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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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.
- 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 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,

- 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.

CHARLES AND STREET	ACCIDENT STATEMENT
Date Of Report	29/11/2018 19:02
Date Of Accident	26/11/2018 19:20
Exact Location Of Accident	BLK 271B JURONG WEST STREET 24 OUTSIDE MSCP
Country/State of Loss	SINGAPORE
D D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH4984L
Insured/Policyholder	
Name Of Registered Owner	ASSET LIMO
Co Reg No	53309913K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88126445
Alternative Phone No	OFFICE-88126445
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994656

Cover Note Number

Driver

SARIP BIN MASWAN Name of Driver

S0019181G NRIC No 13/02/1952 Date Of Birth Occupation INDOOR 15/02/1982 Date Of Driving Pass

36 YEARS AND 9 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-88126445 Mobile Number

Fax Number

Contact Number OTHERS-88126445

NOEMAIL EMail Address

Address

BLK 302 YISHUN CENTRAL

#02-117

Postcode

760302

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 ON 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?

2 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)

Passenger 1

NAME:

: PASSENGER

GENDER:

: FEMALE

Passenger 2

NAME:

: PASSENGER

GENDER:

: FEMALE

Passenger 3

NAME:

: PASSENGER

GENDER:

: FEMALE

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

FV8522X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 16

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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:

- 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
- 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:

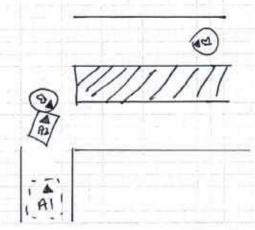
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centr

Name:



A) SKH4984L B) FV 8522X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I Vehicle A turned right	and
lehide is exit the corport. Both of us collided.	
I paid the vider \$200 after he agree to private settler	nent.
I was too panick during then as its my first accident	t.

DECLARATION

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

Policyholder's Spatore

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

NRIC/FIN No.:

Email: sm@idac.com.sg Tei no: 6555 6888 Fax no: 6454 3279

Person	al Particula	ars of Owner & I	Jriver (ver	ncie A)
Date of Accident: 26/11/2018	(dd/mm/yy)	Time of Accident:	19 20	(24-HR-
SKH 4084 I		Hyundai	Avante	

	Time of Accident:(24-HR-FORMAT)
Vehicle No. : SKH 4984 L Vehicle Make	& Model: Hyundai Avante
Exact location of Accident: BLK 271B jurong v	vest st 24 outside Multi-Storey Carpark
Policyholder's Name / IC No. : Asset Limo	53309913K
Driver's Name / IC No. : Sarip Bin Maswa	n S0019181G (As Above)
Driver's Address: 18 Sin Ming Lane #06-31	_ Company Contact No: Midview City S(573960)
THE PROPERTY OF THE PROPERTY O	Email address (if any):
Relationship between Owner & Driver: Hirer	or Others specify:
What do you wish to claim? (Please TICK one	only)
Own Insurance / Other Vehicle (The one yo	n want to claim against) /
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	No. of Passengers (Including Driver):
Passenger Name : Grab Passenger X 3 Passenger Name :	Gender: Female Gender:
Weather condition & Road conditions? (On the da	v of accident)
Clear & Dry / Raining & Wet / After	r-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Camer	a? Yes / V No
Any Injuries: Yes / V No (If YES) Injure	d Person' Name:
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / Vo (If YES	S) Which Police Station:
The C	Other Party(s) Details:
1. Driver's Name / IC No:	Vehicle No: FV 8522 X
Driver's Contact No:	Insurance Company (If any):
2. Driver's Name / IC No:	Vehicle No:
Driver's Contact No:	Insurance Company (If any):
*Independent Witness (If Any):	Contact No:
Preferred Workshop Name:	Contact No:

^{*}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. S0019181G





Name

SARIP BIN MASWAN

Race BOYANESE Date of birth 13-02-1952 Country of birth SINGAPORE

rx .

000191810

Class 2
Metorcycles > 400 cc
Class 3
Motor Cars=< 3000kg with <7 passangers, exclusive 15 Feb 1949
of the driver; and other motor vehicles < 2500kg

Licence No: 500 1918 1G



CERTIFICATE OF INSURANCE

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

MOTOR VEHICLES (THRID-PARTY RENS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, SHET (MALAYEM)

MOTOR VEHICLES (THIRD PARTY REMS) FIX.ES, 1969 (MALAYSIA)

M-2,400

HOTLINE TEL: (88) 6419-3000 FAX (65) 6415-3723

THIRD PARTY

COMMERCIAL MOTOR

POLICY EXCESS

(The below excess is subject to GST) S\$1500,00 (Sect II)

CERTIFICATE NO.

SKH4984L

WINDSCREEN EXCESS

NA

POLICY NO.

999994656

1) VEHICLE REGISTRATION NO.

SUM INSURED INSURING WITH COE/PARF NA

SKH4984L

ASSET LIMO

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

25 May 2018

4) DATE OF EXPIRY OF INSURANCE

09 March 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE

Any person who is orieing on the browned's copie of with their permission.

SSL 500 DO Section II Extent is applicable for driver who is above 22 years old and/or with minimum 2 years driving experience.

The policy does not cover drivers who are below 27 years old with less than 2 year oriving experience.

rated usage is for impositive/ remail purposes

Provided that the person display is permitted to accompanie with the scending or other laws or requisitors to done the Moon Variode or has been so permit by order of a Court of Law or by section of any encounter or regulation in that behalf from serving the Moon Variode. and and is not disquished

6) LIMITATION AS TO USE

- de plottere propries and business purpos
- the By social derivate, placemen purposes and be
- 2). Use for the countege of passerows his hire or reward by any person to whom the vectors in head,

The Place does not cover: 1) this for fullion, of hing test, racing, pacific loveing (other than for special) of any one disabled mechanically r re-making, relativity lated or opered-assuing, 2) Use whilst discusing a tracking conception with the Motor Track.

LOSS OF USE

Not included

HIRE PURCHASE COMPANY

lors rendored inoperative by Section 8 of the Motor Venidos (That-Party Risks and Companison) Act (Chapter 189) and Section 95 of the Road Transport Act, 1967 (III), are not to be included under these headings.

I / We heavy Certify that the policy to which this Continues relative to issued in accordance with the provisions of the Money Vete (Third-Party Risks and Company men) Act (Chapter 189) and Part IV of the Road Transport Act, 1967 (Naphysia).

Bassed in Singapore 25 May 2018

503052-000 HUND 55 Lorong L Telok Kuruu 802-59 Bright Centre Singapore 425500

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPORC

ORIGINAL