Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 12/03/2019 18:01

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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.
- 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 conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	12/03/2019 12:19
Date Of Accident	07/03/2019 06:30
Exact Location Of Accident	EXIT OF LOYANG AVE ROAD AT SLIP ROAD OF TPE/ECP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD7255R
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-66039399
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	L200
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	YES
Policy Number	999994313
Cover Note Number	
Driver	
Name of Driver	HERWAN BIN MOHAMAD SALLEH
NRIC No	S6905842F
Date Of Birth	27/02/1969

INDOOR

27/04/1998

20 YEARS AND 10 MONTHS

Gender **MALE**

(LOCAL) +65-94558434 Mobile Number

Fax Number

Contact Number

EMail Address HERWAN@POKBJV.NET

BLK 241 PASIR RIS STREET 21 Address

#10-51

Postcode 510241 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

2

NO

NO

1

NO

NO

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

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

GBH7979P Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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

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- 2. This Form must be completed by the Polloyholder and/or the Authorised Driver.
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- 7. By the ladgement of this report to the lasurers, you hereby consent to the workiving of this report at the centre and to ceptes of the
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

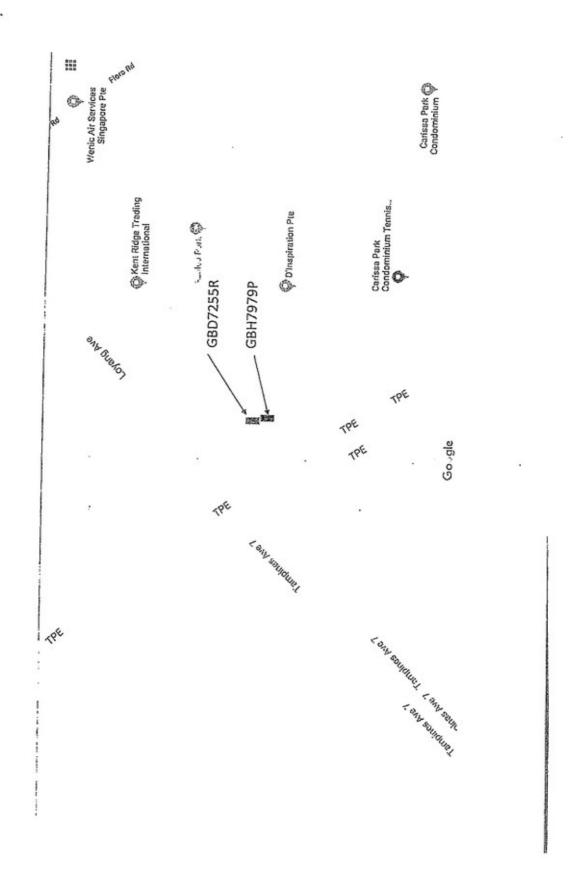
(a) My insurer, my workshop and the General Insurance Association of Singepore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Porsonal 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 yershaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(f) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations soluting to

- (ii) investigating the accident and/or my claims;
- (iii) carrying out another dealing with my instructions or responding to any enquiries by mo:
- (iv) admir/silering 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/moli
- (v) complying with applicable law in administering, processing, handling another dealing with my claims. (collectively the "Purposes")
- (b) off 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 Purposos; and
- (c) my Personal Information may/con be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lewyers/lew firms), which may be alted outside of Singapore, for one or more of the above Poyposes,

Proteynology Signature State Time Dither's S	M = 13/19 Smelton III giriper Islans fine delepholitery / Date	
Sketch Plan # 1) Jahrs	12 NA. 2019 (>=(960)	Wilesand by Reporting Gentre Personnel Poly 1879 Child
		HESHHERM
		把三排排的动物

00	seribe Circumstance of the Accident 🖈
	I, Herwan Mohamad Salleh, was driving and filtering my vehicle from Loyang Ave Road exiting towards
	TPE / ECP via the slip road. There is a low in for the slip road exiling toward
	TPE / ECP via the slip road. There is a lorry in front of mine at this time. Thinking that the lorry is
-	The sall is sall way. I looked to my right to about the
-	Torreido tile satirie exit point which I com como vehi-t-
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_	The standing lights, with the walles to be a second of
	the differ off till light has sleet want and and
	personal round the some damaged on My vehicle but all a series and
	(in 7). The driver said that the will contact his compount and the
	and domining trigg we port on not energy any laboria.
8	and took photographs of the scene and driving license. Once all done, we continue with our journeys.
-	icerise. Orice all done, we continue with our journeys.
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ded	tare the foregoing particulars are true in every respect.
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	12 MAR 2019 SA GROSSIA





CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA) (The below excess is subject to GST) Comprehensive Commercial Auto Plus POLICY EXCESS \$\$1,000.00 CERTIFICATE NO. 999994313 WINDSCREEN EXCESS \$\$100.00 SUM INSURED Market Value INSURING WITH COE/PARF Yes 1) VEHICLE REGISTRATION NO. GBD7255R 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* 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. Provided that the person driving is parmitted in accordance with the licensing or other times or requisitors 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* 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 fulfion, driving test, racing, pace-making, reliability trial or speed-testing;
2)) use whitst 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. LOSS OF USE Not included HIRE PURCHASE COMPANY N.A. Limitations rendered inoperative by Section 8 of the Meter Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Maleysia), are not to be included under these headings. 17 We hereby Cestify 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 188) and Part IV of the Road Transport Act, 1987 (Matayala).

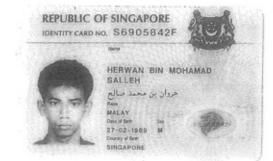
Issued in Singapore 16 Jan 2019

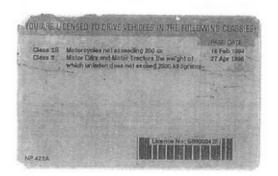
030123-000 Acom International Network Pte Ltd 48 Changi South St 1 Level 3 SINGAPORE 486130

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE









Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER

