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| P Particulars: Veh No: | F GUERC | , INC(|)/Non-INC(|) | |
| Owner / Driver: (| L 61338 | | Tel: | |) |
| Policy No: () Per | iod: (|) | Cover Type: (| |). |
| Confirmed by : (| | Dates, | Tlings | |) |
| Insured/Driver Liability: (%) [1 | Note-Est Status (V | WO): N: 0-20 | %; P: 21-79%. F: | 80-100% | |
| Year of Registration: () V | Warranty: YES (|)/NO(| > | - N | |
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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 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.

| A PERSON OF THE PROPERTY OF THE PARTY. | ACCIDENT STATEMENT | |
|--|---|--|
| Date Of Report | 30/10/2019 12:24 | |
| Date Of Accident | 29/10/2019 17:15 | |
| Exact Location Of Accident | SEMBAWANG ROAD TOWARDS UPPER THOMSON ROAD | |
| Country/State of Loss | SINGAPORE | |
| ALCOHOLD BOOK TO BE THE RESIDENCE | DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | GBG3910T | |
| Insured/Policyholder | | |
| Name Of Registered Owner | GOLDBELL CAR RENTAL PTE LTD | |
| Co Reg No | 200710651D | |
| Email Address | NOEMAIL | |
| Mobile Phone No | (LOCAL) +65-83191747 | |
| Alternative Phone No | OFFICE-83191747 | |
| Vehicle Particulars | | |
| Manufacturer | FIAT | |
| Model | DABLO | |
| 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 MEI KAR SENG Passport No/FIN G6700071X Date Of Birth 15/05/1991 Occupation OUTDOOR Date Of Driving Pass 15/01/2015 **Driving Experience** 4 YEARS AND 9 MONTHS Gender MALE

Mobile Number (LOCAL) +65-83191747

Fax Number

Contact Number OTHERS-83191747

EMail Address NOEMAIL Address

28 LOROANG 31 GEYLANG

#06-02

Postcode

388038

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

COLLISION - HEAD TO REAR

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

NO

Was any body injured in the Accident?

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)

1

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

I WAS DRIVING ALONG SEMBAWANG ROAD AT TRAFFIC JUNCTION, MY VAN WAS STATIONARY DUE TO TRAFFIC LIGHT WAS RED. SUDDENLY I FELT AN IMPACT FROM MY REAR AND I CAME OUT AND SAW A CAR SJE6453S BANG ONTO THE REAR OF MY VAN GBG3910T THAT ALL.

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

SJE6453S

Vehicle Make/Model/Colour

KIA CERATO

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

Contact Number

LIEW BOFFY

NRIC/Passport Number

G6948651M 88092818

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 will inisrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The insure and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 5. The report will be forwarded by the insurers of the GIA Records Alanagement 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.
- 2. By the longment of this report to the insurers, you hereby consent to the accisiving of this report at the centre and to copies of the report being made available aforesaid.
- Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") mayrate permissed to collect, use, disclose and/or process my personal data/personal information set out in this [farm] 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(c) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the insurers' lawyen/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposeist-
 - (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.
 - (H) carrying out and/or dealing with my instructions or responding to any enquires 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 pockages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the Purposes")
- (b) all impurer(s) who have insured vehicle(s) involved in this accident and the incurers lawyers/law firms, may rare permitted to zollect, 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 fraun detections, 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 froud, 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 & Time:

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

Date & Time:

NRIC/FIN No.

D) GBG 39107 B) STE 6453 S



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|-------------------|--------------------|-------------------------|
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DECLARATION

I will destart the Desgripp particulars are true in every respect.

Folkyh Nig I Begarture

Driver's Signature (if driver is not the policyholder) Date & Time

ACCIDENT'STATEMENT

| ACCI | IDENT DATE: (5 : 13) (HH:MM) |
|--|--|
| LOCA | ATION: Senbawang Road DWBabs UP THOMPON RO |
| 1. | DETAILS OF VEHICLE a) VEHICLE NUMBER: GBG 39/0 T b) INSURANCE COMPANY: DIG c) POLICY NUMBER: F/MT DABLO |
| = 25 | d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) |
| | e MAKE & MODEL: MAY 1003Co, |
| | TYPE: (SALOON / COUPE / MPV / KAN / LORRY / MOTORCYCLE / OTHERS) |
| ŭ | 1) PURPOSE OF USING AT ACCIDENT TIME: WARKLAND PURPOSES |
| | I ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YESANO) |
| (2) | IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) |
| 2., | ANAME: GOLDRAN CAR PHILAL (MALE / FEMALE) |
| | b) NRIC/FIN/PASSPORT:CONTACT: |
| | c)ADDRESS: |
| 9.5 | |
| Jo of passanger | * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER |
| Including driver.) | a) NAME: MC; Kair Scag (MALE) FEMALE) |
| () anver) | División de Contact |
| ر بست. | 0) ADDRESS: 28 Low 31 Grey lang # 06-02(5). 388038 |
| | *d) DATE OF BIRTH: (15 DET) [99] (DD/MM/YYYY) |
| | e)OCCUPATION: (INDOOR / OUTDOOR) |
| × | WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) |
| 7.60 | IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED! Hidere |
| 5. | a) WEATHER CONDITION: (CLEARY RAINING / OTHERS |
| | b)ROAD SURFACE: (DRY) WET / OTHERS |
| | WAS ANYBODY INJURED (YES /NO) |
| | IF YES, PLEASE STATE WHICH POLICE STATION: |
| e of passinger | OI VEHICLE NUMBER: SJE 6453 S MODEL! KIA |
| At husdayed ex | |
| religion deliver | |
| () | C) NRIC/FIN/PASSPORT: GTEGHES IM CONTACT: 8209 -818 |
| () _{9.} | THIRD PARTY VEHICLE |
| () p. | THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: " |
| weducting deliver). () P. (a of passunger actualing deliver) | THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: " |

email = V1010



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1966 ROAD TRANSFORT ACT, 1987 [MALAYSIA]

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES. 1959 (MALAYSIA)

M Z 400

Comprehensive Commercial Auto Plus

CERTIFICATE NO.

999994313

(1)

WINDSCREEN EXCESS

\$\$100.00

(The below excess is subject to GST)

SUM INSURED

Market Value

INSURING WITH COE/PARF

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

GBG3910T

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*

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 exactment or regulation is 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.

1) Use for driving tuition, driving test, racing, pace-making, reliability trial or spend-testing;
2) use whilst drawing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle;
3) 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

LIOR

"Limitations randered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Float 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 Molor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1997 (Malaysia).

Issued in Singapore 16 Jan 2019

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPTKY

ORIGINAL