



### 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	25/01/2019 12:18
Date Of Accident	23/01/2019 18:10
Exact Location Of Accident	END OF ANGSANA DRIVE JURONG ISLAND
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2334D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92729073
Alternative Phone No	OFFICE-92729073

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L200 TRITON DOUBLE CAB A/T NO SUNROOF
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994313
Cover Note Number	

#### Driver

Name of Driver	RAHMAN SUHANUR
Passport No/FIN	G2511489U
Date Of Birth	03/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	30/07/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92729073
Fax Number	
Contact Number	OTHERS-92729073
EEmail Address	NOEMAIL

Address	750 CAI CHEE ROAD #03-10 VIVA BUSINESS PARK
Postcode	469000
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	COLLIDED INTO PROPERTY
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	1
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 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	
Vehicle Make/Model/Colour	
Details Of Properties	LAMPOST 38
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

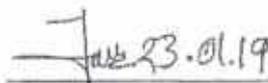
IMPORTANT NOTICE

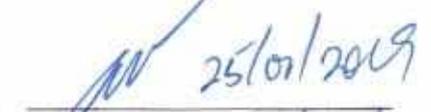
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. 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.

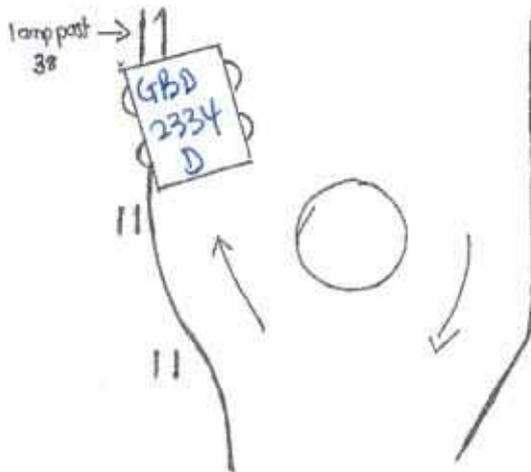
  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name: Rosli Hassan  
NRIC/FIN No.:

# END OF ANGGANA DRIVE, JURONG ISLAND

## SKETCH PLAN

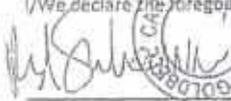


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving pick up GBD 2334D from JWE vehicle exit to Anggana Drive. While I was turning left to Anggana Drive, there was a tipper truck coming into my direction to JWE entrance. I was anxious ~~also~~ while turning left to Anggana Drive and I looked back to the tipper truck while driving forward. I carelessly mounted onto the curb and hit lamp post number 38. I was not holding on to any handphone. The condition of the vehicle is good when driving. The ~~vehicle~~ vehicle's front right bumper/bodykit was badly damaged. The lamp post bent inwards. I did not suffer any injury. I went out of the vehicle and immediately informed Alam surveyor to inform safety department.

## DECLARATION

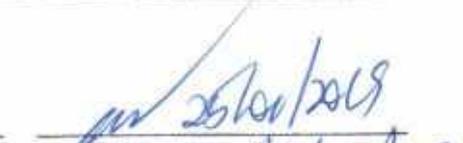
I/We declare the particulars are true in every respect.

  
 Policyholder's Signature

Date & Time:

 23.01.19  
 Driver's Signature

(If driver is not the policyholder)  
 Date & Time:

  
 Reporting Centre Personnel's Signature  
 Name: Rosdi Wati  
 NRIC/FIN No.:



*[Handwritten signature]* 25/01/2019



*on 25/01/2019*



*gaw 25/01/2019*



*aw 25/01/2019*



*Jan 25 10:11/2019*

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this form to the Authorized Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorized Driver.
4. 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.
5. The insurance and acceptance of this Form by insurance companies is not an admission of the policy liability on the part of the insurance companies.
6. Any late reporting may be referred to the Traffic Police Department for investigation.

## ACCIDENT STATEMENT

Date and Time of Accident	Ⓢ	Date: 23/1/2019	Time: 1810 hrs
Exact Location of Accident	Ⓢ	End of Angsana Drive, Jurong Island	
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	Ⓢ	G8D2334D	
INSURED / POLICYHOLDER (OWN VEHICLE)			
Name of Registered Owner (See Insurance Cert.)			
Personal Identification - NRIC (Singaporean/PR)			
- FIN/Passport Number			
- Not Applicable			
VEHICLE PARTICULARS (OWN VEHICLE)			
Vehicle Make / Model	Manufacturer: _____ Model: _____		
Type of Vehicle:	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others _____		
Exact Purpose for which vehicle was being used at time of accident:	Work.		
Are you claiming under own insurance policy for repair to your vehicle?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If No, Pls select <input type="radio"/> Third Party <input type="radio"/> Reporting)		
INSURANCE COMPANY (OWN VEHICLE)			
Name of Insurance Company			
Type of Policy	<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only		
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No		
Policy Number			
Motor CI			
DRIVER	<input type="radio"/> Same as Insured above		
Name of Driver	Ⓢ	Rahman Suharur	
Personal Identification - NRIC (Singaporean/PR)	Ⓢ		
- FIN/Passport Number	Ⓢ	G2511489U	
Date of Birth	Ⓢ	03 /dd	05 /mm 94 /yy
Driving Date Pass	Ⓢ	30 /dd	07 /mm 18 /yy
Year of Driving Experience	Ⓢ	Year(s) Month(s) Month(s)	
Occupation	Ⓢ	<input type="radio"/> Indoor <input checked="" type="radio"/> Outdoor	
Gender	Ⓢ	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	Ⓢ	92729073	

Address of Driver	<del>21-22-23-24</del> Westlife Dorm
Email Address	KT&T Engineers and Constructors Pte Ltd (Employer)
Was Driver An Employee of the Insured's Company?	NA 750 Chai Chee Road #03-10 Viva Business Park Singapore 469000
If No, Relationship of the Driver with the Insured	<input type="radio"/> Yes <input checked="" type="radio"/> No
Vehicle Registration Number of Driver's Own	Driver supplied by Labour supply company
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	<input type="radio"/> Yes <input type="radio"/> No
Insurance Company of Driver's Own Vehicle (if applicable)	
<b>GENERAL INFORMATION OF THE ACCIDENT</b>	
Type of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear)	Front to lamp post
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others _____
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others _____
<b>OTHER INFORMATION</b>	
a. Was anybody injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
b. Was any other vehicle or property damaged? (Including Witness)	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>DETAILS OF POLICE ACTION</b>	
Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No (if Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (if Yes, against whom?)
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>	
Vehicle Registration Number	Lamp post 38, Angsana Drive, Jurong Island
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Vehicle Make/ Model/ Colour	
Address of Driver	
Name of Insurance Company	
No. of Passenger (Including Driver)	
(Note - Please use page 6 if you need to add more vehicles)	





# EVERSAFE ACADEMY

Steps To Success

Serial Number: EA-CBDC - (RC) - BEN-155-2534

## CONSTRUCTION SAFETY ORIENTATION COURSE - (RE-CERTIFICATION) - BENGALI

Name: RAHMAN SUHANUR

ID No: G2511489U

Course Date: 18 Aug 2018 To 18 Aug 2018

Course Venue: 2, Joo Koon Road, Singapore-328966

Validity: 2 Years from the issue date.



  
R. Murugesan  
Managing Director

  
F M ZAMRUL ISLAM  
Trainer, Training Division



## WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer: KEITO ENGINEERING & CONSTRUCTION PTE. LTD.

#8777

Sector: CONSTRUCTION



Name: RAHMAN SUHANUR  
Occupation: CONSTRUCTION WORKER

Work Permit No: 0 64420801

Date of Application: 07-08-2014

Date of Issue: 08-09-2017

Date of Expiry: 24-09-2019

0 64420901



L8298198

REPUBLIC OF SINGAPORE DRIVING LICENCE

002829524K

BAHMAN GUHANDU

03 May 1994

30 Jul 2016

Valid Till 29-07-2023



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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2000kg	30 Jul 2016

MP 428A

Licence No: G2511489U



**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M 2.400

Comprehensive Commercial Auto Plus		(The below excess is subject to GST)	
CERTIFICATE NO.	999994313	POLICY EXCESS	SS\$1,000.00 (1)
		WINDSCREEN EXCESS	SS\$100.00
		SUM INSURED	Market Value
		INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.	GBD2334D		
2) NAME OF POLICYHOLDER	Goldbell Car Rental Pte Ltd		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	01 January 2019		
4) DATE OF EXPIRY OF INSURANCE	31 March 2020		
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*	<p>Any person who is driving on the insured's order or with their permission.          Additional Excess of \$3,000 applies to drivers between below 23 years of age and/or with driving experience of less than 12 months.          Additional excess of \$500 applies to all claims for accident outside Singapore.</p>		
6) LIMITATION AS TO USE*	<p>Use only for social, domestic and pleasure purposes and for the Policyholder'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 driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;          2) use whilst drawing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle;          3) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; and          4) Use for any purpose in connection with Motor Trade.</p>		
LOSS OF USE	Not Included		
HIRE PURCHASE COMPANY	N.A.		

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

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 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 16 Jan 2019

AIG Asia Pacific Insurance Pte. Ltd.

030123-010

Acom International Network Pte Ltd  
 48 Changi South St 1 Level 3  
 SINGAPORE 486130

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPTKY