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SINGAPORE ACCIDENT STATEMENT

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.
- 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.

- 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 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 16:53

Date Of Accident

05/06/2019 00:55

Exact Location Of Accident

KINEX MULTISTORY CARPARK

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBB9325U

Insured/Policyholder

Name Of Registered Owner

SINGO SERVICES PTE LTD

Co Reg No Email Address

199901150K NOEMAIL

Mobile Phone No

Alternative Phone No.

OFFICE-63384223

Vehicle Particulars

Manufacturer

NISSAN

Model

NV200 1.5 MT

Exact Purpose for which vehicle was being used at

time of accident

WORKING

NO

Are you claiming under your own insurance policy for repair to your vehicle?

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

1900022267

Cover Note Number

Driver

Name of Driver

ANG CHYE KOK (WANG CAIGUO)

NRIC No Date Of Birth

S7519629F

29/06/1975 Occupation OUTDOOR 05/08/1992

Date Of Driving Pass Driving Experience

26 YEARS AND 10 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-82980768

Fax Number

Contact Number

OFFICE-82980768

EMail Address

NOEMAIL

Address

87 BEACH ROAD

#03-03 CHYE SING BUILDING

Postcode

189695

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

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)

2

Passenger 1

NAME:

. -

GENDER:

: MALE

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

GY6969B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

AMIRUN BIN RAHMAT

NRIC/Passport Number

S9643334D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 14

No. Of Passenger (Including Driver)

3

Passenger 1

NAME:

GENDER: :

Passenger 2

NAME:

GENDER: :

SKETCH PLAN

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.
- 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:
 - (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.

Policyholder's Signature Date & Time:

cyholder's Signature Driver's Signature

SE

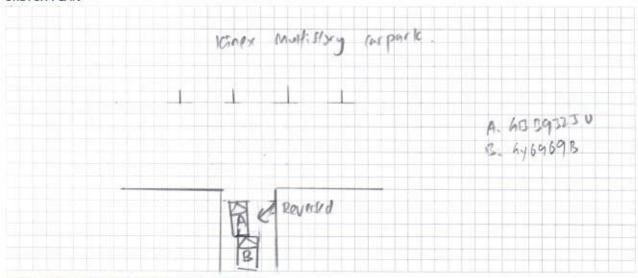
(If driver is not the policyholder)

Date & Time: 6/6/19

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

1530



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

11270 0230		
Refer to	statement.	

I/We declare the to eg egoing poch culars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: 6/6/19

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, AS I SAW AN EMPTY CARPARK LOT, I REVERSED MY VEHICLE A LITTLE AND ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B FRONT LEFT PORTION.

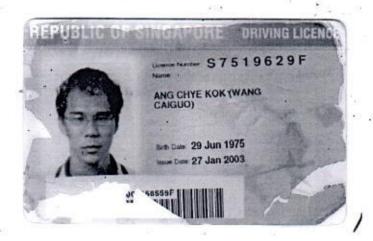
ACCIDENT STATEMENT

ACCI	IDENT DATE: 5/6	19-)(DD/M	IM/YYYY), TIME:(_	0 0 : 55 ·) (HH:MM)
LOCA	ATION: CONEX	Shapping	Mulli Hary	corpora
1.		4039325	W.	9
	a) VEHICLE NUMBER:_	ALL		-
	b)INSURANCE COMP	NINI.	8	-
	C)POLICY NUMBER:		1	_
		IPREHENSIVE / TH	HIRD PARTY / THIR	D PARTY FIRE &THEFT)
	e)MAKE & MODEL: f)TYPE:(SALOON / CO	HPE / MPV /V AN	L/LOPRY / MOTO	PCYCLE / OTHERS
	g) VEHICLE CATEGORY	diffic. a	THE CONTRACTOR OF THE CONTRACT	
	h)PURPOSE OF USING			WAG.
	IJARE YOU CLAIMING			
	IF NO, PLEASE STATE		/ '	The state of the s
2.	INSURED / POLICY HO	THE REPORT OF THE PARTY OF THE	armin's the ott meet	John
	AINAME: STAGO St		uld.	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT	The state of the s	CONT	ACT: 6338 4223
	c) ADDRESS:			
	* CONTINUE TO 3.d IF I	DRIVER ALSO PO	DLICY HOLDER	
THE of passenge	DRIVER			<u> </u>
(Including driver)	a) NAME: NY			_(MAKE / FEMALE)
(V)	DINKIC/FIN/FASSPORT		CONT	ACT: 8298 0768.
	CIADDRESS: 6 WOO) seylang	408-02 (188900)
Imale		m. t . 1505		
	*d)DATE OF BIRTH: (()
	e)OCCUPATION: (INDOf)YEARS OF DRIVING E.		\$ 81 1992.	
X	WAS DRIVER AN EMP			ADANIVA (VEQUINO)
4.	IF NO, RELATIONSHI			
5.	a) WEATHER CONDITIO			
	b)ROAD SURFACE: (DE			
6.	WAS ANYBODY INJURE		N	10
7.	a) REPORTED TO POLIC	E (YES / NO		
	IF YES, PLEASE STATE	WHICH POLICE	STATION:	
8.	THIRD PARTY VEHICLE	200		
the of passenger	a) VEHICLE NUMBER:	6469643.	MODE	L:
. Including driver)	b) DRIVER'S NAME:	A micha Bin	Ruhmay	
(3.)	a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPO	RT: -4643334	CONT	ACT:
7.	ITIKU PAKIT VEHICLE			
tho of passenger	d) VEHICLE NUMBER:	00 1010 E-10	MODE	L:
Induding deine	e) DRIVER'S NAME:			Vi v
	f) NRIC/FIN/PASSPOR	RT:	CONT	ACT:
(_)		(4		
The state of the s				

email = services @ singo-com. sg

fax =

VIDEO =



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7519629F





ANG CHYE KOK (WANG CAIGUO)

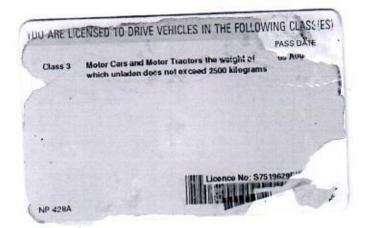
汪 财 国

Race CHINESE 29-06-1975

Country/Place of birth SINGAPORE



For LKK/NAC Use Only







CERTIFICATE OF INSURANCE

N COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder

: Singo Services Pte Ltd

Period of Insurance

: 27 Feb 2019 To 26 Feb 2020

Engine No. Chassis No.

: K9KE628D632164 : VSKYBAM20Z0174175 Vehicle No.

: GBB9325U

Policy No. Endorsement No.

: 1900022267

Issued Date

: 15 Mar 2019

ABOUT THE COVER

Make/Model

: NISSAN NV 200

Engine Capacity/Tonnage : 0.6 Tonnage

Sum Insured : Market Value

First Year of Registration : 2019

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2

Age Condition

: All Age Condition

Limitation as to use*

1) Use in connection with the Policyholder's business

2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.

3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle.c) use for any purpose in connection with Motor Trade.

Loss Of Use (7 Days) Commercial Auto

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Tan Chong Motor Sales. Add: 913 8t Timah Road Singapore 589623 64694091 64694092 64684093

2.TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 589623 64694091 64694092 6 2.TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212 3.Tan Chong Motor Sales Add: 17 Lor 8 Toe Psych Singapore 319254 63570753 63570754 4.Autolution Industrial Add: 19 Ubl Road 4 Singapore 408623 64909666 5.TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TAN CHONG CREDIT PTE LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of 2V 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610416

TAN CHONG CREDIT PTE LTD-TYK 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589522 ANSP-MOTOR Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

SSCNEY