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### SINGAPORE ACCIDENT STATEMENT

#### 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.
- 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.
- 8. 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.

	ACCIDENT STATEMENT
Date Of Report	28/05/2019 09:07
Date Of Accident	27/05/2019 14:00
Exact Location Of Accident	ALONG WOODLANDS STREET 32
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH3136G
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	KOKBOON.TEO@ECOLAB.COM
Mobile Phone No	(LOCAL) +65-97222906
Alternative Phone No	OFFICE-97222906
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
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?	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	999994313

Cover Note Number

## Driver

Name of Driver TEO KAK BOON NRIC No. \$8039903J Date Of Birth 21/12/1980 Occupation OUTDOOR Date Of Driving Pass 28/07/2006

Driving Experience 12 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97222906

Fax Number

Contact Number OTHERS-97222906

EMail Address KOKBOON.TEO@ECOLAB.COM Address

BLK 925 JURONG WEST STREET 92

#05-113

Postcode

640925

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?

YES

Foreign Vehicle Registration Number

JKQ3453 (PRIVATE CAR)

Number of vehicles (including own vehicle)

1

involved in the accident

NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by

NO

ambulance?

30.000

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?

YES

If Yes, Please state which Police Station

Police Station Name

NANYANG N.P.C

Police Station Address

ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

Police Station Contact
Was notice of intended Prosecution given?

TEL NO: 1800-7929999 - FAX NO:

16.7

NO

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190527/2103

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

JKQ3453

Vehicle Make/Model/Colour

TOYOTA

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

TANG SIANG LER

NRIC/Passport Number

G8692760N

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.
- 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.
- 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:

- 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, involces, 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

or complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyhalder)

Date & Time:

Reporting Centre Person

Name:

NRIC/FIN No.

woodland Ave 3

	Lorry A B B B B B B B B B B B B B B B B B B	A) GBH 31364 B) JR03453
CRIBE CIRCUMSTANCES C	F THE ACCIDENT	MAN
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DECLARATION	particulars are true in every respect.	





1 of 3

Report No. T/20190527/2103

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE

649482 Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

REPORT OF	A TRAFFIC	ACCIDENT		Station Diary No.	
Date/Time Report Made: 27/05/2019 14:48		ade:	Vide Report No.:	110	
	nt's Particu	lars	<b>以出发产业财务的负债</b> 部分。		
	Informant:		Address: APT BLK 925 JURONG WEST SINGAPORE 640925	STREET 92 #05-113	
ID Type / ID No.: NRIC NO / S8039903J		)3J	Contact No.: Home/Office:	Mobile: 97222906	
National			Email:		
Sex: Male	Age:	Date of Birth: 21/12/1980	Type of Informant: Driver	Time the A Cabaal Name	
Race: Chinese			Language:	Institution / School Name:	
Occupation: Service Technician			Driving Licence Information: Class:	Date of Expiry:	

Seneral Inform	mation of the Accident		Date/Time of	Type of Location	
Type of Accident:	Non-Injury Foreign Vehicle	Drink Date/Time of Accident: No 27/05/2019 14		T-Junction	
	1 OS STREET 32 If Woodland street 32 and	Ave 3		Road Speed Limit:	
Weather: Road Surface.  Dry				Traffic Volume:	
Traffic Flow:		Traffic Control:		A CATTAGASTA - A CALASTA CODA	
Type of Colli Between Mo	ision: oving Vehicles - Head To I	Rear		Anyone conveyed by ambulance: No	

Details of Ve	ehicle Invo	lved		101	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	Color		Ito of Lucionig
THE REPORT OF THE PARTY OF THE		Milente			Slightly	0
GBH3136G	Van		1	1	Damaged	
					Slightly	0
JKQ3453	Car				Damaged	parall.





3 of 3

Report No. T/20190527/2103

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J /	Signature Of Informant:
Sgt 2 GOH MING LI	July
Signature Of Interpreter:	Date/Times
Not applicable	Date/Time: 27/05/2019 14:48
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
SSI 2 JUREMAH BINTE AHMAD	The state of the s
Contact No : 6E472076	
Contact No., 65472076	

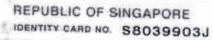
Singapore Police Lorce:

NBA/MS419009246/4 ---

# ACCIDENT STATEMENT

	DENI DATE:	_)(DD/MM/YYYY), TIME	(MM:HH)
LOCA	TION: Woodlands Stre	et 32	
1.	DETAILS OF VEHICLE  a) VEHICLE NUMBER: GBH  b) INSURANCE COMPANY:  c) POLICY NUMBER:	<i>914</i>	
	d)POLICY TYPE: (COMPREHEN e)MAKE & MODEL:	PV /VAN / LORRY / MC	OTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVA h) PURPOSE OF USING AT ACC i) ARE YOU CLAIMING UNDER	CIDENT TIME: 1	volcing
2.	IF NO, PLEASE STATE (THIRD P	ARTY CLAIM / REPORTI	
	DINRIC/FIN/PASSPORT:		MALE / FEMALE
	c)ADDRESS:		
Stin of any	* CONTINUE TO 3.d IF DRIVER	ALSO POLICY HOLDER	***************************************
WHO of passanga (Including driver)	dINAME: 120 PAR 50		(MALE) FEMALE)
c+2	CIADDRESS: Jurong WOLL SINGEPORE GO	if Street 92 April	NIXET: 9722 2906 BKUC 925 #05-11
報	e)OCCUPATION: (NDOOR (C	J1980 (DD/MM/Y)	ΥΥ) : .
4,	FIDATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE		
5.	IF NO, RELATIONSHIP OF THE	AR RAINING / OTHERS	
6	WAS ANYBODY INJURED LYES		
		NOI	Yang N.P.C
. He of passanger	a) VEHICLE NUMBER: JKQ	3453 MOI	DEL: Toyota
()	c) DRIVER'S NAME: TRACE  C) NRIC/FIN/PASSPORT: G8  THIRD PARTY VEHICLE	692760 W CO	NTACT:
tho of passanger	d) VEHICLE NUMBER:	мог	DEL:
Induding driver)	e) DRIVER'S NAME:  1) NRIC/FIN/PASSPORT:	col	NTACT::-

email = Kakboon. teo @ ecolab-com







TEO KAK BOON

张 企 文

CHINESE
Date of birth
21-12-1960
Country of birth
SINGAPORE





# For LKK/NAC Use Only



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 28 Motor cycles =< 200 cc 02 Apr 2001
Class 3 Motor Cars=< 3000 kg with =<7 passengers, exclusive 28 Jul 2006
with draw, and other motor vehicles == 2500 kg

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, 1999 (MALAYSIA)

M.Z.400

Comprehensive Commercial Auto Plus CERTIFICATE NO. 999994313

POLICY EXCESS

(The below excess is subject to GST) \$\$1,000.00

WINDSCREEN EXCESS

S\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF

Yes

1) VEHICLE REGISTRATION NO.

GBH3136G

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 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\*

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 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.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

**DBS Bank Ltd** 

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188) and Section 95 of the Road Transport Act, 1987 (Malaysia).

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

030123-000

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

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPTKY

ORIGINAL