

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 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. 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	09/11/2018 13:29
Date Of Accident	09/11/2018 07:35
Exact Location Of Accident	BAYFRONT CP B1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV2086T
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Insured/Policyholder

Name Of Registered Owner	TRI ENERGY GLOBAL PTE LTD
Co Reg No	201523268Z
Email Address	JSJUNG@TRIENERGYGLOBAL.COM
Mobile Phone No	
Alternative Phone No	Office-87992427

Vehicle Particulars

Manufacturer	LEXUS
Model	ES300H-2.5 EXECUTIVE (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100427651
Cover Note Number	

Driver

Name of Driver	JUNG JIN SANG
Work Permit No	G5716129P
Date Of Birth	25/05/1965
Occupation	INDOOR
Date Of Driving Pass	24/07/2015
Driving Experience	3 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-87992427
Fax Number	
Contact Number	
EEmail Address	JSJUNG@TRIENERGYGLOBAL.COM
Address	8 MINBU ROAD #32-02
Postcode	308162
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	1

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 AS ATTACHED

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	SKF1665M
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOANNA
NRIC/Passport Number	
Contact Number	92965549

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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.
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.

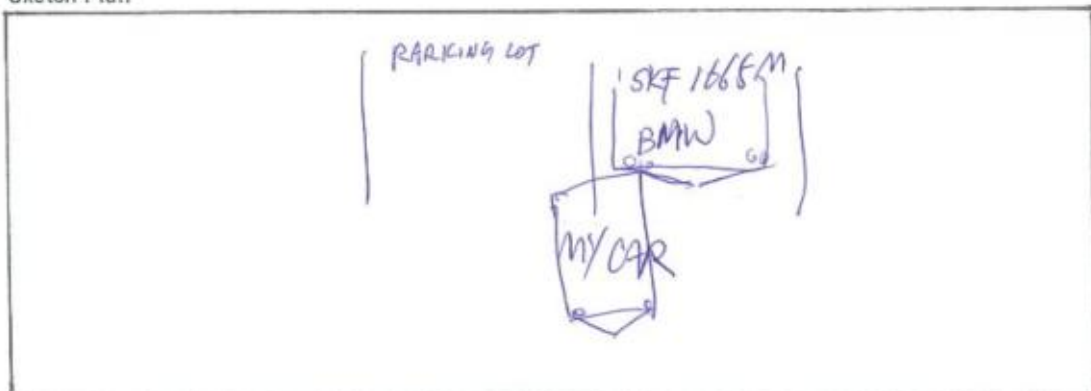


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : JUNG JIN SANG
VEHICLE NUMBER : SKV 2086 T
DATE/TIME OF ACCIDENT : 09 NOV 2018
PLACE OF ACCIDENT : ONE DAY FRONT CAR PARK B1
THIRD PARTY VEHICLE (IF ANY) : _____

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED
DESTINATION BEFORE THE ACCIDENT?

FROM HOME TO OFFICE

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF
THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-
ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES
TO ALL VEHICLES INVOLVED?

Rear to Head

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL?
WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO INJURY

[Signature]
Name: JUNG Jin Sang

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd.
AIG Building 78 Shenton Way #07-16 Singapore 079120
Tel: 6419 3000



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Tri Energy Global Pte Ltd
Period of Insurance : 03 Sep 2018 To 02 Sep 2019
Engine No. : 2AR1299573
Chassis No. : JTHBW1GG602098048

Vehicle No. : SKV2086T
Policy No. : 2100427651-03
Endorsement No. :
Issued Date : 14 Aug 2018

ABOUT THE COVER

Make/Model : LEXUS ES HYBRID
Engine Capacity/Tonnage : 2,494.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2015
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

Any person who is driving on the Policyholder's order or with their permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

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

Age Condition : All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial 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.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG 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 hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download 'AIG SG' from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

We 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 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1956 (Malaysia).

0050211000

AIG ASIA PACIFIC INSURANCE PL
78 SHENTON WAY #07-16 AIG BUILDING
SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

990K3A





WP

VISIT PASS
Immigration Regulations

Name
JUNG JIN SANG



Date of Birth	Sex	Nationality
25-05-1965	M	KOREAN, SOUTH
FIN	Date of Issue	Date of Expiry
G5716129P	08-06-2017	09-07-2019

MULTIPLE JOURNEY VISA ISSUED

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



LETTER

CERTIFICATE OF PRODUCTION OF STATEMENT BY COMPUTER

This is to certify that the computer printed statement dated 03/10/2016 in respect of

Name of Company : **TRI ENERGY GLOBAL PTE. LTD.**

Registration No. : **201523268Z**

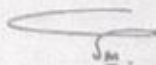
annexed hereto marked 'A'

(a) was produced by the Authority's computer system ("the computer") during a period over which the computer was used regularly for the purpose of the activities regularly carried on over the period of this authority.

(b) contains information of the kind that was regularly supplied to the computer in the ordinary course of the activities carried on by this authority over the period.

(c) was produced during the material part of that period when the computer was operating properly and.

(d) contains information which is reproduced or derived from information supplied to the computer in the ordinary course of the activities carried out by the authority.



TAN YONG TAT

ASST REGISTRAR OF COMPANIES AND BUSINESS NAMES
ACCOUNTING AND CORPORATE REGULATORY AUTHORITY (ACRA)
SINGAPORE

RECEIPT NO. : ACRA161003199441



Authentication No. : 1160546794

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

