

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 | 15/11/2018 16:03 |
| Date Of Accident | 15/11/2018 08:15 |
| Exact Location Of Accident | PIONEER ROAD DIRECTION TG KLING ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SLJ1242S |
| Insured/Policyholder | |
| Name Of Registered Owner | PREMIUM LEASING PTE LTD |
| Co Reg No | 201009676M |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98189563 |
| Alternative Phone No | OFFICE-98189563 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | AUDI |
| Model | A6-3.0 (A) |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE |
| 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 | YES |
| Policy Number | 999994451/100786891-00000 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHONG CHIN SEE |
| NRIC No | S2511923A |
| Date Of Birth | 04/06/1955 |
| Occupation | INDOOR |
| Date Of Driving Pass | 23/08/1980 |
| Driving Experience | 38 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-86617806 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|---------------------------|
| Address | 30 STURDEE ROAD #29-05 |
| Postcode | 207852 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| 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

I was driving along Pioneer Road direction to Tanjong Kling Road . My car SLJ 1242 S was in lane 1 . As we approach to traffic junction , cars in front of me stopped . Likewise i stopped . Suddenly Toyota van GBB 6722 B knocked my rear of car .

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 | GBB6722B |
| Vehicle Make/Model/Colour | TOYOTA |
| Details Of Properties | |
| Vehicle Category | GOODS VEHICLE |
| Name of Driver | TANG KUM FATT |
| NRIC/Passport Number | S1344995C |
| Contact Number | 91394533 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan

SKETCH PLAN

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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) 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.
- (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:

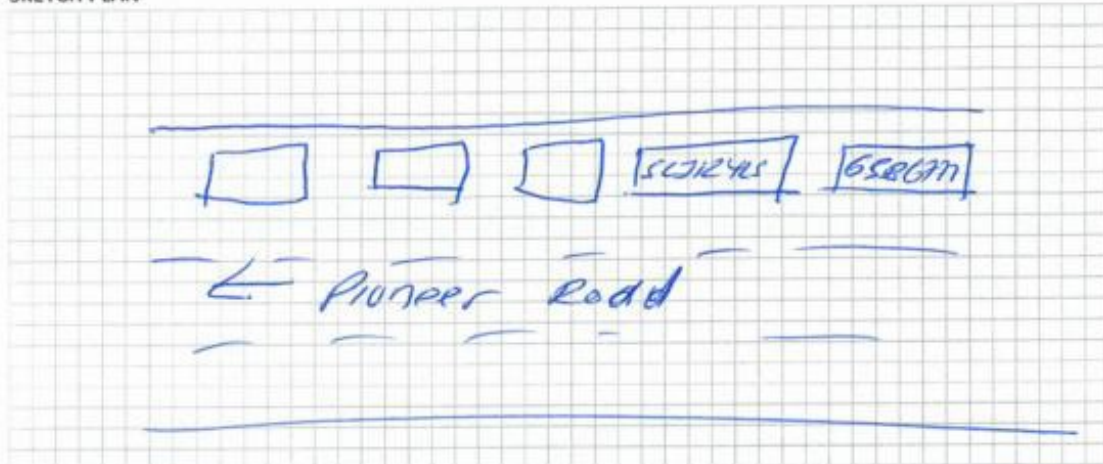
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Lum Kee Siew
NRIC/FIN No.: G082560M



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- I was driving along Pioneer Road direction to Tanjung Kling Road. My car 5CJ12425 was in lane 1.
- As we approach to traffic junction, cars in front of me stopped. Likewise I stopped.
- Suddenly Toyota van 65867228 knocked my rear of car.

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:

Reporting Centre Personnel's Signature
Name: *Wm Hae Jang*
NRIC/FIN No.: *88552589M*



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

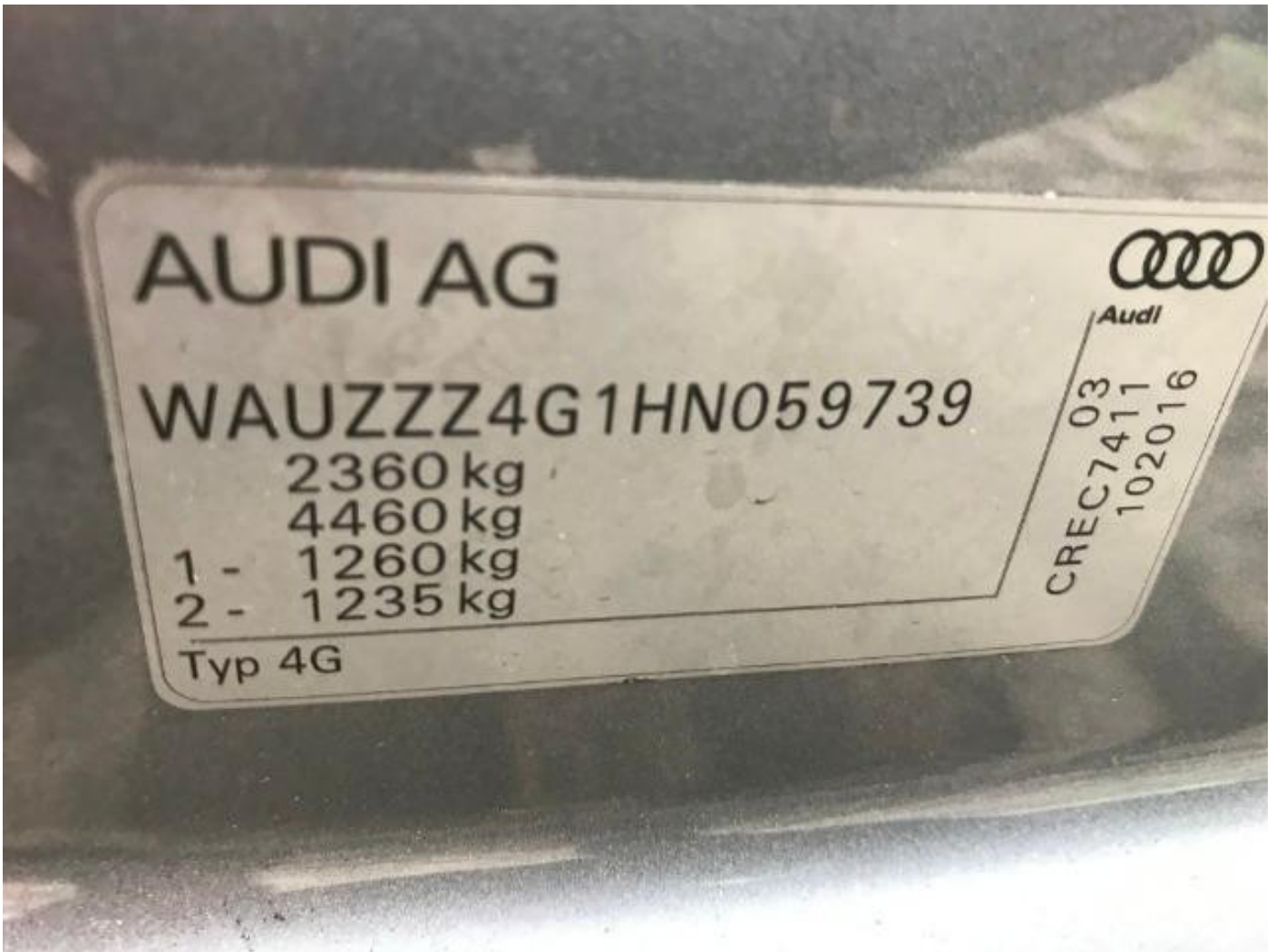


Accident Photo



Accident Photo





Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2511923A



Name

CHONG CHIN FEE

蔡正輝

Race

CHINESE

Date of birth

04-08-1950

Sex

M

Country of origin

MALAYSIA

S2511923A

REPUBLIC OF SINGAPORE DRIVING LICENCE



License number: S2511923A

Name

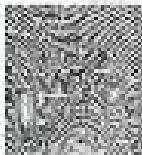
CHONG CHIN FEE

Birth Date: 04 Jun 1950

Issue Date: 04 Jun 2000



S2511923A



License No. S2511923A

Date of issue

14-08-2000

30 STURGEON ROAD #01-05
SINGAPORE 007832

NTIC No: S2511923A Date: 15.08.2017 (P)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

| VEHICLE CLASS | | |
|---------------|--|-------------|
| Class 1B | Motorcycle & not exceeding 250 cc | 21 Aug 1997 |
| Class 2A | Motorcycle & not exceeding 250 cc and 400 cc | 21 Aug 1997 |
| Class 3 | Motor Car and Motor Vehicle (more than 250 cc and not exceeding 3500 cc) | 21 Aug 1997 |



License No: S2511923A

Identification Card



REGISTRATION NO. 101049088
CAN 101049088

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1967 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1969 (MALAYSIA)

6/2/18

| | | | |
|---|--------------------------|-------------|-----|
| COMPREHENSIVE COMMERCIAL MOTOR | OWN DAMAGE EXCESS | S\$2,400.00 | (1) |
| CERTIFICATE NO. 999994451/100785891-00000 | WINDSCREEN EXCESS | S\$100.00 | |
| | SUM INSURED | S\$1.00 | |
| | INSURING WITH COE/PAF | YES | |
| 1 VEHICLE REGISTRATION NO. | SLH2425 | | |
| 2 NAME OF INSURED | Phonkarn Coating Pte Ltd | | |
| 3 EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT | 21 Jul 2018 | | |
| 4 DATE OF EXPIRY OF INSURANCE | 20 Jul 2019 | | |
| 5 PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE * | | | |
| Any person who is driving on the Insured's order or with their 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 prohibiting the Motor Vehicle | | | |
| 6 LIMITATION AS TO USE * | | | |
| Use for the carriage of passengers or goods in connection with the Insured's business. Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired. The Policy does not cover: 1) Use for racing, pace-making, stunts, trial or speed-testing; 2) Use whilst driving a vehicle except the towing (other than for towage) of any and disqualify motor vehicle propelled vehicle; 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired. | | | |
| LOSS OF USE | NOT INCLUDED | | |
| * NAMED DRIVER | N/A | | |
| HIRE PURCHASE COMPANY | UNITED OVERSEAS BANK LTD | | |
| * Limitations provided inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 169) and Section 24 of the Road Transport Act, 1967 (Malaysia), and not to be included under 'Insured Holdings'. | | | |

I / We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 169) and Part IV of the Road Transport Act, 1967 (Malaysia).

Issued At Singapore: 14 Sep 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD.

101049088
PHONKARN AUTOMOBILES PTE LTD
15 Ulu Road 1
AND CUSTOMER SERVICE CENTRE
SINGAPORE 449016

[Signature]

Authorized Representative

ORIGINAL

6/2/18

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MPA 118148177 Vehicle Registration No: SIT 1242S
Name(as shown in NRIC) : Premium Leasing Pte Ltd NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 9 Leng Kee Road Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 15/11/2018 Time of Accident : 0815H
Place of Accident : Pioneer Road
Insurance Company: ALG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To change name to Premium Leasing. The correct info earlier.

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Tan Feng
NRIC/FIN No.: G53369098
Date:

