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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 Authorised 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 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.

| | ACCIDENT STATEMENT | |
|--|--------------------------------------|--|
| Date Of Report | 14/03/2018 11:05 | |
| Date Of Accident | 13/03/2018 14:00 | |
| Exact Location Of Accident | CHIN SWEE ROAD TOWARDS SGH | |
| Country/State of Loss | SINGAPORE | |
| A RESIDENCE OF THE RESI | DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SKV121M | |
| Insured/Policyholder | | |
| Name Of Registered Owner | ALEXANDER PETTERSSON | |
| Passport No/FIN | G5644636U | |
| Email Address | NOEMAIL | |
| Mobile Phone No | (LOCAL) +65-90493752 | |
| Alternative Phone No | OTHERS-91381577 | |
| Vehicle Particulars | | |
| Manufacturer | PORSCHE | |
| Model | CAYENNE-3.6 TIPTRONIC (92A) (A) | |
| Exact Purpose for which vehicle was being used at time of accident | 10. 100.00 (4) | |
| 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 CAR | |
| Insurance Company | | |
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. | |
| Type Of Coverage | COMPREHENSIVE | |
| Fleet Policy | NO | |
| Policy Number | 2100432901-02 | |
| Cover Note Number | | |
| Driver | | |
| Name of Driver | GINA QUEK AIK HWANG | |
| | | |

 Passport No/FIN
 G5808376W

 Date Of Birth
 01/10/1983

 Occupation
 INDOOR

 Date Of Driving Pass
 06/03/2008

Driving Experience 10 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91381577

Fax Number

Contact Number OTHERS-90493752

EMail Address NOEMAIL

Address

62 SWISS VIEW

#02-01

Postcode

288063

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

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)

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

FBK7880Z

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

MUHAMMAD FARHAN BIN MOHD NOH

NRIC/Passport Number

Contact Number

91295209

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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 Authorised Driver.
- 3. 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 Police 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 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 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)
 - (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.
- (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.
- (e) 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.

Policyholder's Signature Date & Time:

Driver's Signation (If driver is not the policyholder)

Date & Time:

Reporting Centro Personnel's Signature
Name:
NRIC/FIN No.:

| THE ACCIDENT |
|--|
| In 13/3/18 (a) 1400 hrs. I was travelling along thin Swee Rd twands SEH. I was on the left lane on a 2 lane road (same direction). |
| I was travelling slowly along the road when suddenly I felt an impact in the rear. |
| I alighted from my car and I noticed a motorcyclist on the road. I went to examine my car and found that the rear bumper was damaged. |
| |
| |
| |
| |

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:

Name: NRIC/FIN No.: Polo WH

NRIC/FIN No.:

GREAT AS CLUSTER CO. VI

SINGAPORE ACCIDENT STATEMENT

| ACCIDENT DATE: 13 3 18 TIME: 1400 | (hh:mm) 24 hrs Format | | | |
|--|-------------------------|--|--|--|
| LOCATION Chis Swee Rd > SGH | | | | |
| | | | | |
| VEHICLE NUMBER SKV 121 M | | | | |
| INSURED NAME Alxander Pottersson | | | | |
| NRIC/FIN G5644 636U CONTACT: | 90493752 | | | |
| MAKE Porsche MODEL Cavenne 3-6 | 10113/20 | | | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | |
| () Yes, If No, Pls Select : () Third Party () Reporting Only | | | | |
| INSURANCE COMPANY AG | | | | |
| TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY (|) TPFT | | | |
| POLICY NUMBER: 2100432901-02 |) 1111 | | | |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| NAME DRIVER: Gina Quet Ait Hwang (|) SAME AS INSURED | | | |
| | | | | |
| NRIC/FIN 65808376W, CONTACT: | 91381577 | | | |
| DATE OF BIRTH: (to &3 | | | | |
| DRIVING PASS DATE: 6 3 08 | | | | |
| OCCUPATION: (/) INDOOR () OUTDOOR | | | | |
| GENDER: () MALE (✓) FEMALE | | | | |
| EMAIL ADDRESS: | (/) NO EMAIL | | | |
| ADDRESS OF DRIVER: 62 Swiss VIEW #02-01 LA Sui | sse | | | |
| (288063) | | | | |
| Number Of Passenger Include Driver: driver Only | | | | |
| Was driver an employee of the Insured's Company? () YES () NO | | | | |
| Was driver an employee of the Insured's Company? () YES (✓) NO If No, Relationship Of The Driver With The Insured | | | | |
| | 1011 | | | |
| () Owner () Spouse () Friend () Relative () Children (Does The Driver Own Any Other Vehicle? : () YES () NO |) Sibling () Others | | | |
| If Yes, Vehicle Registration Number Of Driver's Own Vehicle: | | | | |
| Insurance Company Of Driver's Own Vehicle | | | | |
| | board Constitution | | | |
| 2 12 2 |) Others | | | |
| The state of the s | ZVNO | | | |
| | | | | |
| Was Anybody Injured In The Accident? () YES () NO If YES, Injured details: | | | | |
| ir 125, injured details : | | | | |
| Convey By Ambulance: () YES (/) NO | | | | |
| | | | | |
| W m / / / | | | | |
| Was There Accident Reported To The Police? () YES () NO If Y | es Attach Police Report | | | |
| Police Report Number (if any) Details Of 3rd Party Name / NRIC | | | | |
| | Contact | | | |
| Veh B FBK 7880 Z Muhammad Farhan | 91295209 | | | |
| Veh C Bin Mohd Noh | 3 | | | |
| Veh D | | | | |
| Veh E | | | | |
| Veh F | | | | |
| Veh G | | | | |



EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer RAFFLES SHIPPING PROJECTS PTE, LTD.



Name: ALEXANDER PETTERSSON Occupation SHIP BROKER

G5644636U

Date of Application 24-06-2015

Date of Issue 13-08-2015 Date of Expiry

29-08-2018



L59306'

VISIT PASS Immigration Regulations

Name ALEXANDER PETTERSSON



Date of Birth Sex

Nationality .

02-10-1974 M

Date of Issue

G5644636U 13-08-2015 29-08-2018

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLE OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU



REPUBLIC OF SINGAPORE FIN G5808376W





GINA QUEK AIK HWANG

Date of Birth 01-10-1983 Nationality MALAYSIAN

Sex F



FA1502086

DEPENDANT'S PASS

Immigration Regulations



FIN G5808376W

13-08-2015

Date of Explry 29-08-2018



YOU ARE TO BURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED



PEFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 06 Mar 2008 of the driver; and other motor vehicles =< 2500kg

Licence 10+ 35808376W

REPUBLIC OF SINGAPORE DRIVING LICENCE

SINA QUEK AIK HWANG

ener parte: 01 Oct 1983 Tesas Cate: 30 Sep 2013

Valid Till 29 Sep 2018

002229966D IIII IIII III III



CERTIFICATE OF INSURANCE

ELITE AUTOPLAN PRIVATE VEHICLE

Name of Policyholder

: Alexander Pettersson

Period of Insurance

: 13 Dec 2017 To 12 Dec 2018

Engine No. Chassis No. : 63905541

: WP1ZZZ9PZ9LA04581

Vehicle No.

: SKV121M

Policy No.

: 2100432901-02

Endorsement No.

Issued Date

: 01 Dec 2017

ABOUT THE COVER

Make/Model

: PORSCHE CAYENNE 3.6 [SUV]

Engine Capacity/Tonnage: 3,598.00 CC

Sum Insured : Market Value

First Year of Registration : 2008

Insuring with COE/PARF : Yes

Driver Restriction

: NA

Off Peak Car : No

Person or Classes of Persons Entitled to Drive*:

a) The Pot cyholder

by Any other person who is driving on the Policyholder's order or with higher permission.
This Policy will indemnify the Policyholder or any authorised driver only if theiste meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young entitor inexperienced briver Excess" ("YER") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving expedience.

Age Condition

: All Age Condition

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for him or reward, driving talkion, driving test, racing, pace-making, reliability that or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Pany Risks and Compensation) Act (Cap. 189) and Section 95 of the Read Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Fire - \$0. Outside Singapore Cover - \$5000. Own Damage - \$5000. Theft - \$0. Theft Outside Singapore Cover - \$0. Flood Cover - \$5000.

Section 2

Property Damage - \$0

Windscreen: \$500

Named Driver and Excess (where applicable)

Alexander Pettersson - \$5000 (Quiside Singapore Cover) \$5000 (Own Damage), \$5000 (Flood Cover), Sina Quek Alk Hwang - \$5000 (Outside Singapore Cover) \$5000 (Own Damage), \$5000 (Flood Cover)

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 hultine at +65 6338 6200. Alternatively, you may refer to AIG website www.alg.com.ag or AIG 5G Mobile App, Samply search and download "AIG 8G" from Tunies or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

LWe 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 (Mulaysia) and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia).

0504611000

K-2 VENTURES INSURANCE AGENCY 144 UPPER BUKIT TIMAH ROAD #07-02 SINGAPORE 588177 Underwritten by AtG Asia Pacific Insurance Pte. Ltd. anile

AIG Asia Pacific Insurance Pte, Ltd. AUTHORISED REPRESENTATIVE

ESANDA

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Foreign Passport

Country/Region:

Norway

Owner ID:

78176

Vehicle Details

Vehicle No.:

SKV121M

Vehicle to be Exported:

Yes:

Intended De-registration

14 Mar 2018

Date:

Vehicle Make:

PORSCHE

Vehicle Model:

CAYENNE TIPTRONIC

Primary Colour:

Black

Manufacturing Year:

2008

Engine No.:

63905541

Chassis No.:

WP1ZZZ9PZ9LA04581

Maximum Power Output:

213.0 kW (285 bhp)

Open Market Value:

\$78,712.00

Original Registration Date:

13 Dec 2008

First Registration Date:

13 Dec 2008

Transfer Count:

2

Actual ARF Paid:

\$78,712.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry

12 Dec 2018

PARF Rebate Amount:

\$39,356.00

Intended COE Rebate Details

COE Expiry Date:

12 Dec 2018

COE Category:

E - Open Category

COE Period(Years):

10

QP Pald:

\$10,490.00

COE Rebate Amount:

\$617.00

Total Rebate Amount:

\$39,973.00

The information contained herein is correct as at 14 Mar 2018