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OD / TP / Reporting Only	I-Photo Uplo	aded				
	Assessment/Si	nvey Report				
TP Insurer:	Ass't Report b	y Fax / Hand t	Owner/Wksp			en e projetion e di conse
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TP Particulars: Veh No: G	1BF 6745 P	INC(	)/Non-INC (	)		
Owner / Driver: (			Tel:		)	
Policy No; ( ) Perio	od: (	)	Cover Type: (		)	
Confirmed by : (		Dater	Time:		)	
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2) QC Check / Post (Repair Inspection	( ; )	)			7 .	
3) Upload Resurvey Photo [Repair Cost> \$300	00] (					
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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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.

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.

And the second second second second	ACCIDENT STATEMENT
Date Of Report	15/04/2019 16:23
Date Of Accident	08/04/2019 15:00
Exact Location Of Accident	TANNERY LANE
Country/State of Loss	SINGAPORE
A STATE OF THE PARTY OF THE PAR	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YN7276E
Insured/Policyholder	
Name Of Registered Owner	MASINDO LOGISTIC PTE LTD
Co Reg No	<u> </u>
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96566699
Vehicle Particulars	
Manufacturer	UD TRUCKS
Model	*
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	999994545/100869589-00011
Cover Note Number	SOUTH FOR A CONTRACT AND A CONTRACT
Driver	
Name of Driver	AKMAL HAKIM BIN AHMAD HISAM
NRIC No	S9006248D
Date Of Birth	21/02/1990
Occupation	OUTDOOR
Date Of Driving Pass	09/04/2014
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90622605
Fax Number	
Contact Number	

NOEMAIL

Address

BLK 611 HOUGANG AVE 8 #05-498

Postcode

530611

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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

WHILE REVERSING, I NEVER NOTICED VEH B WAS BEHIND MY LORRY, AS THE RESULT, MY LORRY HIT ONTO THE VEH B FRONT PORTION.

#### 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

**GBF6745P** 

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

COMMERCIAL VEHICLE

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

### IMPORTANT NOTICE

- 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.
- 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 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.
- 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:
  - 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:
  - 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:

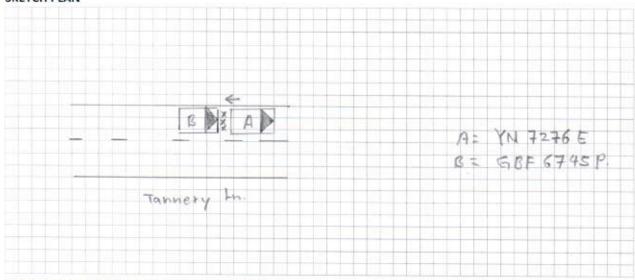
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE	CIRCUMSTANCES OF THE	ACCIDENT
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0.			
Please	Refer +	o Statement	

### DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature

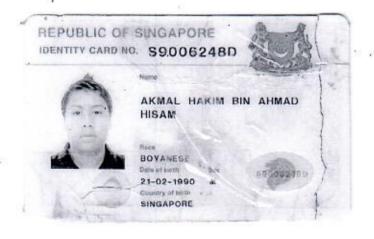
(If driver is not the policyholder)

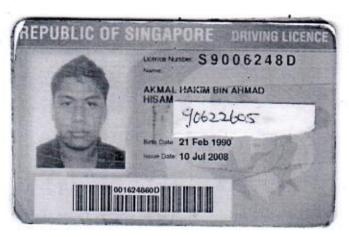
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:











HOTLINE TEL: (65) 8419-3000

1 14 14 7019

## 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, 1967 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.300

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999994545/100869589-00011

OWN DAMAGE EXCESS S\$1,000.00 WINDSCREEN EXCES

(1) S\$100.00

(for policies with effect from 1st Nove

SUM INSURED S\$1.00 YES

INSURING WITH COE/PARF

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

YN7276E

Masindo Logistic Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT 30 Dec 2018 OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

6 Jul 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

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

An additional Young and Inexperienced Driver (YIDR) Excess of \$53,000 (unless otherwise stated) applies to any drivers (named and unnamed) who is being age 23 or has less than 2 years driving experience.

Please refer to policy terms and conditions

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 in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
- 3) Use for social, domestic or pleasure purposes.

\* NAMED DRIVER N/A

The Policy does not cover

- a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
- b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

陳保險經紀私營有限公司 TAN INSURANCE BROKERS PTE LTD

3A/5A Aliwal Street, Chenn Leonn Building Singapore 199896 www.tib.com.sg

Tel: (65) 6742 6766 Fax: (65) 6742 6669

HIRE PURCHASE COMPANY THIAM HENG AUTO (S) PTE LTD

LOSS OF USE NOT INCLUDED

\* 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.

1 / 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 27 Feb 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD

030066-000

TAN INSURANCE BROKERS PTE LTD.

31/5A ALIWAL STREET CHENN LEONN BUILDING SINGAPORE 199896

Authorised Representative