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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 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.

eforesaid.	
Marie Carlo Carlo In College To Carlo	ACCIDENT STATEMENT
Date Of Report	13/02/2019 14:43
Date Of Accident	31/01/2019 20:10
Exact Location Of Accident	NEWTON CIRCUS TURN LEFT TO SCOTTS ROAD
Country/State of Loss	SINGAPORE
District Street Company of the Compa	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA5570R
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97315036
Alternative Phone No	OFFICE-97315036
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	DM SANTA FE-2.4 L GDI ABS/AB SR 4WD 5DR (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING HOME
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994316
Cover Note Number	
Driver	
Name of Driver	DI SILVERIO ANNA
NRIC No	G3218097W
Date Of Birth	31/03/1963
Occupation	INDOOR
Date Of Driving Pass	14/10/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97315036
Fax Number	

OTHERS-97315036

NOEMAIL

Address

1 ARDMORE PARK

#33-01

Postcode

259962

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

SIDE SWIPE

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

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category 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

- 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.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Management Centre establised 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 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.
- 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 taw yers/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 analor 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 malling 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.

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		1		(b)		
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Describe Circumstance of the Accident *

Declaration

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

Policyholder's Signature /

Orwer's Signature (if driver is not the potoyholder) / Date

& Time

Witngosed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT IMPORTANT NOTICE 1. Complete and submit this Form to . Authorised Reporting Centre ("ARC")for efiling. 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 Authorised 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 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 Traffic Police Department for investigation. ACCIDENT STATEMENT Date JAN 31 Date and Time of Accident NEWTON CIRCUS Exact Location of Accident SCOTIS ROAD DETAILS OF OWN VEHICLE Vehicle Registration Number 11A 5570K INSURED / POLICYHOLDER (OWN VEHICLE) Name of Registered Owner (See Insurance Cert.) Personal Identification - NRIC (Singaporean/PR) - FIN/Passport Number 2007106511 - Not Applicable VEHICLE PARTICULARS (OWN VEHICLE) Humebu Model DM Carta F2 2 4 Manufacturer Vehicle Make / Model Saloon MPV ORV Van Lorry Type of Vehicle* M/cycle Others. Exact Purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to W Yes No (If No.Pls select Third Party Reporting) your vehicle? Commercial Motorcycle Vehicle Category* INSURANCE COMPANY (OWN VEHICLE) AIG Name of Insurance Company * Comphensive Third Party Fire & Theft Type of Policy Yes () No Fleet Policy Policy Number 999994316 Motor CI DRIVER Same as Insured above DI SILVERIO Name of Driver AUUA Personal Identification - NRIC (Singaporean/PR) 63218097W - FIN/Passport Number 31 dd/ 03 mm/ 63/yy Date of Birth 14 da/ 10 mm/ 17/yy Driving Date Pass Year of Driving Experience 3 Year(s) Month(s) * AMMEINE DIRECTOR (Indoor () Outdoor Occupation Female Gender Male Contact Number / Mobile Phone / Fax No.

	-		_						
Address of Driver	1	AR	DH	DRE	PA	RK	F 33	01	33.62)
The second section is a second	51	NGA	Par	13			Postco	de (2.5	37.651
Email Address #									
Was driver an employee of the Insured's Company?	0	Yes	8	No					
If No, Relationship of the Driver with the Insured		/							
Vehicle Registration Number of Driver's Own	0	Yes	0	No					
Vehicle Registration Number of Driver's Own Vehicle (if applicable)									
Insurance Company of Driver's Own Vehicle (if applicable)									
GENERAL INFORMATION OF THE ACCIDENT	-	-	-	_					
Type of Collision (Eg. Chain collison, Head-On collision, Side Swipe, Front to Rear)									
Weather Conditions	1 8	Clear	0	Raining	0	Others			
Road Surface	0	Dry	0	Wet	0	Others	1		-
OTHER INFORMATION									
a. Was anybody injured in the accident?	0	Yes	8	No					
b. Was any other vehicle or property damaged? (Including Witness)	2	Yes	Ó	No					
DETAILS OF POLICE ACTION									
Was the Accident reported to the Police?	10	Yes	0	No (If Y	es, plea	se state	e which Pa	lice Station	n.)
Police Station Name									
Police Station Address									
Police Station Contact	Tel	No.				F	ax No.		
Was notice of intended Prosecution given?	0	Yes	0	No (If Y	Yes, ag	ainst wh	om?)		
DETAILS OF OTHER VEHICLE / PROPERTY 1									
Vehicle Registration Number 4									
Vehicle Make/ Model/ Colour									
Details of Properties									
Name of Driver									
Personal Identification - NRIC (Singaporean/PR)									
- FIN/Passport Number									
Contact Number									
Address									
Name of Insurance Company									
No. of Passenger (Including Driver)									
(Note - Please use page 6 if you need to add more vehicle	es)								



EMPLOYMENT PASS Employment of Fareign Manpower Act (Chapter 91A) Republic of Singapore

Employer AVANADE ASIA PTE LTD



Itiano DI SILVERIO ANNA F#4 G3218097W







K0797712

VISIT PASS

Immigration Regulations

Name DI SILVERIO ANNA



G3218097W

Date of Birth Se 31-03-1953 F Nationality ITALIAN

MULTIPLE JOURNEY VISA ISSUED 1





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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 14 Oct 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:G3218097W

NP 428A



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 188) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960. ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

Comprehensive Commercial Motor

CERTIFICATE NO.

999994316

WINDSCREEN EXCESS

S\$100.00

(The below excess is subject to GST)

SUM INSURED

INSURING WITH COE/PARF

Market Value

Yes

SLA5570R

2) NAME OF POLICYHOLDER

1) VEHICLE REGISTRATION NO.

Goldbell Car Rental Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE

FOR THE PURPOSES OF THE ACT 4) DATE OF EXPIRY OF INSURANCE

01 January 2019

31 March 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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

Additional Excess of \$1000 applies to all claims for Drivers below 23 years old and/or with Driving Experience less than 12 months Additional excess of \$500 applies to all claims for accident outside Singapore

** Policy Excess vary according to Vehicle Usage. Refer to Policy for more details.

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
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover

- Use for racing, pace-making, reliability trial or speed-testing.
 Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.
- 4) Use for any purpose in connection with Motor Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

DBS Bank Ltd

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Riska 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 Rinks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 16 Jan 2019

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

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPKWJ

ORIGINAL