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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 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.
- 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 aforesaid.

Date Of Report 04/07/2019 14:55 Date Of Accident 29/06/2019 12:20 Exact Location Of Accident CHOA CHU KANG DR SHELL STATION Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SJR3168S Insured/Policyholder Name Of Registered Owner BS CAR RENTAL PTE LTD Co Reg No - Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-81450033 Vehicle Particulars	Service Constitution
Exact Location Of Accident Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SJR3168S Insured/Policyholder Name Of Registered Owner Co Reg No Email Address Mobile Phone No Alternative Phone No CHOA CHU KANG DR SHELL STATION CHOA CHU KANG DR SHELL STATION SINGAPORE DETAILS OF OWN VEHICLE SJR3168S DETAILS OF OWN VEHICLE SJR3168S NOEMAIL OFFICE-81450033	
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Alternative Phone No OFFICE-81450033	
011102-01400033	
Vehicle Particulars	
Manufacturer MAZDA	
Model _	
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?	
If No, Please state action to be taken THIRD PARTY	
Vehicle Category PRIVATE HIRE	
Insurance Company	
Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTI	D.
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy NO	
Policy Number 999994153	
Cover Note Number -	
Driver Driver	
Name of Driver HERIYANTI BINTE KHALID	
NRIC No S8510437C	
Date Of Birth 17/04/1985	
Occupation OUTDOOR	
Date Of Driving Pass 27/08/2012	
Driving Experience 6 YEARS AND 10 MONTHS	
Gender FEMALE	
Mobile Number (LOCAL) +65-85107415	
Fax Number	
Contact Number	
EMail Address NOEMAIL	

Address BLK 461A YISHUN AVE 6 #05-1023

Postcode 761461

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 COLLISION - CHANGE/CROSS LANE

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? YES Was any injured conveyed to hospital by

ambulance?

NO

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: CAHAYA

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-4849999 - FAX NO: 62181399

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 SHA2135G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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

HERIYANTI BINTE KHALID

Approximate Age

Injuries Sustain

BACK

Injured person in which vehicle?

SJR3168S

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

CAHAYA

Approximate Age

Injuries Sustain

BACK

Injured person in which vehicle?

SJR3168S

Were seat belts worn? Was this injured conveyed to hospital by YES

NO

ambulance?

Address

Postcode

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.
- 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:

Driver's Signature

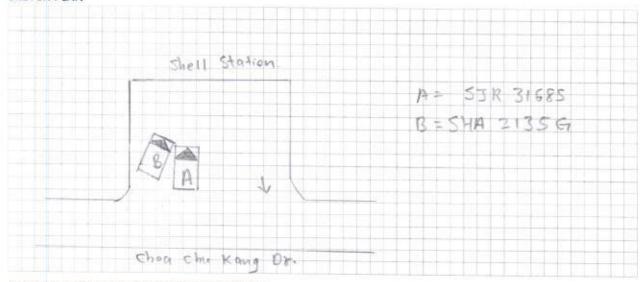
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	+ 0	Police	Report
			/	
		/		
		1		
		/		

DECLARATION |

I/We deplete the toregoing 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.:

29 ACCIDENT STATEMENT

ACCIDENT DATE: 2 6 19 (DD/MM/YYYY), TIME: 12: 20 (HH:MM)
LOCATION: Chaq chu Kang shall Station.
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: SJR 31685
b)INSURANCE COMPANY:
CJPOLICY NUMBER:
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:
f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
THE ONE OF USING AT ACCIDENT TIME.
TAKE TOU CLAIMING UNDER YOUR OWN INCIDENCE WAS THE
" NO, PLEASE STATE (THIRD PARTY CLAIM / PEPOPTING ONLY)
2. MISSINED / FOLICY HOLDER
A)NAME: BS car rental. (MALE / FEMALE)
CONTACT: \$1450033
c)ADDRESS:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
His of passange DRIVER DRIVER ALSO POLICY HOLDER
(Including driver) a) NAME: Heriyanti brace Ichalid (MALE/FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 8:510 7415
c)ADDRESS:CONTACT:
thay va - E
FOCCUPATION: (INDOOR / OUTDOOR)
f)YEARS OF DRIVING EXPRERIENCE:
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
THE DRIVED WITH INCLINED.
5. G) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
/. GIREPORTED TO POLICE (YES / NO.)
IF YES, PLEASE STATE WHICH POLICE STATION
o. IHIRD PARTY VEHICLE
THIRD PARTY VEHICLE THE OF PASSENGER OF VEHICLE NUMBER: SHA 21356. MODEL:
- wallesting chiver) D) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT:CONTACT:
7. THIRD PARTY VEHICLE
This of passanger d) VEHICLE NUMBER:MODEL:
Induction deliver DRIVER'S NAME:
Inducting driver f) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT:CONTACT:
wowting police Report
email = wanting police Report.
wowting police Report

SINGAPORE POLICE FORCE

en Of Origin. Kie North N.P.C d And Mg Kic Avenue 9 SINGAPORE Tel No. 1800-4849999



Report No. T/20190704/2051

REPORT OF A TRAFFIC ACCIDENT

Age:

Date/Time Report Made: 04/07/2019 12:43

Vide Report No.:

Station Diary No.:

Informant's Particulars Name of Informant: HERIYANTI BINTE KHALID APT BLK 461A YISHUN AVENUE 6 #05-1023 SINGAPORE 761461 ID Type / ID No .: Contact No.: NRIC NO / S8510437C Home/Office: Nationality Email: SINGAPORE CITIZEN

Date of Birth:

17/04/1985

Type of Informant: Driver Language:

Institution / School Name:

Mobile: 85107415

Race: Malay Occupation: DELIVERY DRIVER

Sex:

Female

English Driving Licence Information: Class: 3A

Date of Expiry:

General Information of the Accident

Type of Accident Injury Others Drink Drive: No

Date/Time of 29/06/2019 12:20 Type of Location:

Location Along Road 1 CHOA CHU KANG DRIVE

SHELL petrol klosk' service road Weather.

Clear Traffic Flow

Road Surface: Dry Traffic Control: Not Controlled Road Speed Limit:

Traffic Volume:

Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction Anyone conveyed by ambulance: No

Details of Vehicle Involved Model Color Condition | No of Passenger Vehicle No. Type Make Slightly 0 SHA2135G Car Damaged Slightly SJR3168S Car Damaged

Details of Person Involved Any Pedestrian Involved: No No of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



Driver				35,50	ACCESS TO NO.
Name	ABDULLAH BIN TASDAN		ID No.		S1368562B
Related Vehicle	SHA2135G (Car)		Contact No.		97534897
Hospital/Clinic	NIL 3		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
Driver	ited Medical Leave NIL	Degree of	Injury	NIL	
Name	HERIYANTI BINTE KHALID		ID No.		S8510437C
Related Vehicle	SJR3168S (Car)		Contact No.		85107415
Hospital/Clinic	UNIHEALTH CLINIC BEDOK		Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL
Date Treatment			harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		Slight	

Brief Details.

On 29/06/2019 at or about 1220hrs, I just drove into SHELL Choa Chu Kang when suddenly one motor-taxi drove off from stationary position near the petrol kiosk service road entrance and hit onto my car, I was driving at a very low speed when the said accident happened. The said taxi's right-hand side hit onto my car's left-hand side. The hand side. The hand side in the said accident happened. onto my car's left-hand side. The taxi's front right bumper came off slightly whereas my left headlight broke and there were scratches on my front left bumper. My said bumper was slightly dislodged but did not came off. Both myself. not came off. Both myself and the other driver alighted from our cars and exchanged particulars and contact number with each other. At that point of time, neither myself nor my passenger experienced any bodily pain or discomfort. bodily pain or discomfort. At that point of time, neither myself nor my passenger expenses back pain sprain. Both of us sought actions and a started feeling back. pain sprain. Both of us sought outpatient treatment at a clinic in Bedok and was given 3-days MC.

My car is not installed.

My car is not installed with any driving cameras. I am sure that there is SHELL CCTV overlooking the accident location. I am not sure if the taxi is installed with any driving cameras or not.

Both our cars were able to the sure of the taxi is installed with any driving cameras or not.

Both our cars were able to be driven off after the said accident.





3 of 3

Report No. T/20190704/2051

ce Station Of Origin: Mo Kio North N.P.C Ing Mo Kio Avenue 9 SINGAPORE 784 No: 1800-4849999

CONTINUATION OF REPORT

HER | T THE MARKET | THE P | T E

etch Plan

ormant 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:

F /
SI MOHAMMED BIN ZAINOL

Signature Of Interpreter. Not applicable

Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404

Authentication Stamp

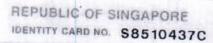
Signature Of Informant:

Date/Time: 04/07/2019 12:43

Classification Of Case:

SM 006

Singapore Police Force





HERIYANTI BINTE KHALID

MALAY

17-04-1985

SINGAPORE

For LKK/NAC Use O





For LKK/NAC Use Only

01-12-2006

APT BLK 481A YISHUN AVENUE 6 #05-1023 SINGAPORE 761481

NRIC No: \$8510437C

Date 03/06/2019

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)





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)

999994153

M.Z.400

(The below excess is subject to GST)

POLICY EXCESS

\$\$2,000.00

WINDSCREEN EXCESS

Market Value

SUM INSURED INSURING WITH COE/PARF

SJR3168S

BS Car Rental Pte Ltd

1) VEHICLE REGISTRATION NO. 2) NAME OF POLICYHOLDER

TPFT Commercial Motor

CERTIFICATE NO.

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

04 June 2019

01 April 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Insured's order or with their permission. Driver must hv at least 2 years DE. For Driver age <23 or >65 Sect II Excess is \$3000,\$5000(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

6) LIMITATION AS TO USE*

- Use for social, domestic, pleasure purposes and business purposes of Insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, 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. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

Teck Wei Credit 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).

ORIGINAL

Issued in Singapore 20 Jun 2019

AIG Asia Pacific Insurance Pte. Ltd.

0691991-000 Moh Kok Hena 78 Shenton Way #07-16 SINGAPORE 079120

AUTHORISED REPRESENTATIVE

SSPTKY