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2:

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 reputiate 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

foresaid.	ACCIDENT STATEMENT
Jate Of Report	30/05/2019 11:40
Jale Of Accident	29/05/2019 15:40
Exact Location Of Accident	BACK LANE UIC BUILDING
Country/State of Loss	SINGAPORE
DESCRIPTION OF THE PARTY OF	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG6065U
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86845078
Alternative Phone No	OFFICE-86845078
Vehicle Particulars	
Manufacturer	LEXUS
Model	ES250-2.5 (A)
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	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	MAZLAN BIN SAMIAN
NRIC No	S1464000B
Date Of Birth	13/02/1961
Occupation	OUTDOOR

OUTDOOR Occupation 15/10/1981 Date Of Driving Pass

37 YEARS AND 7 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-86845078 Mobile Number

Fax Number

OTHERS-86845078 Contact Number

NOEMAIL EMail Address

Address

BLK 723 WOODLANDS AVENUE 6

#03-528

Postcode

70723

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO PARKED VEHICLE

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

NO

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

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

YP4621B

Vehicle Make/Model/Colour

MITSUBISHI 14 FOOT LORRY

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

- 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 reputate policy hability.
- 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 Mangement 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 todgement 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.
- 5. 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 Singspore ("CIA") 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 addition that addition the insurer (s) who have insured vehicle(s) involved in this addition that be collectively referred to as the "Insurers"), the insurers law 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 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 angler dealing with my instructions or responding to any enquiries by me.

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reachts or nitrices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as wiell as on the external cover of envelopes/mell 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 aided outside at Singapore, for one or more of the above Purposes.

Poscynetours Signature (State State State

Sketch Plan + BOCK COULL
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Tail Gate Not Fully DING

160654 Suy X 146218

PUNCA

Describe Circumstance of the Accident *	
Vehicle A was driving along Back lave UIE Vehicle B & X was parking at b both so Vehicle A was waiting four the front Vehicle move on move out and Vehicle B tool gate met formy Vehicle A front Bunpar hith the Vehicle A front Bunpar hith the Vehicle A front Bunpar hith the Vehicle A front Bunpar at side ovas dadly damages.	Building. lides. Lides to not I lity down ohithe B the right

Declaration

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

Policyrolder's Signature Page NSD

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Wessed by Reporting Centre Persurviel

SINGAPORE ACCIDENT STATEME	NT	
MPORTANT NOTICE		10.00
Complete and submit this Form to Nethorised R Please report correctly the details of the accident to speed This Form must be completed by the Policyholder and/or to Information provided must be as truthful and accurate as a insurance companies to repudiate policy liability.	up the d he Author	aims process:
The issue and acceptance of this Form by insurance come Any false reporting may be referred to the Traffic Police	panies is	not an admission of policy liability on the part of the insurance companies.
ACCIDENT STATEMENT		
Date and Time of Accident	*	Date 29519 Time: 1540hrs
Exact Location of Accident	+	Backlane UIC Building.
DETAILS OF OWN VEHICLE		
Vehicle Registration Number		SLG 60654
INSURED / POLICYHOLDER (OWN VEHICL	E)	
Name of Registered Owner (See Insurance Cert.)		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Pasaport Number		
- Not Applicable		
VEHICLE PARTICULARS (OWN VEHICLE)		
Vehicle Make / Model		Manufacturer Model
Type of Vehicle*		Salson MPV CRV Van C Lorry Bus M/cycle Others
Exact Purpose for which verticle was being used at time accident. Are you claiming under your own insurance policy for re your vehicle?		Yes No (If No,Pls select Third Party Reporting)
Vehicle Category*		O Private O Commercial O Motorcycle
INSURANCE COMPANY (OWN VEHICLE)		
Name of Insurance Company *		
Type of Pakey		Comphensive Third Party Fire & Tneft TP Only
Fleet Policy		O Yes O No
Policy Number		
Motor CI		
DRIVER		Same as Insured above
Name of Driver	4	Marlan B. Saman
Personal Identification - NRIC (Singaporean/PR)	- 4	51464000B
- FIN/Passport Number		
Date of Birth	*	13 ddi 02 mmi 1961/yy
Driving Date Pass		15dd 10 mm/98/ W
Year of Driving Experience	4	47 Year(s) Month(s)
Occupation	*	DRIVER Indoor Y Outdoor
Gender	+	X Male Female 9684 S078
Contact Number / Mobile Phone / Fax No		060+5078

Wasting for AIG Cortificate?

	G 750
address of Driver	Ho3-528 Wandland Postcode (730723)
mail Address +	7.7-2
Vas driver an employee of the Insured's Company?	Yes O No
No. Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	Yes WNo
/chicle Registration Number of Driver's Own Vehicle (if applicable)	
insurance Company of Driver's Own Vehicle (if applicable)	<u> </u>
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (Eg. Chain collison, Head-On collision, Side	
Swipe, Front to Rear)	
Weather Conditions	Clear C Raining Others
Road Surface	Dry Owet Others
OTHER INFORMATION	
a. Was anybody injured in the socident?	Yes WNo
 b. Was any other vehicle or properly damaged? (Including Witness) 	Yes & No
DETAILS OF POLICE ACTION	
Was the Accident reported to the Police?	Yes No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. Fax No.
Was notice of intended Prosecution given?	Yes No (If Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	4 YP 4621B
Vehicle Make/ Model/ Colour	MHOUDDIN 14 FOOT LORY
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Service of the servic	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
(Note - Please use page 6 if you need to add more vehicle)	cles)

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1464000B





MAZLAN BIN SAMIAN



JAVANESE 13-02-1961

SINGAPORE





5318972





19-06-2014

#1 BLK 723 WOODLANDS AVENUE 6 ≠03-528 #YGAPORE 730723 NRC No: \$14640008

YOU ARE LICENSED TO ORIVE VEHICLES IN THE FOLLOWING CLASSIES!

Motorcycles not exceeding 200 oc Motor Cors and Motor Treators the weight of which unlader does not exceed 2000 km/gree

NF 428A

For LKK/NAC Use Only



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 199) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD THANSPORT ACT, 1987 (MALAYSIA)

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

(This below excess is subject to GST)

Comprehensive Commercial Motor

CERTIFICATE NO.

999994316

SUM INSURED

Market Value

INSURING WITH COE/PARF

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

SLG6065U

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 \$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 an permitted and is not disquisited by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Variote.

6) LIMITATION AS TO USE*

- 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 fitted.

Use for racing, pace-making, reliability trial or speed-testing.

- Use whist drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
 Use for the carriage of passengers for tire or reward by any person to whom the Vehicle is fixed.
 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 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1967 (Manages). are not to be included under these headings.

17 We hereby Certify that the policy to which this Certificate relates 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

DODKW I

ORIGINAL