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Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 06/06/2019 10:01

SINGAPORE ACCIDENT STATEMENT

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 witholding of material facts may allow insurance companies to
- 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

ACCIDENT STATEMENT

Date Of Report 06/06/2019 09:51 Date Of Accident 03/06/2019 18:00 Exact Location Of Accident GUILLEMARD RD Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GZ4822Z

Insured/Policyholder

Name Of Registered Owner KWANG CHUN PTE LTD

Co Reg No 201424747H Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-92731030 Alternative Phone No. OFFICE-92731030

Vehicle Particulars

Manufacturer TOYOTA Model HIACE MANUAL

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 THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number 999994492/100863415

Cover Note Number

Driver

Name of Driver MOHD SAIFUL AFFENDY BIN MOHD TAIR

Passport No/FIN G2282579N Date Of Birth 10/05/1985 Occupation INDOOR Date Of Driving Pass 02/07/2013

Driving Experience 5 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92731030

Fax Number

Contact Number OFFICE-92731030

EMail Address NOEMAIL

13 KAKI BUKIT ROAD 4 Address

#01-08

Postcode 417807

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) 2

involved in the accident

Was any body injured in the Accident?

YES

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

1

Number of Passengers (Including Driver)

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

REFER TO STATEMENT.

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 Vehicle Make/Model/Colour

SGR5109K

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MOHD SAIFUL AFFENDY BIN MOHD TAIB

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode BODY

GZ4822Z

YES

NO

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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
 - (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
 - (ii) for complying with requirements under any regulations, laws or court orders.

WO WO WO WO

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

DECLARATION

Policyholder's Signature Date & Time:

Driver's Signature

(if driver is not the policyholder)

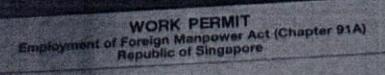
Date & Time:

Reporting Centre Personners Signature

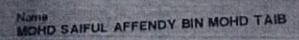
Name: NRIC/FIN No.:

WHAT Sketchtlishering MA

Date of Accident	:03/06/2619 Accident Time: 1800 (24-HR-Format)
Accident Place	: Guillemand Road
Vehicle Reg. No. (Car Plate No.)	GZ 4822Z
Vehicle Make/Model	Tayola Hi Aca.
bisurance Company ;	A2 G Policy No. 1008 68415
Owner or Company Name /IC No. :	KWANG CHUN PTE LTD (2014 24747 H)
(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	92731030 Owner's Hp Company Tel
DRIVER'S Name / IC No.	MOHD SAIFUL AFFENDY BIN MOHD TAIB G 228 25-79,
DRIVER'S Date Of Birth	10/65/1985 DRIVER'S License Pass Date 02/07/2013
Relationship of Owner & Driver :	Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address :	13 Kaki Parkit Road 4, #01-08, 417807:
	92731030 2)
DRIVER'S Occupation :	NDOOR OUTDOOR (e.g. working inside or outside office)
Email Address :_	ADMIN @MYCAR.SG
Weather & Road Surface	LEAR & DRY \RAINING & WET \ AFTER RAIN & WET
Reporting Type : R	eporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Drive	r):01
Was there any video Captured by car ca Exact purpose for which vehicle was be	mera: YES NO ing used at the time of accident: Private use \ Work purpose
Other Part	y Driver's Particular (if any)
Vehicle Reg. No: SGR 5109 K	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	
Driver's Contact & Add:	Driver's Contact & Add:



IC (PTE.) LTD.



Work Permit No. Sector. 4.04512323 SERVICE



For LKK/NAC Use Only



K0601715

VISIT PASS Immigration Regulations

18-07-2018

Name

MOHD SAIFUL AFFENDY BIN MOHD TAIB

FIN

G2282579N

Date of Birth 10-05-1985

Nationality

MALAYSION LKK/NAC Use Only

Sax

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHI WA MEW CARD IS ISSUED TO YOU.



REPUBLIC OF SINGAPORE

DRIVING LICENCE



Things Number G2282579 N

MOHD SAIFUL AFFENDY BIN

Birth Date: 10 May 1985

Issue Dale: 12 Sep 2018

Valid Till 01/07/2023



For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7

02 Jul 2013

passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Class 4A Omnibuses

05 Aug 2013

For LKK/NAC Use Only

Licence No:G2282579N

NP 428A



HOTLINE TEL. (65) 6415-3000 FAX (65) 6415-3723

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, 1959 (MALAYSIA)

M 7 301

TPFT COMMERCIAL MOTOR

OWN DAMAGE EXCESS \$\$3,000.00 (II) WINDSCREEN EXCESS N/A

CERTIFICATE NO. 999994492/100863415

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00 INSURING WITH COE/PARF Yes

GZ48227

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Kwang Chun Pte Ltd

24 Jul 2018 3) EFFECTIVE DATE OF THE COMMENCEMENT

OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE 23 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.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or him 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 for the carriage of passengers or goods in connection with the insured'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 racing, pace-making, reliability trial or speed-testing.

2) 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.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY LIAN HONG PTE LTD

* 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.

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 4 Sep 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD.

032016-127

FINANCIAL ALLIANCE PTE LTD

2 BUKIT MERAH CENTRAL #10-00 SPRING BUILDING SINGAPORE 159835

ORIGINAL