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TP Insurer:	Assessment/Surv				
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Preferred Wksp / INC Assign Wksp / QW: (WIL 00/ FT	nic/)/Non-INC().		
TP Particulars: Veh No: G	184 3305 -	· INC(Tel:	· ;	
Owner / Driver: (Cover Type: (7	
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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 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.

DESCRIPTION OF THE PROPERTY OF	
WELLIAM WHEN THE STATE OF THE S	ACCIDENT STATEMENT
Date Of Report	31/01/2019 15:23
Date Of Accident	31/01/2019 11:30
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD TURNING TO CHOA CHU KANG RD
Country/State of Loss	SINGAPORE
THE PERSON NAMED IN COLUMN TWO IS NOT THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG2515P
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	PERSONAL PROPERTY AND CONTRACTOR WITH CONTRACT
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-93632269
Alternative Phone No	OFFICE-93632269
Vehicle Particulars	
Manufacturer	MAZDA
Model	3
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	THIRD PARTY
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	999994802
Cover Note Number	
Driver	

Driver

Name of Driver LIM EE MIN (LIN YIMIN)

 NRIC No
 \$7335405F

 Date Of Birth
 03/10/1973

 Occupation
 INDOOR

 Date Of Driving Pass
 05/05/1997

Driving Experience 21 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93632269

Fax Number

Contact Number OTHERS-93632269

EMail Address EDWIN@CARCOVE.COM.SG

Address

6 CHOA CHU KANG GROVE

#20-14

Postcode

688240

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 TO REAR

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

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

GBH3365L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

SKETCH PLAN

IMPORTANT NOTICE

- 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 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.
- 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.
- 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 & Stanature Date & Time:

世音S//

Driver's Signature (If driver is not the policyholder)

Date & Time:

SHOP לאסא באט אחול

VEH A: 314 25157

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature

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

David -

NRIC/FIN No.:

31/01/2019

Date & Time:

ACCIDENT STATEMENT

ACCID	ENT DATE: 31 / DI / 2019 1(DD/MM/	
LOCAT	ION: UPPER BUILD TIMEN HORS TO	SPANIMA TO LHOA CHU LORNA ROAD
		A REST.
1.	DETAILS OF VEHICLE	¥ 4.
	OLIVERICLE MUMPEN	
	BINSURANCE COMPANY: AIG	
	THE COLUMN THE PARTY.	The contract of the contract o
	DIPOLICY TYPE: LOOMPREHENSIVE / THIRI	D PARTY / THIRD PARTY FIRE &THEFT)
	- WELVE & MARROW MYZING O	
	DITYPE-INATOON / COUPE / MPW/VAN /	LORRY / MOTORCYCLE / OTHERS)
	AVEHICLE CATEGORY: (PRIVATE) COMA	MERCIAL / MOTORCTURE)
	HIPURPOSE OF USING AT ACCIDENT TIME	/ RIVITY U-E
	HARF YOU CLAIMING UNDER YOUR OWN	ALINSURANCE (YES/NO)
	IF NO, PLEASE STATE THIRD PARTY CLAIR	M / REPORTING ONLY)
5	INSURED / POLICY HOLDER	
	AINAME! LIM EE MIN	MALE FEMALE
	HINDIE /FIN/FASSPORT: 57385400	SF CONTACT: 93632369
	CIADDRESS: 6 CHOR CHU WANE	GROVE # 20-14 (3) 688240
	and the same of th	
	. CONTINUE TO 3.d IF DRIVER ALSO POLI	CY HOLDER
no of bussandigo	DRIVER CALL DE LA	
	GINAME: WYP WYP	[MALE / FEMALE]
Including chiver)	b)NRIC/FIN/PASSPORT:	CONTACT:
	c)ADDRESS:	The state of the s
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		J(DD/MM/YYYY)
	LOCALIDATIONS (INJECTO LA LITTOCOPI	1.
	HARES OF A PROPERTY DAVICE CO	FM1 11111
4.	INVACE PROTUCED AND EMPLOYER DESCRIPTION	Madrico
1.4	IF NO. RELATIONSHIP OF THE DRIVE	K WITH INSURED!
5.	DIWEATHER CONDITION: ICLEART RAIN	ING / OTHERS
	BIROAD SURFACE: PORY/ WET / OTHERS	
á,	WAS ANYBODY INJURED IYES / NO!	
7.	DIREPORTED TO POLICE (YES /NO)	
	IF YES, PLEASE STATE WHICH POLICE ST	ATION:
В.	THIRD PARTY VEHICLE	v
	a) VEHICLE NUMBER: GBH 3365	MODEL:
to the secondary		
to the secondary	b) DRIVER'S NAME:	
e, of personalist lateralist State	c) NRIC/FIN/PASSPORT:	CONTACT:
t, of prisoner historian Street	c) NRIC/FIN/PASSPORT:	CONTACT:
n, of personser harming states of1	c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE	
n, of prisoner historiae Street	c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE	CONTACT:

EMPLL =

V1020 =











CERTIFICATE OF INSURANCE

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

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1988

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1968 (MALAYSIA)

M.Z.400

(The below excess is subject to GST) COMPREHENSIVE - COMMERCIAL MOTOR

POLICY EXCESS

S\$1500.00 Section (I)

WINDSCREEN EXCESS

S\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF YES

SLG2515P

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

CERTIFICATE NO.

POLICY NO.

Car Cove Leasing Pte Ltd

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

SLG2515P

999994802

4) DATE OF EXPIRY OF INSURANCE

10 July 2018 11 February 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the insured's order or with their permission

If You or Your Authorised Driver is below the age of 23 years old and/or above 65 years old and/or has less than 1 year driving experience. the additional excess Section 2 is S\$3,000, cutside Singapore is \$\$5,000 and Fire & Then excess Section I is \$\$1,500.

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 from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

- 1) Use for social, domestic, pleasure purposes and business purposes of insured
- Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover 1) Use for fulfors, driving test, racing, pace-making, reliability trial or speed-testing, 2) Use white drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle, 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE

ORIGINAL

Not included

HIRE PURCHASE COMPANY

Heritage Auto Enterprise Pte Ltd

imitations rendered Inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Componention) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Melaysia), 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 10 Jul 2018

AIG Asia Pacific Insurance Pte. Ltd.

691991-000 Moh Kok Heng 3 Tampines Grande, AIA Tampines #02-38 SINGAPORE 528799

AUTHORISED REPRESENTATIVE

SSPORC