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 <u>truthful and accurate</u> 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

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	10/07/2018 11:15
Date Of Accident	10/07/2018 07:50
Exact Location Of Accident	ALONG PIE TOWARDS JURONG BEFORE EUNOS EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GU3789U
Insured/Policyholder	
Name Of Registered Owner	BRANDT ASIE PTE LTD
Co Reg No	199002698E
Email Address	MOHAMED.HIRWAN-BRANDTASIA@GROUPEBRANDT.COM
Mobile Phone No	
Alternative Phone No	OFFICE-65084615
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	ECICS LIMITED
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MCV17A00083400
Cover Note Number	
Driver	
Name of Driver	MOHAMAD HIRWAN RIN SLIPANDIE

Name of Driver MOHAMAD HIRWAN BIN SUPANDIE

NRIC No S7417828F
Date Of Birth 20/06/1974
Occupation OUTDOOR
Date Of Driving Pass 02/07/1996

Driving Experience 22 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98286410

Fax Number
Contact Number

EMail Address HIRWAN.MOHAMED@GROUPEBRANDT.COM

Address BLK 272 TAMPINES STREET 22

#08-40

Postcode 520272

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

ambulance?

NO

NO

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Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : DAHLIA BTE DAUD

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

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 SJL2525H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver NG LING LING
NRIC/Passport Number S7000081D
Contact Number 91829858

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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:
 - (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.

linary

Policyholaer Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Fersonnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN Vehicle No 5 A-e 137894 SJU 229 17 E-SGY 3381R. Legend Vehicle Bike DESCRIBE CIRCUMSTANCES OF THE ACCIDENT PIE towards Junn travellin alon the EXH Ennos ex-treme via 2nd prate tront Mich Stopped ortin react Vehicle then als 15 and realise vellide and WH 1 alylted callision . WES chain 000 DECLARATION I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 days clause whereby the claim against own policy must be stipulated times and the date of occurrence will be the your policy for more details. made within the literal Reporting Centre Personnel's Signature Policyholder Signature Driver's Signal (If driver is not the policyholder) Date & Time: Name:

Date & Time:

GIARMC SketchPlanForm_V3

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NRIC/FIN No.:



CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Chassis No: LH1621001022 Engine No: 5L5071186 MZ300E THIRD PARTY ORIGINAL

CERTIFICATE NO: MCV17A00083400

Agency Name: Assure (Singapore) Pte Ltd

Agency Code: A0000110

Assure (Singapore) Pie Liu

1. Index Mark and Registration Number of Vehicle: GU3789U

2. Name of Policyholder: BRANDT ASIE PTE LTD

3. Period of Insurance (both dates inclusive): 25 September 2017 to 24 September 2018

4. Persons or Classes of Persons entitled to drive

a) Any other person who is driving on the Policyholder's order or with his permission.

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.

J. Limitations as to use

- a) Use in connection with the Policyholder's Business.
- b) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- c) Use for social, domestic and pleasure purposes.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial or speed-testing, use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

Signed for and on behalf of ECICS Limited

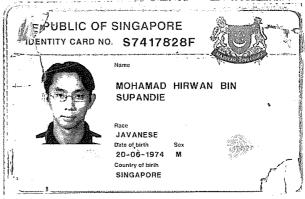
Chief Executive Officer

ortant Notice:

- ji) Policyholders are hereby warned that it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid insurance under the Act.
- ii) On the sale of a motor vehicle, Policyholders must surrender all insurance papers issued including the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).
- iii) The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
- iv) The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.

DRIVER IC/DL Pg. 1





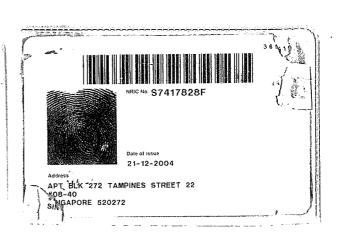
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 26 Aug 1992
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

Licence No: S7417828F

NP 428A





Accident Photo





Accident Photo





Accident Photo



