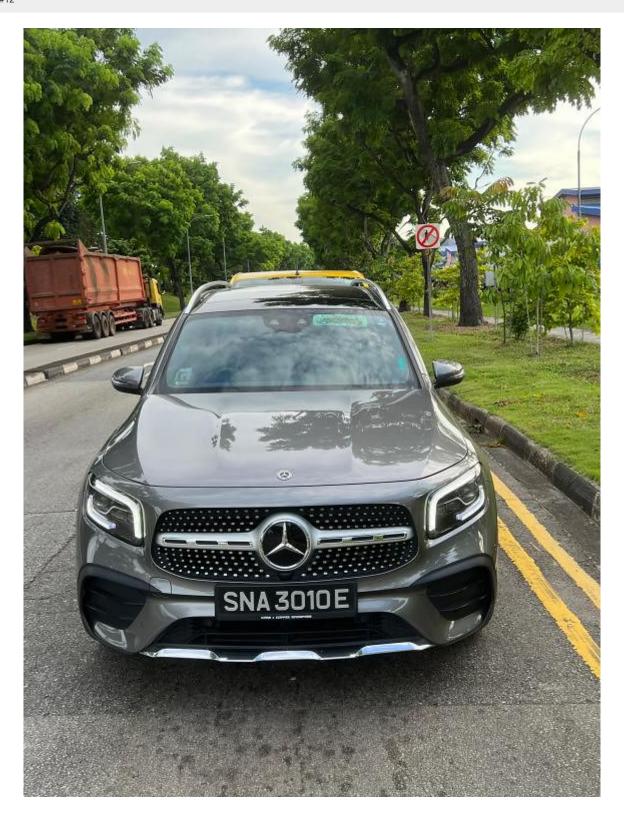


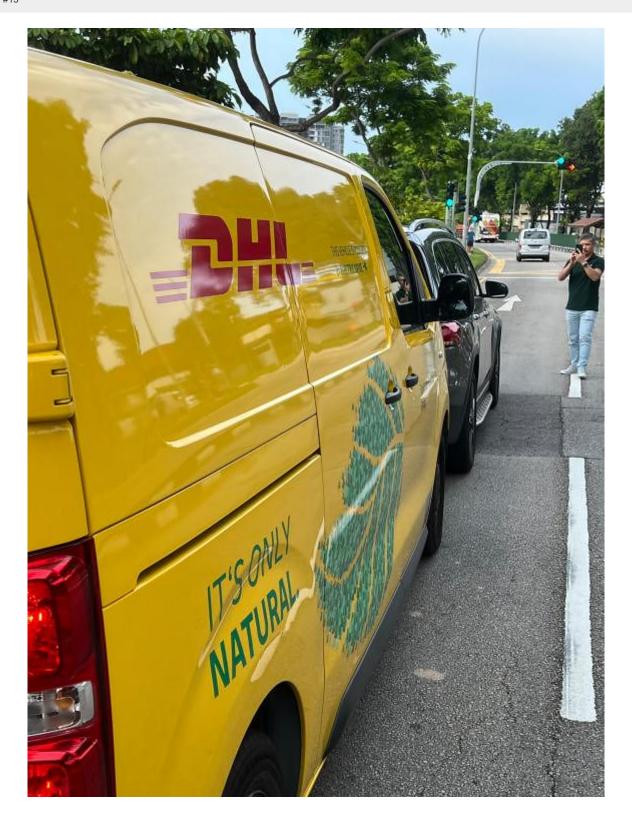


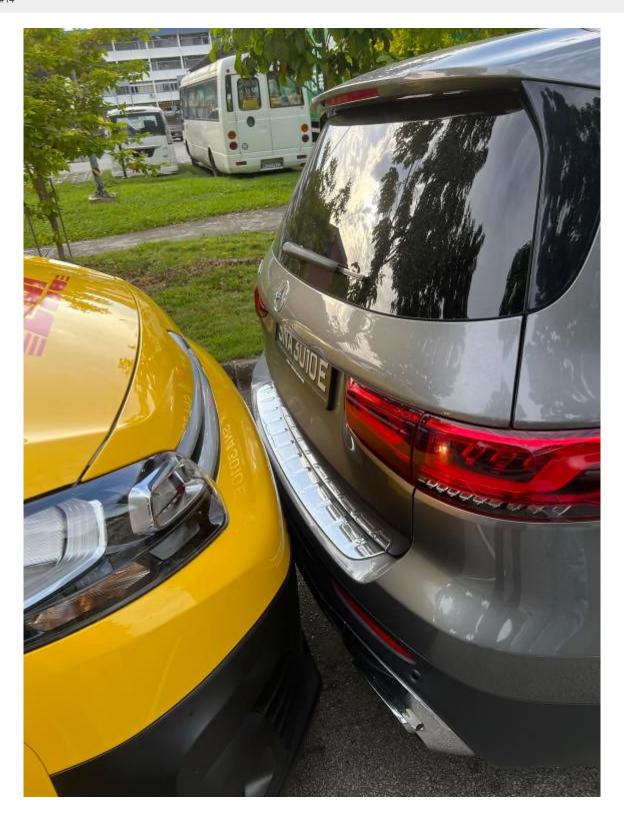


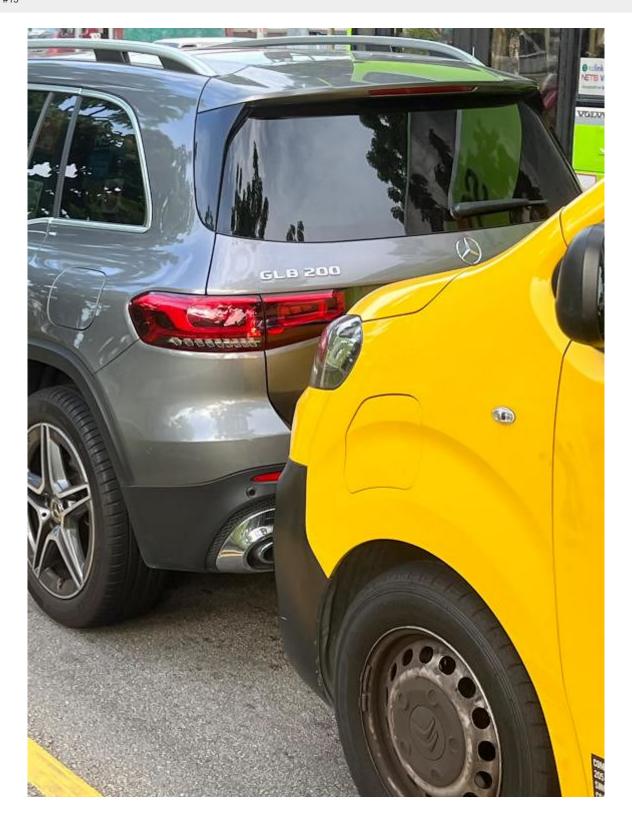














CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY ONLY

Name of Individual Policyholder : DHL EXPRESS (S) PTE LTD Master Policy No./Policy No. : 0999993559-03 / 1240000896

: 01 May 2024 To 30 Apr 2025

Period of Insurance

: 105TCQ0001438

Engine/Motor No. Chassis No.

: VF7V1ZKXZNZ033767

Vehicle No.

: GBL8467Y

Endorsement No.

Issued Date

: 09 May 2024 17:45

ABOUT THE COVER

Make/Model

: CITROEN Electric Dispatch

Engine Capacity/Tonnage: 1 CC Driver Restriction : NA

Sum Insured : NA Off Peak Car : No First Year of Registration : 2022 Insuring with COE/PARF : 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 wit indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Age Condition

: Not Applicable

Mileage Condition

Limitation as to use* :

If Use in connection with the Policyholder's business

2) Use for the campge of passenger (other than for thre 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 fire or reward, driving fullion, driving fest, racing, pase-making, reliability that or speed (esting, b) use whilst drawing a traiter except the forming (other than for reward) of any one disabled mechanically propelled vehicle, and c) use for any purpose in connection with Motor Trade

* Limitations rendered inagerative by Section 8 of the Motor Vehicles (Third-Party Hisks and Compensation) Act 1980, 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

Property Damage - 50

Windscreen: NA

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAMS RELATED REPAIRS).

For Approved Reporting Centres(N)G Authorised Regainers, please contact our 24-hour apparent emergency holling at +65 6338 6200. Alternatively, you may refer to AIG website www.arg.sg.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

IAWe haveby centry that the policy to which this Certificate of insurance relates is issued in apportance with the provisions of the Meter Vehicles (Third-Party Risks and Compensation) Act 1850, Part IV of the Road Transport Act, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1939 (Malaysia)

0000502010

AIG EUROPE (UK) LIMITED

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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