SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 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.
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7. By the lodgement of this report to the insurers, you hereby conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	26/09/2019 17:04	
Date Of Accident	25/09/2019 00:30	
Exact Location Of Accident	ALONG SOUTH WOODLANDS WAY	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD3855K	
Insured/Policyholder		
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD	
Co Reg No	200710651D	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	Office-66039399	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	NV200 1.5L MT	
Exact Purpose for which vehicle was being used at time of accident	WORK (NIGHT JOB)	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
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	YES	
Policy Number	999994313	
Cover Note Number		
Driver		
Name of Driver	CHONG GIAP KHOON	
NRIC No	S1643340C	
Date Of Birth	12/09/1964	

OUTDOOR

17/10/1983

35 YEARS AND 11 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-96802550

Fax Number

Contact Number

EMail Address PURCHASING@PESTBUSTERS.COM.SG

BLK 364 TAMPINES STREET 34 Address

#08-139

Postcode 520364

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 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?

Was any other material or property damaged? YES

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

NO

YES

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name WOODLANDS WEST N.P.C

ROAD: 1 WOODLANDS STREET 12, POSTCODE: 738622, COUNTRY:

Police Station Address **SINGAPORE**

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND NOTICE OF REPORTING - ANNEX D: S/D REF: 04

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

MUHD HIDAYAT BIN ABDUL RAHIM Name

Phone Number 84224360

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SME6720K

Vehicle Make/Model/Colour HONDA WHITE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver G JABAR SADHIK BATCHA

NRIC/Passport Number S6863789I Contact Number 90229710

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 6. 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.
- Consent under the Personal Data Protection, Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My lasurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, ewy insurer, my workshop and the General Insurance Association of Singapore ("Sin") inayyare permitted to collect, use, disclose and/or process any personal data/personal information set out in this [soun] and any other personal information provided by me of possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(r) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers "swyers/law lines, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of the purpose of the pu
 - processing, heading end/or dealing with my claims lackeding 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 packaged; and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.[collectively the
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law tirms, 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 perty service providers or agents(including their lawyers/law firens), which may be sited outside of Siegopure, for one or more of the above Purposes.
- my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, westigation 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 for 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.

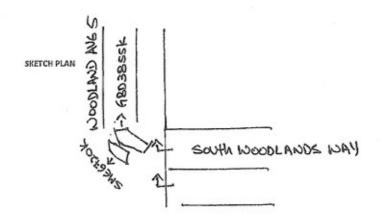
Date B 7 276 SEP 2019

16:58 mg.

Driver's Signs (If driver is not the polic

Oate & Time: 26 9/19

Reporting Contro Personnel's Signature NOIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CITY OF STATE ACCIDENT

CITY OF STATE ACCIDENT

THE ACCIDENT IS IN THE CONTROL OF THE ACCIDENT

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REFER TO POLICE report: No thee of Reporting
AMNEX D:

SID Ref: 04

DECLARATION CHILD

DECLA

NOTICE OF REPORTING

This is to confirm that CHONG GIAP KHOON, NRIC/FIN S1643340C, has reported to the Police a non-injury traffic accident which occurred along SOUTH WOODLANDS WAY

On 25/09/2019 at 0030hrs involving the following vehicles:

1) GBD3885K

2) SME6720K

WOODLANDS WEST NPC NO. 1 WOODLANDS STREET 1. SINGAPORE 73862? TEL: 1800-363 9999

If this accident was reported to the Police within 24 hours of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Na	me of Issuing Offic	er:SG	TELTON	
Date:	25/09/2019	Time:	0053hrs	<u> </u>
Police Po	ost/Unit: W	oodlands W	est NPC	
S/D Ref:	04		(0)	X
			Sign Sign	Monte: C



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 188) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1990

ROAD TRANSPORT ACT, 1687 (MALAYSIA) MOTOR VEHICLES [THERD-PARTY RISKS] RULES, 1910 (MALAYSIA)

M.Z.400 (The below excess is subject to GST)

Comprehensive Commercial Auto Plus CERTIFICATE NO. 999994313

WINDSCREEN EXCESS

\$\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF Yes

GBD3855K

1) VEHICLE REGISTRATION NO. 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*

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

It is to show the second of th

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

ORIGINAL

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Ritaks and Compensation) Act (Chapter 169) and Section 95 of the Road Transport Act, 1997 (Malaysia), se not to be included under these headings.

1.7 We hereby Certify that the policy to which this Certificate relates is issued in occordance with the provisions of the Motor Vehicles (Third- Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malayala).

Issued in Singapore 16 Jan 2019

AIG Asia Pacific Insurance Pte. Ltd.

SSPTICY

















