

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 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.
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.

ACCIDENT STATEMENT

Date Of Report	21/08/2019 10:29
Date Of Accident	16/08/2019 15:45
Exact Location Of Accident	CISCO CENTER 2 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC713X
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	HDINOS@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90036417
Alternative Phone No	OFFICE-90036417
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN MICROBUS 3.0 4DR 5MT ABS AIRBAG
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994313
Cover Note Number	

Driver

Name of Driver	HAIRUDIN BIN HASSAN
NRIC No	S7331518B
Date Of Birth	03/09/1973
Occupation	INDOOR
Date Of Driving Pass	09/07/2002
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90036417
Fax Number	
Contact Number	OTHERS-90036417
Email Address	HDINOS@YAHOO.COM

Address	BLK 986A BUANGKOK CRESCENT #11-48
Postcode	531986
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	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	NO
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
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : LEONG SHENG HOWE GENDER: : MALE
Passenger 2	NAME: : WAN MOHD DANISH 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

PLEASE REFER TO SKETCH AND ATTACHMENT

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 Witness 1

Name	LEONG SHENG HOWE
Phone Number	97105532
Email Address	

Details of Witness 2

Name	WAN MOHD DANISH
Phone Number	96610404
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PILLAR

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

- (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:
 - (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, 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.



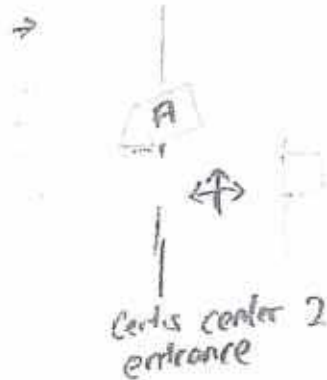
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/8/2019 16:55:45

Reporting Centre Personnel's Signature
Name: Keshu Linton
NRIC/FIN No:

21/08/2019
Keshu Linton

SKETCH PLAN



A-PC713x

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached.

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

Policyholder's Signature

Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 16/8/2019 16:45 hrs

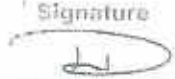
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

16/8/2019
Rashid Umar

INCIDENT REPORT FOR DUTY POST

Location of Duty Post	Type of Business (Bank/KINs/Embassy/ Residence/Factory)	Date of Incident	Time of Incident	Weather Condition
PLD	EOP LTA	16/8/2019	1545 hrs 4:45 PM	Dry
Person(s) Involved	Particulars of Witness(es)			
HARUDIN BIN HASSAN 112500	Leong Shing Howe 120261 Wan Denish 106461			
Details of Incident (Who, What, Where, When, Why, How and Other Essential Details)				
<p>On 16/08/2019 @ 1545hrs, I Harudin ID 112500 Drove van no. PC 7132 at Asio Centre 2 premises toward to drive in the basement carpark going towards down slope. While I making Left turn, I couldn't control the van out of sudden slight excessive acceleration slows in braking the van hit the pillar on the left side Damages are on the left side of the van. That's all</p>				
Reported by : (Rank/Svc No/Name)	Signature		Date	Time
PC 112500 Harudin			16/8/2019	1615 hrs.

21/08/2019
Rash *Wong*

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6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	16/8/2019 1545hrs	Date	16/8/2019	Time	1545hrs
Exact Location of Accident	Cisco dr 2 802		Cisco dr 2		
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	PC 713 X		PC 713 X		
INSURED / POLICYHOLDER (OWN VEHICLE)					
Name of Registered Owner (See Insurance Cert.)					
Personal Identification - NRIC (Singaporean/PR)					
- FIN/Passport Number					
- Not Applicable					
VEHICLE PARTICULARS (OWN VEHICLE)					
Vehicle Make / Model	Manufacturer: _____ Model: _____				
Type of Vehicle	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others _____				
Exact Purpose for which vehicle was being used at time of accident	Work vehicle				
Are you claiming under own insurance policy for repair to your vehicle?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If No, Pls select <input type="radio"/> Third Party <input type="radio"/> Reporting)				
INSURANCE COMPANY (OWN VEHICLE)					
Name of Insurance Company					
Type of Policy	<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only				
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No				
Policy Number					
Motor CI					
DRIVER					
<input type="radio"/> Same as Insured above					
Name of Driver	HAIRUDIN BIN HASSAN				
Personal Identification - NRIC (Singaporean/PR)	SINGAPOREAN				
57331518B - FIN/Passport Number	57331518B				
Date of Birth	03 /dd 09 /mm 1973 /yy				
Driving Date Pass	01 /dd 02 /mm 2002 /yy				
Year of Driving Experience	17 Year(s) Month(s) 0 Month(s)				
Occupation	Certis Casco APO Indoor <input checked="" type="radio"/> Outdoor <input type="radio"/>				
Gender	Male <input checked="" type="radio"/> Female <input type="radio"/>				
Contact Number / Mobile Phone / Fax No.	90036417				

Address of Driver	BK 986A Bangkok Crescent #11-48 S(531986)	BK 986A Bangkok Crescent #11-48 S(531986)
Email Address	hdinos@yahoo.com	hdinos@yahoo.com
Was Driver An Employee of the Insured's Company?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If No, Relationship of the Driver with the Insured		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (If applicable)		
Insurance Company of Driver's Own Vehicle (If applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear)	front left collision	front left corner collision
Weather Conditions	dry hot	<input type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others
Road Surface	dry	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others
OTHER INFORMATION		
a. Was anybody injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
b. Was any other vehicle or property damaged? (Including Witness)	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	No	<input type="radio"/> Yes <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No (if Yes, against whom?)	<input type="radio"/> Yes <input checked="" type="radio"/> No (if Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	P-113-2	P-113-2
Vehicle Make/ Model/ Colour		
Details of Properties		Centre Cisco ctr 2
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number		
Vehicle Make/ Model/ Colour		
Address of Driver		
Name of Insurance Company		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles)		

Details of Witness 1	
Name <i>Leong Sheng Howe</i>	<i>Leong Sheng Howe</i>
Phone <i>97105532</i>	<i>97105532</i>
Email Address <i>leongsh92@gmail.com</i>	<i>leongsh92@gmail.com</i>

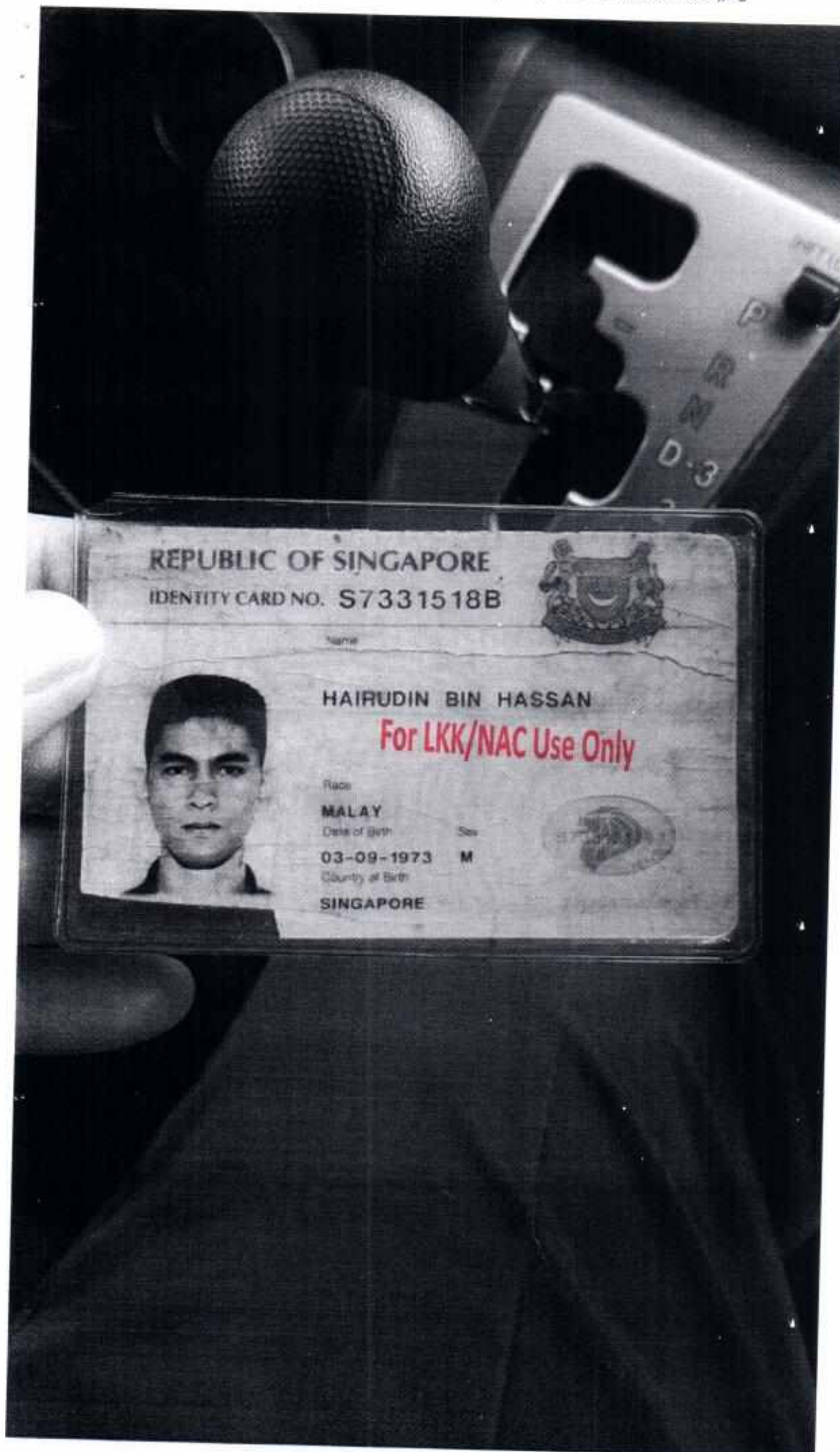
Details of Witness 2	
Name <i>Wen Mohd Danish</i>	<i>Wen Mohd Danish</i>
Phone <i>96610404</i>	<i>96610404</i>
Email Address	

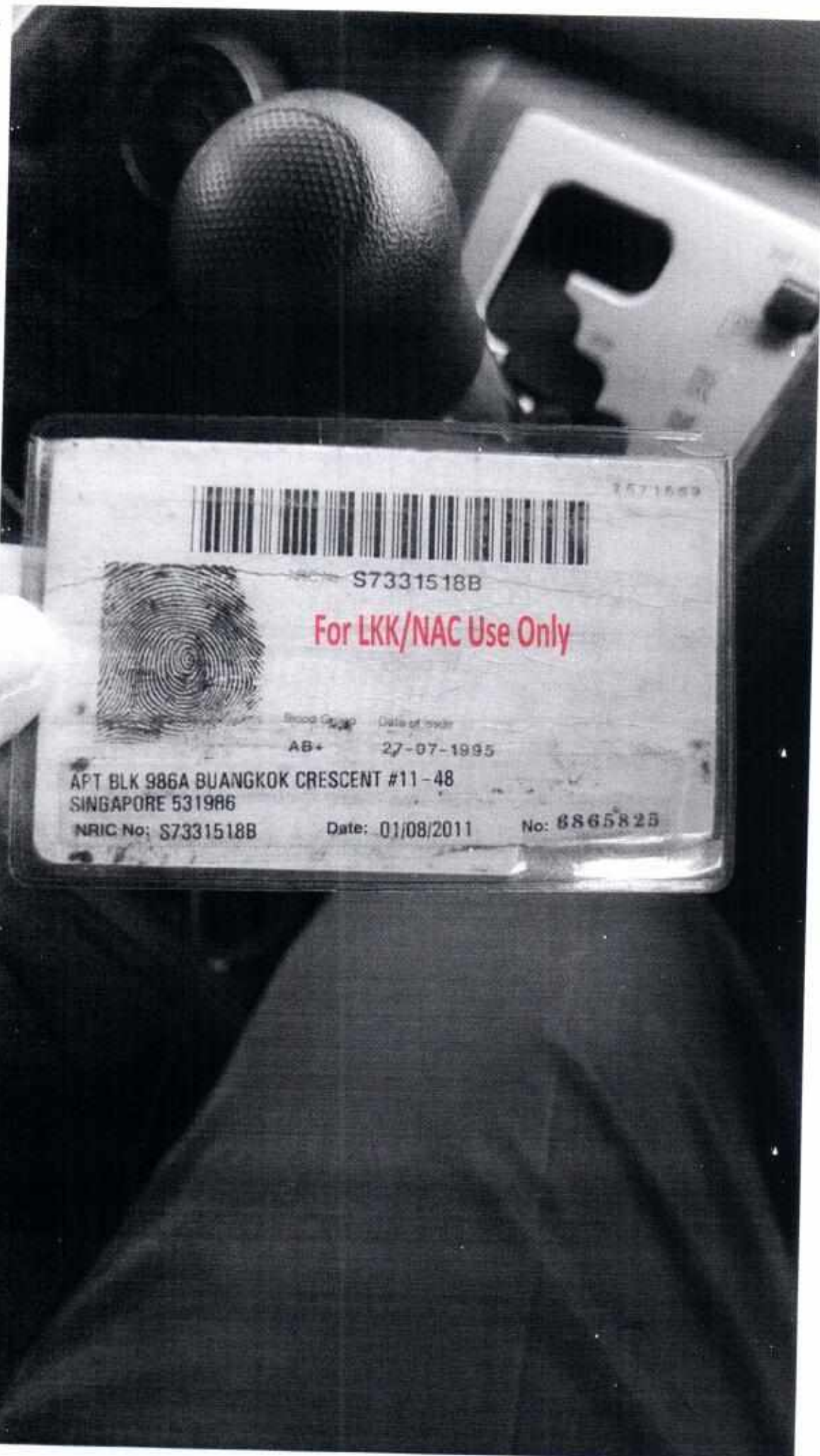
Details of Injured Person 1	
Name	
Phone	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="radio"/> Yes <input type="radio"/> No
Was injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> No

Details of Injured Person 2	
Name	
Phone	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="radio"/> Yes <input type="radio"/> No
Was injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> No

Details of Injured Person 3	
Name	
Phone	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="radio"/> Yes <input type="radio"/> No
Was injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> No

(Note - Please use page 7 if you need to add more injured person)







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	PASS DATE
Class 2B Motorcycles <= 200 CC	25 May 2000
Class 2A Motorcycles between 201 CC and 400 CC	04 Jun 2002
Class 2 Motorcycles > 400 CC	15 Jun 2010
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	09 Jul 2002
Class 4A Omnibuses	15 Apr 2013


For LKK/NAC Use Only

S / No. 9000179768

NP 428A

7471500

Licence No: 57331518B



**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, 1989 (MALAYSIA)

M.2.400

Comprehensive Commercial Auto Plus
CERTIFICATE NO. 999994313

(The below excess is subject to GST)
POLICY EXCESS S\$2,500.00 (1)
WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

PC713X

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*

- 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
- 3) Use for social, domestic or pleasure purposes of any person to whom the vehicle is hired.

The Policy does not cover

- a) Use for racing, pace-making, reliability trial or speed-testing.
- b) Use for the carriage of passengers for hire or reward
- c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

LOSS OF USE Not Included

HIRE PURCHASE COMPANY NA

*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 26 Jan 2019

AIG Asia Pacific Insurance Pte. Ltd.

030123-000

Acom International Network Pte Ltd

48 Changi South St 1 Level 3

SINGAPORE 486130

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPTKY