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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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 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.

Charles of Severy Later Serve	ACCIDENT STATEMENT
Date Of Report	18/09/2019 12:33
Date Of Accident	17/09/2019 16:50
Exact Location Of Accident	ALONG MANDAI ROAD TOWARDS YISHUN
Country/State of Loss	SINGAPORE
And Sales Shakes Williams	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE7865A
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	SKS_1023@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90211084
Alternative Phone No	OFFICE-90211084
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO
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?	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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994313
Cover Note Number	
Driver	
Name of Driver	SEAH KOON SIANG (XIE KUNXIANG)
NRIC No	S8432152D
Date Of Birth	23/10/1984
Occupation	OUTDOOR
Date Of Driving Pass	12/07/2006
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90211084
Fax Number	estastrouropertais volitilitiseetisti 1800 tiidi
Contact Number	OTHERS-90211084
French Kara	

SKS\_1023@HOTMAIL.COM

BLK 511 YISHUN STREET 51 Address

#13-429

Postcode 762511

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

NO

YES

NO

1

NO

NO

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 3

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJX9940H

Vehicle Make/Model/Colour

KIA CERATO FORTE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

EMILY

NRIC/Passport Number

Contact Number

98445275

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

GBJ7452G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

	Mondai ROAD	C Traffic light
	000	
		- A) GBE786SA
		_ B) SJX9940H
SCRIBE CIRCUMSTANCES OF	THE ACCIDENT	B) SJX9940H D PHI 74526
2) AZZERANIA	SEAFLAGE (C) HOMPPALE (C)	
Vehicle is	because yeld light and Sub Act my backthere is	angly benned
DECLARATION  We declare the forest the particular to Signature  officyholder's Signature	(if driver is not the policyholder). It	Partie Personal Color March Color Co

### 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 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 sability on the part of the insurance companies.
- 5 Any false reporting may be referred to the Police for investigation.
- 6 The report will be forwarded by the oscurers of the GIA Records Management Centur established by the General Insurance Association of Engapore (ISIA) for archiving and that copies of this report will for a fee be made available upon application by enterested parties.
- By the ladgment 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)

Funderstand, arknowledge, agree and consent that

- tal My insurer, my workshop and the General Insurance Association of Singapore ("GLA") 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 (all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) takes insured Minetars (authority of Singapore and any relevant government agency/authority (such as the power), for the purposession
  - processing, handling and/or dealing with my claims including the settlement of the claims and any hecessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims,
  - (iid carrying out and/or dealing with my instructions or responding to any enquiries by me,
  - (by administering my claims (including the mailing of correspondence, statements, involces, reports or outces 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 administrate, processing, hundling and/or dealing with my staires (collectively the "Purposes")
- (b) all intureris) who have insufed vehicle(s) involved in this accident and the insurers. Jawyers/Jaw from, may/are permitted to collect, use, displace 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 comple claims history for the purpose of final detection, levestigation 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, constraining or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or for confusional transfer any regulations, laws or court orders.

Policyholder's Signature

Date & Time

Oriver's Signature

ill driver is not the policybolners

Date & Time.

Heybline Control

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# ACCIDENT STATEMENT

ĄC	CIDENT DATE: 17,09,2	MYMMICON PIC	16.50	) ,,,,,,,,,
Loc	EATION: Manda #	Toward Toward	Yidhun	)(HH;MM)
	1. DETAILS OF VEHICLE  a) VEHICLE NUMBER:  b) INSURANCE COMPANY  c) POLICY NUMBER:	A238F 38D		- <u> </u>
47	d)POLICYTYPE: (COMPRE D)MAKE & MODEL:	HENSIVE / THIRD PAR	RTY / THIRD PARTY P	IRE &THEFT!
9	TITYPE: (SALOON / COUPE	/MPV/(LAP/LICES	V / / /	
٠	h)PURPOSE OF USING AT	CCIDENT TIME	ML / MOTORCYCLE	OTHERS)
10	I) ARE YOU CLAIMING UND IF NO. PLEASE STATE (THIR		RANCE (YES/NO)	
2	INSURED / POLICY HOLDER	V. 15	200 AUR	
	DINRIC/FIN/PASSPORT:		(MALE /	FEMALE)
	c) ADDRESS:		CONTACT:	
19				
id vi A	* CONTINUE TO 3.d IF DRIV	ER ALSO POUCY HO	IDER	
4Ho of passonga	DRIVER			
Concluding driver	alname: LEAH	HUAIZ LOOM	MADE/A	EMALE).
cl j	DILLING VEHING MOSPORT	18432 520	_CONTACT:	48011C0
1	OJADDRESS: BIKSIB	40mm 24 BI	# 13-427 5[	762511)
	d) DATE OF BIRTH: (23)	(D) (984 1000)	11100000	
	e)OCCUPATION: IINDOOR	/OUTDOOR!	imytrtt)	
	1009TE OF DRIVING DAC	0 12/07/2	2004-	a S
4.	WAS DRIVER AN EMPLOY	EE OF THE INSURF	D'S COMPANYS O	SUND)
	TE NO, RELATIONSHIP OF	THE DRIVER WITH	INCHES.	HIPFOR
5.	DIMENTHER CONDITION; (C	LEAR / RAINING / O	THERS	
	DIRUAD SURFACE: (DRY / V	VET / OTHERS	* *	
7.	WAS ANYBODY INJURED (YE	ES / N(Ø)	11	66 - <u>V</u> .
	IF YES, PLEASE STATE WHICH	LI BOLLOE STATIONI	10	
8,	TOTAL PARTY VEHICLE			*
i his of passenger	O VEHICLE NUMBER	HOPPP XE	MODELL HA	CKR.
Industry driver)	b) DRIVER'S NAME	EMILY		
( )	C) NRIC/FIN/PASSPORT!	, , , , , , , , , , , , , , , , , , ,	CONTACT: 984	45275
·· / 9.	THIRD PARTY VEHICLE			es estable no
the of passonger	d) VEHICLE NUMBER:		_MODEL:	- 10
Industing driver	e) DRIVER'S NAME:	1		
( 3	) I) NRIC/FIN/PASSPORT:		CONTACT:	
·—-	P#0 2			
			¥2	

email = exc\_1023 @hotmail.com

Mt.Z:400



# 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, 1969 (MALAYSIA)

(The below excess is subject to GST)

Comprehensive Commercial Auto Plus

CERTIFICATE NO.

999994313

POLICY EXCESS

S\$1,000.00 (1)

WINDSCREEN EXCESS

\$\$100.00

SUM INSURED

INSURING WITH COE/PARF

Market Value

GBE7865A

Goldbell Car Rental Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE

FOR THE PURPOSES OF THE ACT

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

01 January 2019

31 March 2020

4) DATE OF EXPIRY OF INSURANCE 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 disquisified 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 only for social, domestic and pleasure purposes and for the Policyholder'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 driving 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 anyone disabled using a mechanically propelled vehicle,
- use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; and
- 4) Use for any purpose in connection with Motor Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

**DBS Bank Ltd** 

\*Limitations rendered inoperative by Section 6 of the Motor Venicles (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 16 Jan 2019

030123-000

Acorn International Network Pte Ltd 48 Changi South St 1 Level 3 SINGAPORE 486130

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPTKY

ORIGINAL