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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
   Information provided must be as truthful and accurate as possible. Any willtel misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 Police for investigation.
- 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.

Solding the best particular than 1900.	ACCIDENT STATEMENT
Date Of Report	01/03/2018 17:52
Date Of Accident	28/02/2018 17:10
Exact Location Of Accident	ALONG TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE
De la companya de la	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP3803D
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	Statement of the statem
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-98573071
Alternative Phone No	OFFICE-98573071
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE-1.5 G CVT (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	3100027226
Driver	
Name of Driver	THNG JOO SENG
NRIC No	S1615955G
Date Of Birth	05/04/1963
Occupation	OUTDOOR
Date Of Driving Pass	30/04/1992
Driving Experience	25 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98573071
Fax Number	
Contact Number	OTHERS-98573071
EMail Address	EDWIN@CARCOVE.COM.SG

Address

BLK 120 BUKIT MERAH VIEW

#16-02

Postcode

152120

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: PASSENGER

GENDER:

: FEMALE

Passenger 2

NAME:

: PASSENGER

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SGU9101P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

HASSAN BIN RABO

NRIC/Passport Number

S1349300F

Contact Number

94387492

Address

Postcode

## SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised 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.
- 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 Police for investigation.
- 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.
- 8y the lodgment 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (a) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyhalder's Signature

Date & Time:

Oriver's Signature

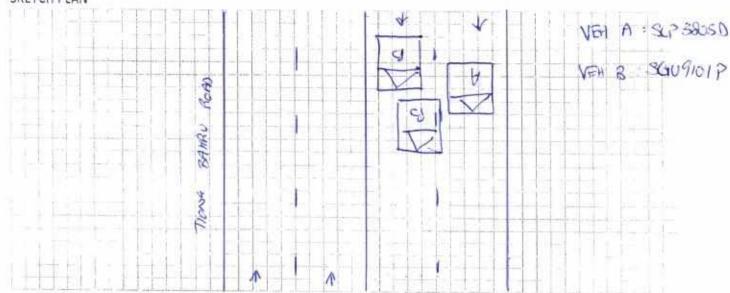
(If driver is not the policyholder)

Date & Time:

Reporting Centre Per onnel's Signature

Name:

NRIF/EINI Na



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

		THE	28-	TER	2018	AI	AROUND	171041	8.3	<b>フ</b>	
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## DECLARATION

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

Policyholder Voignature Date & Time:

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

= XX

Reporting Centre Bergonne's Signature
Name:
NRIC/FIN No. | KOL | WM 3

NRIC/FIN No.:

# Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident:	2.2	Set Birrel (venicle A)
Exact purpose for which the vehicle  Was being used at time of accident?  Private use / Work purpose  Weather condition & Road conditions / Con time day of accident)  Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:  Was there any video captured by your Car Camera?  Was there any video captured by your Car Camera?  Was there any video captured by your Car Camera?  Private use / Yes / No (If YES) Injured Person in Which Vehicle:  Palics Report Ried:  Yes / No (If YES) Which Police Station:  The Other Party(s) Details:  Vehicle No:  Priver's Contact No:  Gas Above)  Contact No:  Priver's Contact No:  Private use / Yes / No (If YES) Which Police Station:  The Other Party(s) Details:  Vehicle No:  Priver's Contact No:  Gas Above)  Contact No:  Priver's Contact No:  Insurance Company (If any):  Contact No:  Priver's Contact No:  Priver's Contact No:  Insurance Company (Iff any):  Contact No:  Priver's Contact No:  Priver's Contact No:  Contact No:  Priver's Contact No:  Contact No:  Contact No:  Contact No:  Priver's Contact No:  Contact No:  Priver's Contact No:  Contact	Date of Accident: 38 / 03 /2018 (dd/mm/yy) Time of Accide	ent: 17 : 10 (24-HR-FORMAT)
Policyholder's Name / IC No.: CAR CONE CARCON PRODUCTION (As Above)  Driver's Name / IC No.: TANG SOO SEASC (CARCON PRODUCT)  Driver's Contact No.: 9859 3091 Company Contact No:  Driver's Contact No.: 9859 3091 Company Contact No:  Driver's Address: So SWAM MEADAN VEN #16-08 (3) /53/30  Email address (if any): 4350 @ CARCON (cen 33 Insurance Company:  Relationship between Owner & Driver; (Please CIRCLE one only)  Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Eliter or Others specify:  What do you wish to claim? (Please TICK one only)  Own insurance / Other Vehicle (The one you want to claim against)   Reporting (For Record Purpose)  Exact purpose for which the vehicle  Was being used at time of accident?  Occupation (nature of lob) Indoor Outdoor  Weather condition & Road conditions? (On the day of accident)  O'Cler & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:  Was there any video captured by your Car Camera? Yes / No  Any Injuries: Yes / No (If YES) Injured Person in Which Vehicle:  Police Report filed: Yes / No (If YES) Which Police Station:  The Other Party(s) Details:  The Other Party(s) Details:  The Other Party(s) Details:  Oriver's Name / IC No: Passanger Company (If any):  Driver's Contact No: Insurance Company (If any):  Contact No: Contact No: Insurance Company (If any):  Preferred Workshop Name: Contact No: C	Vehicle No.: SW 38030 Vehicle Make & Model:	SHUTTLE 1.56 CUT
Driver's Name / IC No.: No. Serick (As Above)  Driver's Contact No.: 9857 3071 Company Contact No:  Driver's Address: 100 South MERMAN VEW #16-0% (\$) /53/30  Email address (if any): 40 on @ Car rose (cm 33 Insurance Company:  Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hire or Others specify:  What do you wish to claim? (Please TICK one only) Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)  Exact purpose for which the vehicle Was being used at time of accident?  Occupation (nature of job) Indoor/ Outdoor  Private use / Work purpose  No. of Passengers (Including Driver): TEMALE INSURANCE  Weather condition & Road conditions? (On the day of accident)  Occupation (nature of job) Indoor/ Outdoor  Private use / Work purpose  No. of Passengers (Including Driver): TEMALE INSURED  Weather condition & Road conditions? (On the day of accident)  Occupation (nature of job) Indoor/ Outdoor  Private use / Work purpose  No. of Passengers (Including Driver): Temale Insurance  Weather condition & Road conditions? (On the day of accident)  Occupation (nature of job) Indoor/ Outdoor  Private use / Work purpose  No. of Passengers (Including Driver): Temale Insurance Company (If Yes) Insurance Company (If Yes) No.  No. (If YES) Insurance Company (If any):  Driver's Name / IC No: Vehicle No: Insurance Company (If any):  Driver's Contact No: Insurance Company (If any):  Independent Witness (If Any): Contact No: Contac	Exact location of Accident: TIONG GAMAN ROAD	
Company Contact No:  Driver's Address: Do Sama Meran Ven Hill-On (2) /53/30  Email address (if any): 20 in C Care cost Cem 33 Insurance Company:  Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee (Hire of Others specify:  What do you wish to claim? (Please TICK one only)  Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)  Exact purpose for which the vehicle Was being used at time of accident?  Occupation (nature of job) Indoor/ Outdoor  Private use / Work purpose  No. of Passengers (Including Driver):  Weather condition & Road conditions? (On the day of accident)  Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:  Was there any video captured by your Car Camera? Yes / No  Any Injuries Sustain: Injured Person in Which Vehicle:  Police Report filed: Yes / No (If YES) Injured Person' Name:  Injuries Sustain: Injured Person in Which Vehicle:  Police Report filed: Yes / No (If YES) Which Police Station:  The Other Party(s) Details:  The Other Party(s) Details:  Oriver's Name / IC No: Hassan Sin Rabo Si349 300f Vehicle No: Vehicle No: Driver's Contact No: Insurance Company (If any):  Insurance Company (If any):  Independent Witness (If Any): Contact No: Contact N	Policyholder's Name / IC No. :_ CAR CONE CEALWO	a tre Lino
Company Contact No:  Driver's Address: Do Sama Meran Ven Hill-On (2) /53/30  Email address (if any): 20 in C Care cost Cem 33 Insurance Company:  Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee (Hire of Others specify:  What do you wish to claim? (Please TICK one only)  Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)  Exact purpose for which the vehicle Was being used at time of accident?  Occupation (nature of job) Indoor/ Outdoor  Private use / Work purpose  No. of Passengers (Including Driver):  Weather condition & Road conditions? (On the day of accident)  Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:  Was there any video captured by your Car Camera? Yes / No  Any Injuries Sustain: Injured Person in Which Vehicle:  Police Report filed: Yes / No (If YES) Injured Person' Name:  Injuries Sustain: Injured Person in Which Vehicle:  Police Report filed: Yes / No (If YES) Which Police Station:  The Other Party(s) Details:  The Other Party(s) Details:  Oriver's Name / IC No: Hassan Sin Rabo Si349 300f Vehicle No: Vehicle No: Driver's Contact No: Insurance Company (If any):  Insurance Company (If any):  Independent Witness (If Any): Contact No: Contact N	Driver's Name / IC No. : TUNG 300 55000	TANCON CONTRACTOR
Email address (if any):	Company Con	tant Nov
Relationship between Owner & Driver; (Please CIRCLE one only)  Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:  What do you wish to claim? (Please TICK one only)  Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)  Exact purpose for which the vehicle Was being used at time of accident?  Occupation (nature of lob) Indoor/ Outdoor  Private use / Work purpose  No. of Passengers (Including Driver):  Weather condition & Road conditions? (On the day of accident)  Weather condition & Road conditions? (On the day of accident)  Was there any video captured by your Car Camera? Yes / No  Any Injuries: Yes / No (If YES) Injured Person' Name:  Injuries Sustain: Injured Person in Which Vehicle:  Police Report filed: Yes / No (If YES) Which Police Station:  The Other Party(s) Details:  1 Driver's Name / IC No: 438 3493	THE S Address TO SAME PIENAH VEN #16-	04 (3) 153130
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Driver's Contact No:	Driver's Contact No: 9438 7495, Insurance Com	Dany (If any)
*Independent Witness (If Any):	2. Driver's Name / IC No:	Vehicle Mo.
*Independent Witness (If Any): Contact No:  Preferred Workshop Name: Contact No:	Driver's Contact No:Insurance Comp	pany (If any):
Contact No:		
Contact No:	Preferred Workshop Name:	Contact No:
* If no proper documents are produced TDAC should be at the	# If no proper documents are produced. IDAC should not the the proper to	Contact No:

<sup>\*</sup> If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



ORIGINAL

Co. Reg. No. 201009404M Hotline: (65) 6419-3000

Fax: (65) 6415-3723

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.



Cover Note: 3100027226

The following risk described in the Schedule below is bereby covered subject to the applicable terms and conditions of AIG's policy issued to the Policyholder. The Policy to which this Cover Note relates to is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Schedule (please circle where applicable)

Policyholder/Ins	ured LAR COVE LEASING PLE LTO				
Age Condition	All Age				
	2 30 Years Old and Above				
	3 35 Years Old and Above				
	4 40 Years Old and Above				
	5 Named Driver Basis				
Policy Type	Comprehensive				
	Third Party Fire and Theft				
	Third Party only				

Policy Period	14/02/2018 10/3/02/2019 23:59
Registration Number	SLP38030
Make/Model	HONDA SHUTTLE I SG CVT
CC/Tounage	149600
Engine Number	L1935002201
Chassis Number	GK81101849
Year of Registration	2017
Hire Purchase Company	Heritage Auto Enterprise
Excess	S\$ 2,000 (Section (DBoth) S\$ (Windscreen excess)

Please note that acceptance of the risk is subject to our final acceptance and the terms and conditions applicable to the policy. For important notes and applicable laws and regulations, please refer to the reverse page.

Issued in Singapore

14/02/2018

Date of issuance

KAN

Authorised Representative

Agent Code

Manik Bucha, Personal Insurance

This insurance is underwritten by AIG Asia Pacific Insurance Pte. Ltd.