MOR118164157 / ETHOZ Protect Pte Ltd - Bukit Batok ENTRY DATE & TIME: 21/12/2018 14:27 SUBMITTED BY: Hasbullah Bin Maspot

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 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.
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| | ACCIDENT STATEMENT | |
|---|--------------------------------------|--|
| ate Of Report | 21/12/2018 14:27 | |
| ate Of Accident | 20/12/2018 17:55 | |
| xact Location Of Accident | CLEMENTI AVE 2 & COMMONWEALTH AVE | |
| ountry/State of Loss | SINGAPORE | |
| DETAILS OF OWN VEHICLE | | |
| ehicle Registration Number | SKH250Y | |
| nsured/Policyholder | | |
| lame Of Registered Owner | SG CAR LEASING PTE LTD | |
| o Reg No | 201215889G | |
| mail Address | NOEMAIL | |
| obile Phone No | (LOCAL) +65-91808916 | |
| lternative Phone No | Office-91808916 | |
| ehicle Particulars | | |
| lanufacturer | HONDA | |
| lodel | CIVIC 1.8L A | |
| xact Purpose for which vehicle was being used a me of accident | ut | |
| re you claiming under your own insurance policy or repair to your vehicle? | NO NO | |
| No, Please state action to be taken | REPORTING ONLY | |
| ehicle Category | COMMERCIAL VEHICLE | |
| nsurance Company | | |
| ame of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. | |
| ype Of Coverage | THIRD PARTY | |
| leet Policy | NO | |
| olicy Number | 1800021614 | |
| over Note Number | | |
| Priver | | |
| ame of Driver | D'SOUZA PRASHANTH PAUL | |
| RIC No | S7584236H | |
| ate Of Birth | 27/05/1975 | |

INDOOR

14/02/2011

7 YEARS AND 10 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-92970335

Fax Number

Contact Number

EMail Address NOEMAIL

Address 7 MARYMOUNT TERRACE #15-05 SINGAPORE 573963

2

NO

NO

YES

NO

1

NO

NO

NO

Postcode

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 - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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?

Circumstances of Accident

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

SBS3364G Vehicle Registration Number Vehicle Make/Model/Colour **VOLVO**

Details Of Properties

BUS Vehicle Category

Name of Driver AW BENG AU

NRIC/Passport Number

Contact Number 86226601 Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

CUSTOMER'S COPY



CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY ONLY COMMERCIAL VEHICLE

Name of Policyholder : SG Car Leasing Pie Ltd Period of Insurance

: 11 Mar 2018 To 10 Mar 2019

Engine No.

: R18A11023381

Chassis No.

; JHMFD16306S208653.

Vehicle No.

: SKH250Y

Policy No. Endorsement No. : 1800021814

Issued Date

01 Mar 2018

ABOUT THE COVER

Make/Model

: HONDA CIVIC 1.8 L A

Engine Capacity/Tonnage : 1799 Tonnage Driver Restriction : NA

Sum Insured : NA Off Peak Car : No

First Year of Registration : 2008.

Insuring with COE/PARF : NA

Person or Classes of Persons Entitled to Drive*:

Any person who is deving an the Poloyholder's order or with their permission. This Poloy will addennilly the Poloyholder or any authorised driver only if heldre in

Age Condition

: All Age Condition

Limitation as to use* :

Use for the certiage of passengers or go This Polity tides not cover 1) use for driving tuition, shiding test, rad 2) use whilst drawing a trafer except the se in correction with the Policyholder's husiness. Use for sciool, domestic, pleasure purposes and business purposes of eny person to whom the Vehicle is hired

* Liverlations randered inoperative by Section 8 of site Motor Vehicles (Third-Party Risks and Compensation) Act (Cop. 189) and Section 65 of the Road Transport Act, 1987 (Melaysia), are not to be industed under those headings.

Named Driver and Excess (where applicable)

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

IMPORTANT NOTES

Excess Section II Guiside Singapore For novers age below 22 years old. Section II Excess

Hire Purchase Company/Employer's Loan: NA

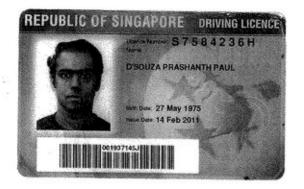
of the provisions of the Mojor Vehicles (Third Perly Fishs and Componenties) Act (Cop. 189), Perl IV of

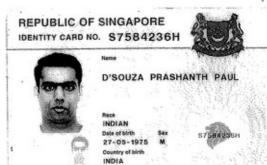
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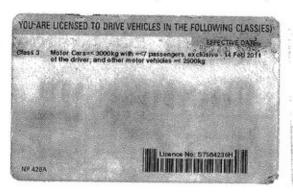
MOH KOK HENG - SG CAR LEASING AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120-SP-MOH Underwritten by AIG Asia Pacific Incurance Pte. Ltd.

AIG Asia Pacific Insurance Pte, Ltd. AUTHORISED REPRESENTATIVE

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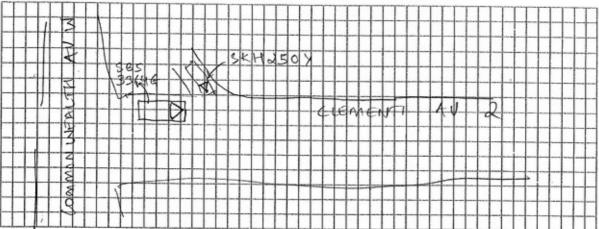


AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

| NAME (DRIVER) | |
|--|--|
| VEHICLE NUMBER | : SKH 250.4 |
| DATE/TIME OF ACCIDENT | : 20/12/2018 1754 |
| PLACE OF ACCIDENT | : CLEMENTS AV 2 |
| THIRD PARTY VEHICLE (IF ANY) | : B SBS 33646 |
| **** | 我实我的的女女女女女的的女女女女女女女女女女女女女女女女女女女女女女女女女女女 |
| BEFORE THE ACCIDENT? | URNEY AND WHERE WAS THE INTENDED DESTINAT |
| | |
| DID YOU DRINK ANY ALCOHOLI | C DRINKS BEFORE YOU DRIVE ON THE DAY OF |
| ACCIDENT? IF VES DID THE TRAIT | FFIC POLICE CONDUCT ANY BREATHE-ANALYSER |
| ON YOU? IF YES, WHAT IS THE RES | ULT? |
| ON YOU? IF YES, WHAT IS THE RES | ULT? |
| ON YOU? IF YES, WHAT IS THE RES | SULT? |
| ON YOU? IF YES, WHAT IS THE RES | SULT? |
| WHAT IS THE TYPE OF COLLISION VEHICLES INVOLVED? | N AND THE EXTENSIVENESS OF THE DAMAGES TO |
| WHAT IS THE TYPE OF COLLISION VEHICLES INVOLVED? FROM BUMPER DAMNGE | N AND THE EXTENSIVENESS OF THE DAMAGES TO DON RIGHT SIDE GOT DISCODGED |
| WHAT IS THE TYPE OF COLLISION VEHICLES INVOLVED? FROM BUMPER DAMNGE | N AND THE EXTENSIVENESS OF THE DAMAGES TO DON RIGHT SIDE GOT DISCODGED |
| WHAT IS THE TYPE OF COLLISION VEHICLES INVOLVED? FROM BUMPER DAMNGE | N AND THE EXTENSIVENESS OF THE DAMAGES TO DON RIGHT SIDE GOT DISCODGED |
| WHAT IS THE TYPE OF COLLISION VEHICLES INVOLVED? FROM BUMPER DAMNGE FROM PRECIMINARY JAIS | N AND THE EXTENSIVENESS OF THE DAMAGES TO D ON RIGHT SIDE GOT DISCODGED PETTION, NO DAMAGE |
| WHAT IS THE TYPE OF COLLISION VEHICLES INVOLVED? FROM BUMPER DAMNGE FROM PRECIMINATY JAIS WERE YOU OR YOUR PASSENGERM TAKEN TO THE TRAFFIC POLICE FO | N AND THE EXTENSIVENESS OF THE DAMAGES TO DON RIGHT SIDE GOT DISCODGED PETTON, NO DAMAGE S INJURED? IF INJURED, WHICH HOSPITAL? WERE OR INVESTIGATION? |
| WHAT IS THE TYPE OF COLLISION VEHICLES INVOLVED? FROM BUMPER DAMNGE FROM PRECIMINARY JAIS WERE YOU OR YOUR PASSENGERA | N AND THE EXTENSIVENESS OF THE DAMAGES TO DON RIGHT SIDE GOT DISCODGED PETTON, NO DAMAGE S INJURED? IF INJURED, WHICH HOSPITAL? WERE OR INVESTIGATION? |
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| WHAT IS THE TYPE OF COLLISION VEHICLES INVOLVED? FROM BUMPER DAMNGE FROM PRECIMINATY JAIS WERE YOU OR YOUR PASSENGERM TAKEN TO THE TRAFFIC POLICE FO | N AND THE EXTENSIVENESS OF THE DAMAGES TO DON RIGHT SIDE GOT DISCODGED PETTON, NO DAMAGE S INJURED? IF INJURED, WHICH HOSPITAL? WERE OR INVESTIGATION? |
| WHAT IS THE TYPE OF COLLISION VEHICLES INVOLVED? FROM BUMPER DAMNGE FROM PRECIMINATY JAIS WERE YOU OR YOUR PASSENGERM TAKEN TO THE TRAFFIC POLICE FO | N AND THE EXTENSIVENESS OF THE DAMAGES TO DON RIGHT SIDE GOT DISCODGED THETTON, NO DAMAGE S INJURED? IF INJURED, WHICH HOSPITAL? WERE OR INVESTIGATION? |

SKETCH PLAN



| PROFILE CHICOMSTANCES OF THE ACCIDENT | |
|---|--|
| White Character and Access and | Asi Commission |
| | ON CLEMENTI AV 2 |
| GOT HIT BY A BUS ON THE FROM | NT FENDER |
| STOPPED THE CAR, EXCHANGED CONTA | CT DETAILS WITH DRIVER OF |
| SBS3364E, MR AW, | , , , , , , , , , , , , , , , , , , , |
| | |
| NO ONE WAS INTURED BN CAR. TO B | EST OF KNOWLEDGE, NO ONE |
| FROM BUS WAS INJURED DUR | ING THE TIME WE |
| EXCHANGED DETALLS. | |
| MK AW CONFIRMED NO VISIBLE | DAMAKE TO BUS |
| | |
| | |
| | The state of the s |
| | / |
| Important: | - Reporting Only |
| You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) | - Claim OD |
| DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame | - Claim TP |
| from the day of the occurrence. | - Claim OD/ TP at other workshop |

DECLARATION

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

Policyholder's signature

Date & Time

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature Name:

Nric/Fin No.

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 erchiving 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 aforesold.
- 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 a superior of the purpose of the pur
 - 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, involves, 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/ore 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

20/12/2018

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Separture Date & Time: Driver's Signature 14.00 HRS (If driver is not the policyholder)

Date & Time

Reporting Other Personnel's Signature

Matthe:

Enquire Vehicle Information

PQP Pald:

CO2 Emission:

OPC Cash Rebate Eligibility:

QP during COE Bidding Exercise:

Vehicle No. Vehicle No.: SKH250Y Vehicle Details Vehicle Type: Private Hire (Self-Drive) Motor Car Vehicle Attachment 1: No Attachment Make / Model: HONDA / CIVIC 1.8LA Primary Colour: Black Year of Manufacture: 2006 Maximum Laden Weight: 1640 kg Unladen Weight: 1219 kg No. Of Axles: Engine No.: R18A11023381 Chassis No.: JHMFD16306S206653 Engine Capacity: 1799 cc Maximum Power Output: 103.0 kW (138 bhp) IU Label No.: 1120042287 Propellant: Petrol Passenger Capacity: Original Registration Date: 11 Apr 2006 First Registration Date: 11 Apr 2006 Open Market Value: \$21,107.00 Additional Registration Fee Rate: 110.00% Actual ARF Pald: \$23,218.00 PARF Eligibility: Forfelted #18,400 Minimum PARF Benefit: COE No.: 2005120103002373K COE Category: B-Car (1601cc & above) COE Explry Date: 10 Apr 2021 Quota Premium (QP): \$14,897.00

Previous

\$23,725.00

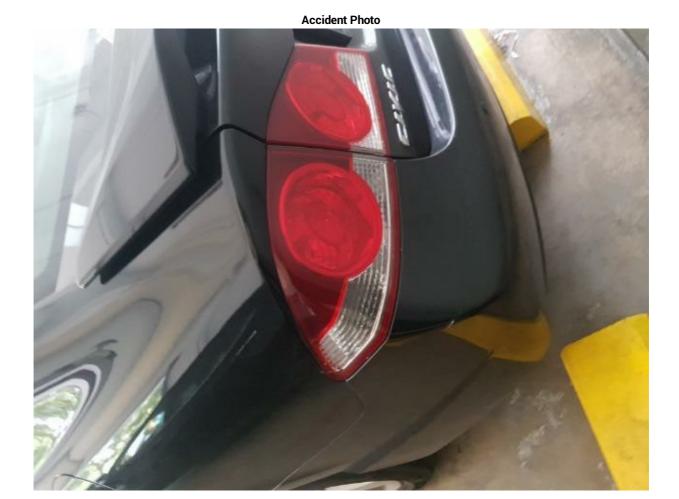
\$14,897.00

No

ОК

























ACCIDENT IMAGE





