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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 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.

THE WORLD	
And the second second	ACCIDENT STATEMENT
Date Of Report	14/03/2018 16:43
Date Of Accident	13/03/2018 21:05
Exact Location Of Accident	JUNCTION OF YISHUN AVENUE 9/YISHUN STREET 21
Country/State of Loss	SINGAPORE
THE RESERVE OF THE PARTY OF THE	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM9805A
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	£
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-97636615
Alternative Phone No	OFFICE-97636615
Vehicle Particulars	
Manufacturer	тоуота
Model	WISH
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	COMMERCIAL VEHICLE
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	999994802
Cover Note Number	
Driver	
Name of Driver	MOHAMAD SHAHRIZAL BIN AHMAD
NRIC No	S8025805D
Date Of Birth	07/09/1980
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2000
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97636615
Fax Number	
Contact Number	OTHERS-97636615
Charles a contract of the cont	Command of the State Command C

EDWIN@CARCOVE.COM.SG

Address

BLK 783 YISHUN RING ROAD

#04-3516

Postcode

760783

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

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?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

4

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 3

NAME:

: UNKNOWN

GENDER:

: MALE

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

SJL345Z

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

PETER NGEOW YOON NING

NRIC/Passport Number

S1183676C

Contact Number

97693803

Page 2 of 16

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MOHAMAD SHAHRIZAL BIN AHMAD

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLM9805A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 5. 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.
- 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) 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.
- (e) the information so collected under (d) above may be shared / disclosed:
 - 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.

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Policyholder's Signature Date & Time:

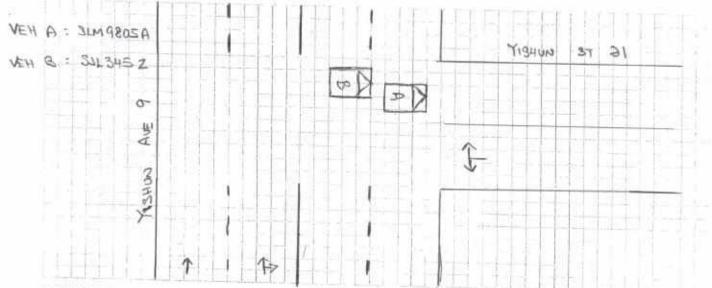
Driver's Signature (If driver is not the policyholder)

Date & Time: 14 wAC 20

@ 12204FA

Reporting Ceptre/Pergonnel's Signature

Name: Kof LI WAT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	ON TO	1E 13th	MARCH (3/04	HA3,	I WAS	TURNIN	4 RIGHT	TO THE
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DECLARATION

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

gnature

Driver's Signature (If driver is not the policyholder) Date & Time: 14 MAR 2018

Q 1270HES

Reporting Centre Personner's Signature
Name:
NAM NRIC/FIN No.:

Email <u>sm@idac.com.sg</u> Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

of Owner & Driver (Vehicle A)	
Date of Accident: 13 / 03 /2018 (dd/mm/yy) Time of Accident: 21 09 / 24 /19 000	
Vehicle No.: Stm 980SA Vehicle Make & Model: TOYOTA WISH	
Exact location of Accident: YISHW AVE 9 + YISHW 37 31 /	
Policyholder's Name / IC No. 1 CAR COVE CEASING PIE MO.	-
Driver's Name / IC No.: MOHAMAD SHOURIZAL BIN ANNAD /	
Driver's Contact No.: 9763 6615 / Company Contact No:	
Driver's Address: 614 483 TISHUN AING ROAD # 04-3516 (5) 760783	_
Email address (if any): Out of Corrove and 39 / Insurance Company:	
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Flirst 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)	
Was helps	
Private ves (V TV) Outdoor	
of Lassengers (Including Driver):	MALE
(On the day of accident)	-
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:	
Yes / No	
Any Injuries: Yes / No (If YES) Injured Person' Name: MOHAMAD SHALIFIZAL BIN AHM	AΔ
Injured Person in Which Vehicle: SLM 9805A	
Police Report filed: Yes / No (If YES) Which Police Station:	
The Other Party(s) Details:	
Driver's Name / IC No: PETER NOTON YOUN NING SURSHALE	,
Driver's Contact No: 9469 3863 Insurance Company (If any):	2/
Driver's Name / IC No:	
Driver's Name / IC No:	
Driver's Contact No:Insurance Company (If any):	
Independent Witness (If Any):	
Preferred Workshop Name Contact No:	
If the proper documents the seal of the	

^{*} If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8025805D



MOHAMAD SHAHRIZAL BIN AHMAD

JAVANESE Date of birth 07-09-1980 M Country of hirth

BINGAPORE







Onte of leases 28-11-2009

APT BLK 783 YISHUN RING ROAD #04-3518 SINGAPORE 760783

NRIC No: \$8025805D

Date: 27/07/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

4491517

Class 2B Motorcycles << 200 cc 16 Aug 1999
Class 2A Motorcycles between 201 cc and 400 cc 24 Jul 2001
Class 3 Meter Cars=< 3000kg with =<7 passengers, exclusive of the driver; and office motor vehicles << 2800kg

NP 428A





CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

CERTIFICATE NO.

POLICY NO.

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 [MALAYSIA]

M 7 400

(The below excess is subject to GST) TPFT COMMERCIAL MOTOR

POLICY EXCESS

S\$2000.00 Section (II)

WINDSCREEN EXCESS

SUM INSURED

Market Value

SLM9805A

INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Car Cove Leasing Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE

SLM9805A

999994802

FOR THE PURPOSES OF THE ACT

14 February 2018 13 February 2019

4) DATE OF EXPIRY OF INSURANCE

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the insured's order or with their permission.

If You or Your Authorised Driver is below the age of 23 years old and/or above 65 years old and/or has less than 1 year driving experience. the additional excess Section 2 is 5\$3,000, outside Singapore is \$\$5,000 and Fire & Theft excess Section I is \$\$1,500.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified. by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

- 1) Use for social, domestic, pressure purposes and business purposes of insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for fire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for fulfion, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

Heritage Auto Enterprise Pte Ltd

imitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1887 (Maleysia), are not to be included under these headings

I./ We hereby Certify that the policy to which this Certificate relates is insued in accordance with the provisions of the Motor Vehicles. (Third-Party Risks and Compansation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 14 Mar 2018

AIG Asia Pacific Insurance Pte. Ltd.

691991-000 Moh Kok Heng 3 Tampines Grande, AIA Tampines #02-38 SINGAPORE 528799

AUTHORISED REPRESENTATIVE

ORIGINAL

S5POEC