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TP Particulars: Veh No: SHC4	59A	. INC(.)/Non-IN	C().	•	L
Owner / Driver: (Tcl:	, '	'\	
Policy No: () Period: (Cover Type	101	/-	
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1) Apply for Transport Allowance ()/ Courtesy	Car()	COMPANY OF THE PARTY OF THE PAR				
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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.
- 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) (100 (2017) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	ACCIDENT STATEMENT
Date Of Report	08/11/2019 10:17
Date Of Accident	07/11/2019 07:40
Exact Location Of Accident	ALONG KJE TOWARDS BKE (WOODLANDS) AT LANE 3
Country/State of Loss	SINGAPORE
E CHARLESTON OF THE STREET	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC4416T
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96976008
Alternative Phone No	OFFICE-96976008
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
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	MUHAMMAD FAHMI BIN MASHWARI
NRIC No	S9030909I
Date Of Birth	28/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2015
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96976008
Fax Number	
Contact Number	OTHERS-96976008
EMail Address	NOEMAIL

BLK 261 JURONG EAST STREET 24 Address

#02-467

Postcode 600261

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 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)

involved in the accident

NO

YES Was any body injured in the Accident?

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.

YES NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

JURONG EAST NEIGHBOURHOOD POLICE CENTRE

Police Station Address

Police Station Contact

ROAD: NO. 92 BOON LAY WAY, POSTCODE: 609962, COUNTRY:

SINGAPORE

Was notice of intended Prosecution given?

TEL NO: 1800-8999999 - FAX NO: 66655791 NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191107/2146

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

SHC459A

Vehicle Make/Model/Colour

HYUNDAI IONIQ

Details Of Properties

Vehicle Category

TAXI

Name of Driver

POH CHER KIM

NRIC/Passport Number

S0095573F

Contact Number

93691245

Address Postcode

Insurance Company Name

Page 2 of 31

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBG8502E

Vehicle Make/Model/Colour

TOYOTA DYNA

Details Of Properties

Vehicle Category Name of Driver COMMERCIAL VEHICLE

KWEK TECK HWA

NRIC/Passport Number

S1425988J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLJ3328R

Vehicle Make/Model/Colour

TOYOTA WISH

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NG HUA KUAN

NRIC/Passport Number

S7785338C

Contact Number

91088546

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD FAHMI BIN MASHWARI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GBC4416T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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
- 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
- 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)

lunderstand, 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)
 - (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 lew in administering, processing, handling and/or dealing with my claims (collectively the "Purposes"
- (b) all insurer(s) who have insured setticle(s) involved in this accident and the insurers' lawyers/law fems, 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 fawyers/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 Cate & Time

Driver's Signature Of driver is not the policyholder)

Date & Tone:

TIN No Rold limited



Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999



f of 4 Report No. T/20191107/2146

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 119 18 07	Made:	Vide Report No.: J/20191107/0059	Station Diary No.		
Informa	nt's Partici	ulars	ATT ON VIEW OF PERSONS AND			
Name of Informant: MUHAMMAD FAHMI BIN MASHWARI			Address: APT BLK 261 JURONG EAST STREET 24 #02-467 SINGAPORE 600261			
ID Type / ID No.: NRIC NO / S90309091		091	Contact No.: Home/Office	Mobile: 96976008		
Nationality: SINGAPORE CITIZEN		EN	Email			
Sex: Age: Date of Birth: Male 29 28/08/1990			Type of Informant. Driver			
Race: Boyanese			Language: English	Institution / School Name:		
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 2B,3	Date of Expiry:		

Type of Accident	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/11/2019 07:40	Type of Location Straight Road	
KRANJI EXPI	Traveling Toward Road 2 RESSWAY I EXPRESSWAY wards BKE (Woodlands),		ands Road exit and BK	E exit, at lane 3 Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis	ion: ing Vehicles - Head To R	ear		Anyone conveyed by ambulance: Yes	

Details of V Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC4416T	Van	NISSAN	NV200	White	Slightly Damaged	0 A
GBG8502E	Lorry	TOYOTA	DYNA	White	Slightly Damaged	0 6
SHC459A	Car	HYUNDAI	IONIC	Yellow	Totally Damaged	1 B
SLJ3328R	Car	ТОУОТА	WISH	White	Slightly Damaged	0 D



Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No. 1800-8999999



2 of 4 Report No. T/20191107/2145

CONTINUATION OF REPORT

Details of Perso					No. of Contract of	
Any Pedestrian Ir	A STATE OF THE PARTY OF THE PAR		Use of Pe	edestrian	Crossin	a: NA
No. of Pedestrian	is injured. NIL	and the same of	USG OFF	COCSTION	0,000	
Driver Name	MUHAMMAD FAHMI	BIN MASH	HWARI	ID No.	15	90309091
1401116		The state of				
Related Vehicle	GBC4416T (Van)	ELECTION OF THE		Contac	t No. S	96976008
Hospital/Clinic	ICON MEDICAL CLIN	NIC				Class. 2B,3 Date of Expiry: NIL
Date Treatment	07/11/2019	1000	Date Di	scharge	07/11/	2019
No of Days gran	ted Medical Leave	03		of Injury	Slight	
Driver		SE LE		The William	100	(100 A) (100 A)
Name	KWEK TECK HWA			ID No		S1425988J
Related Vehicle	GBG8502E (Lorry)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licen Expir	ng	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Seening	Date D	ischarge	NIL	
of Days grant	ted Medical Leave	NIL		of Injury		10 TO
Oriver	CO MODIFICATION OF THE PARTY OF	505/48		ROLLON	NO. STATE	ALICE SEED OF THE
Vame	POH CHER KIM			IDN	0.	S0095573F
Related Vehicle	SHC459A (Car)		Contact No.		93691245	
lospital/Clinic	NIL			100000000000000000000000000000000000000	s of	Class: NIL
				COUNTY BEAUTY	ing ince & iry Dat	Date of Expiry: NIL
ate Treatment	NIL		Date I	Discharge	NIL	A STATE OF THE STA
					V NIL	The same of the sa



Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999



Report No. T/20191107/2146

CONTINUATION OF REPORT

Driver		E PER VIVE	SISH DEE	OF TOPICS	9	
Name	NG HUA KUAN			ID No.		S7785338C
Related Vehicle	SLJ3328R (Car)			Contact	No.	91088546
Hospital/Clinic	NIL			Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	10 TO	Date Dis	charge	NIL	
No. of Days granted Medical Leave		NIL	Degree	of Injury	NIL	

Brief Details.

On 07/11/2019 at about 0740hrs, I was driving my van along Kranji Expressway going towards Bukit Timah Expressway (Woodlands Exit). The traffic was slow moving at the said exit.

As I was driving, the front vehicle came to a stop as it was jam. I also managed to stop. From the rear mirror, I noticed the yellow taxi also managed to brake in time. Subsequently, the next thing I know, I felt an impact from the back of my vehicle. At the same time I was still stepping my brake pedal. My van then hit the front vehicle.

I was lost at the same time. I then looked around before I alighted from my vehicle. That is when I realized I was involved in a chain accident.

There was a lorry hit the taxi from the back, the taxi subsequently hit onto me rear of the van, which my vehicle then hit the front car.

The front car had only slight scratched and dent at the back of the vehicle. My van front side had scratches and slight dent. The rear of my vehicle was dented. The taxi behind me both front and rear plate number was broken. Front bumper was dented and front bonnet was dented. The rear windscreen was broken, rear boot and rear bumper damage. The passenger was conveyed to hospital. The lorry which hit the taxi had its front left bumper dented and left side headlamp cover broken.

Traffic Police and ambulance came to scene.

Subsequently, I seeked treatment for my neck pain and was given 3 days of MC. There is no in-car camera installed in my van. There is in-car camera inside the front car of mine and the taxi behind me.



Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999 T/20191107/2145

4 of 4 Report No. 7/20191107/2146

CONTINUATION OF REPORT

Sketch Plan

Informant 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
D / Sgt 2 MUHAMMAD SYAZWAN	BIN ROSELI-
PANE	1

Signature Of Interpreter; Not applicable

Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200 Signature Of Informant:

Date/Time: 07/11/2019 18:07

Classification Of Case:

Authentication Stamp

SH 34

. AGCIDENT'STATEMENT

LOCATION: ESE TOWNERS BEE 1. DETAILS OF VEHICLE OVERHICLE NUMBER: GEC 4416T DINSURANCE COMPANY: AIG CPOLICY TYPE: (COMPENENSIVE / THIRD PARTY / THIRD PARTY FIRE ETHER!) PIMAKE & MODEL: 1999 / THIRD PARTY / THIRD PARTY FIRE ETHER!) PIMES CONTROLLE CATEGORY: (PRIVATE / COMPENCIAL / MOTORCYCLE / OTHERS) PIMES COF USING A TACCIDENT TIME: WERKIND I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/160) IF NO, PLEASE STATE (THIRD RATY CLAIM / REPORTING ONLY 2. INSURED / POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: CONTACT: CONTACT: CIADDRESS: CONTINUETO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: SPOSODO ONLY CIADDRESS: BIR 241 JURGE CRIT ST 24 402-467. SCC00261. **CONTINUETO 3.D INFURE ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: SPOSODO ONLY CIADDRESS: BIR 241 JURGE CRIT ST 24 402-467. SCC00261. **CONTINUE TO BRITH: (28) 08/ 1993 (DOMMYYYY) BINGLO SURFACE: (DRIVER ON THE DRIVER WITH INSURED: MIRK BINGLO SURFACE: (DRIVER YEE / MO) TO JREOPTIED TO POLICE (YES / MO) IF YES, PLEASE STATE WHICH POLICESTATION: BITHER PARTY VEHICLE CI NEICHNIPASSPORT: SOCODOST ONLY PORTICE OF DATE OF THE DRIVER WITH INSURED: CONTACT: 9249 1245 PORTICES ON DATE SOCODOST ONLY PORTICES ON DATE OF THE DRIVER WITH INSURED: MIRK CHARLES ON DATE OF THE DRIVER WITH INSURED: MIRK PORTICES ON DATE OF THE DRIVER WITH INSURED: MIRK PORTICES ON DATE OF THE DRIVER WITH INSURED: MIRK PORTICES ON DATE OF THE DRIVER WITH INSURED: MIRK PORTICES ON DATE OF THE DRIVER WITH INSURED: MIRK PORTICES ON DATE OF THE DRIVER WITH INSURED: MIRK PORTICES ON DATE OF THE DRIVER WITH INSURED: MIRK PORTICES ON DATE OF THE DRIVER WITH INSURED: MIRK PORTICES ON DATE OF THE DRIVER WITH INSURED: MIRK PORTICES ON DATE OF THE DRIVER WITH INSURED: MIRK PORTICES ON DATE OF THE DRIVER WITH INSURED: MIRK PORTICES ON DATE OF THE DRIVER WITH INSURED: MIRK PORTICES ON DATE OF THE DRIVER WITH INSURED: MIRK PORTICES ON THE MIRK PORTICES ON THE MIRK OF THE MIRK PORTICES ON THE MIRK OF THE MIRK OF THE MIRK PORTICES ON THE MIRK OF THE MIRK OF	ĄC	CIDENT DATE: (07) 11 / 2019 (DD/MM/YYY), TIME: (07: 40) (HH:MM)
CIVEHICLE NUMBER: GEC 4416T b)INSURANCE COMPANY: AIG c)POLICY NUMBER: 79999 4513 d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e)MAKE & MODEL: 1491 D. ()TYPE: (SALOON / COUPE / MPV / NAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMPREKIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: WERKIAL BARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/GO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 1. INSURED / POLICY HOLDER UNGAL LAK PLANTED D)NRIC/FIN/PASSPORT: CONTACT: CONTACT: C)ADRESS: CONTINUE TO 8. d IF DRIVER ALSO POLICY HOLDER C)NAME: MUNDAMM fahm. BIM MICHAEL (MALE / FEMALE) b)NRIC/FIN/PASSPORT: SPORT: CONTACT: 9897608 c) ADRESS: SEE 261 JURDING ERRY SF 24 402-467. SC 600-261. C) ADDRESS: SEE 261 JURDING ERRY SF 402-467. SC 600-261. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. SC 600-261. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. SC 600-261. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. SC 600-261. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. SC 600-261. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. SC 600-261. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. SC 600-261. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. SC 600-261. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. SC 600-261. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. SC 600-261. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. SC 600-261. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. SC 600-261. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. SC 600-261. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. SC 600-261. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. SC 600-467. SC 600-467. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. SC 600-467. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. SC 600-467. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. SC 600-467. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. SC 600-467. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. SC 600-467. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. SC 600-467. C) ADRESS: SEE 261 JURDING ERRY SF 400-467. C) ADRESS: SEE 261 JURDING		
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE ATHER) e) MAKE & MODEL: ITYPE: (SALOON / COUPE / MPV / NO / LORRY / MOTORCYCLE / OTHERS) e) VEHICLE CATEGORY (PRIVATE / COMPREMENT) i) POPUROSE OF USING AT ACCIDENT TIME: WORKIAL i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/RO) if NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: D) NRIC/FIN/PASSPORT: C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DRIVER DINNEC/FIN/PASSPORT: D) NAME: MUNIMIMM of fahm. BIA MACHWAIT (MALE / FEMALE) D) NRIC/FIN/PASSPORT: D) NAME: MUNIMIMM of fahm. BIA MACHWAIT (MALE / FEMALE) D) NRIC/FIN/PASSPORT: D) NAME: MUNIMIMM of fahm. BIA MACHWAIT (MALE / FEMALE) D) NRIC/FIN/PASSPORT: D) DIPOLORESS: BIA 261 JURDING EAST ST 24 402-467. SC 600-261. "d) DATE OF BIRTH: (28/08/1990) IDD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) I) DIPOLOR SURFACES: BIA 261 JURDING EAST ST 24 402-467. SC 600-261. "d) DATE OF DIRING PARC (14/04/2015) 4. WAS DATIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (XES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: MICK SO (J) WEATHER CONDITION: (CLEAR / RAHNING / OTHERS D) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / MO) 1. YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE OF PARTING OF POLICE (YES / MO) 1. YES, PLEASE STATE WHICH POLICE STATION: 6. THIRD PARTY VEHICLE O) NRIC/FIN/PASSPORT: SOOGSSTS CONTACT: 9369 1245 POLICE NUMBER: SHC 459 AUDION CHEELE NUMBER: SHC 322-28 MODEL: TOYOTA O) NRIC/FIN/PASSPORT: STATES AND ME: NOT HUR EMAN AUDION CHEELE NUMBER: SHC 323-28 CONTACT: 9108-3546 O) NRIC/FIN/PASSPORT: STATES AND ME: NOT HUR EMAN AUDION CHEELE NUMBER: SHC 323-28 CONTACT: 9108-3546 O) NRIC/FIN/PASSPORT: STATES AND ME: NOT HUR EMAN AUDION CHEELE NUMBER: SHC 323-28 CONTACT: 9108-3546 O) NRIC/FIN/PASSPORT: STATES AND ME HUR EMAN AUDION CHEELE NUMBER: SHC 323-28 CONTACT: 9108-3546 O) NRIC/FIN/PASSPORT: STATES AND ME HUR EMAN AUDION CHEELE NUMBER: SHC 323-28 CONTACT: 9108-3546 O) NRIC/FIN/P		DINSURANCE COMPANY: AIG
(1) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) II) PURPOSE OF USING AT ACCIDENT TIME: WORKING IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER UDGAL LAW / REPORTING ONLY) 2. INSURED / POLICY HOLDER UDGAL LAW / REPORTING ONLY) A) NAME: MANAMER OF THE CONTACT: CONTACT: C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: MANAMAMA fahmu BIA MASHWATI (MALE / FEMALE) DINRIC/FIN/P ASSPORT: S90309091 CONTACT: 96976008 c) ADDRESS: BIA 261 JURDING PART ST 244 #02-467. SC 600261. "d) DATE OF BIRTH: (28/08/1990) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WIRE 5. C) WEATHER CONDITION: (CLEAR / BANING / OTHERS) b) ROAD SURFACE; (DRY / JWET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE OF PASSINGER OF VEHICLE NUMBER: SHC459A MODEL: HYUNDAI IDNIR APPROVED OF THE PARTY VEHICLE OF PASSINGER OF VEHICLE NUMBER: SHC459A MODEL: TOYOTA APPROVED OF THE MARKE OF THE MANAMER OF THE MARKE OF THE MARKETON OF TH	Ħ	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
h)PURPOSE OF USING AT ACCIDENT TIME: WORKING I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/RO) IP NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER ON THE CONTACT: C) ADDRESS: CONTINUE TO S. d. IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: MUNIMMAN of Fahm, BIM Machinari (MALE / FEMALE) DINRIC/FIN/PASSPORT: S939991 CONTACT: 96976008 C) ADDRESS: BIR 261 JURDING EAST ST 24 HO2-767, S(60026). **d)DATE OF BIRTH: (28) 08/ 1990 [DD/MM/YYYY] e) OCCUPATION: (HADOOR / OUTDOOR) I) DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYER OF THE INSURED'S COMPANY? (XES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: MIRC 5. C) WEATHER CONDITION: (CLEAR / RAHNING / OTHERS b) IROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / MO) 1. C) REPORTED TO POLICE (YES / MO) 1. FYES, PLEASE STATE WHICH POLICE STATION: B. HIRD PARTY VEHICLE OF PASSMAGE* O) VEHICLE NUMBER: SHC +59A MODEL: HYWARD (DRIVER) POH CHEEL EIM OF PASSMAGE* O) VEHICLE NUMBER: SHC +59A MODEL: TOYOTH OF PASSMAGE* O) VEHICLE NUMBER: SHC +59A MODEL: TOYOTH OF PASSMAGE* O) VEHICLE NUMBER: SHC +59A MODEL: TOYOTH OF PASSMAGE* O) VEHICLE NUMBER: SHC +59A MODEL: TOYOTH OF PASSMAGE* O) VEHICLE NUMBER: SHC +59A MODEL: TOYOTH OF PASSMAGE* O) VEHICLE NUMBER: SHC +59A MODEL: TOYOTH OF PASSMAGE* O) VEHICLE NUMBER: SHC +59A MODEL: TOYOTH OF PASSMAGE* O) VEHICLE NUMBER: SHC +59A MODEL: TOYOTH OF PASSMAGE* O) VEHICLE NUMBER: SHC +59A MODEL: TOYOTH OF PASSMAGE* O) VEHICLE NUMBER: SHC +59A MODEL: TOYOTH O) NICOYFIN/PASSPORT: S7785338C CONTACT: 9108 3546	<u>~</u>	I)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
IF NO, PLEASE STATE (THIRD FABTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER UDGALL CAR PLANTED A) NAME: DINRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: **CONTINUE TO S. DIF DRIVER ALSO POUCY HOLDER DRIVER C) NAME: MUNIMIMM of Fahm. BIM Machwar: (MALE / FEMALE) DINRIC/FIN/PASSPORT: S9030997 CONTACT: 96976008 **C) NAME: MUNIMIMM of Fahm. BIM Machwar: (MALE / FEMALE) DINRIC/FIN/PASSPORT: S9030997 CONTACT: 96976008 **C) DATE OF BIRTH: (28 08 1990) [DD/MM/YYYY) e) OCCUPATION: [MADOOR / OUTDOOR] I/DATE OF BIRTH: (28 08 1990) [DD/MM/YYYY) e) OCCUPATION: [MADOOR / OUTDOOR] I/DATE OF BIRTH: (28 08 1990) [DD/MM/YYYY) e) OCCUPATION: [MADOOR / OUTDOOR] I/DATE OF BIRTH: (28 08 1990) [DD/MM/YYYY) e) OCCUPATION: [MADOOR / OUTDOOR] I/DATE OF BIRTH: (28 08 1990) [DD/MM/YYYY) e) OCCUPATION: [MADOOR / OUTDOOR] I/DATE OF BIRTH: (28 08 1990) [DD/MM/YYYY) e) OCCUPATION: [MADOOR / OUTDOOR] I/DATE OF BIRTH: (28 08 1990) [DD/MM/YYYY) e) OCCUPATION: [MADOOR / OUTDOOR] I/DATE OF BIRTH: (28 08 1990) [DD/MM/YYYY) e) OCCUPATION: [MADOOR / OUTDOOR] I/DATE OF BIRTH: (28 08 1990) [DD/MM/YYYY) e) OCCUPATION: [MADOOR / OUTDOOR] I/DATE OF BIRTH: (28 08 1990) [DD/MM/YYYY) e) OCCUPATION: [MADOOR / OUTDOOR] I/DATE OF BIRTH: (28 08 1990) [DD/MM/YYYY) e) OCCUPATION: [MADOOR / OUTDOOR] I/DATE OF BIRTH: (28 08 1990) [DD/MM/YYYY) e) OCCUPATION: [MADOOR / OUTDOOR] I/DATE OF BIRTH: (28 08 1990) [DD/MM/YYYY) e) OCCUPATION: [MADOOR / OUTDOOR] I/DATE OF BIRTH: (28 08 1990) [DD/MM/YYYY) e) OCCUPATION: [MADOOR / OUTDOOR] I/DATE OF BIRTH: (28 08 1990) [DD/MM/YYYY) e) OCCUPATION: [MADOR / OUTDOOR] I/DATE OF BIRTH: (28 08 1990) [DD/MM/YYYY) e) OCCUPATION: [MADOOR / OUTDOOR] I/DATE OF BIRTH: [MALE / FEMALE CONTACT: [MALE / FEM	٠	1) PURPOSE OF USING AT ACCIDENT TIME: WORKING
D)NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: *CONTINUE TO S. d IF DRIVER ALSO POLICY HOLDER DRIVER DINRIC/FIN/PASSPORT: S939997 CONTACT: 96976008 C) NAME: MUNIAM of Fahm. BIN Machwari (MALE /FEMALE) D)NRIC/FIN/PASSPORT: S939997 CONTACT: 96976008 C) ADDRESS: BIR 261 JURGE EAST ST 24 402-467. SC 600261. **d) DATE OF BIRTH: (28/08/1990)[DD/MMYYYY) e) OCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: (28/08/1990)[DD/MMYYYY) e) OCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: (28/08/1990) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (XES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: high 5. DIWACATHER CONDITION: (CLEAR / RAHNING / OTHERS b) IROAD SURFACE: (DRY / MET / OTHERS 6. WAS ANYBODY INJURED (YES / MO) IF YES, PLEASE STATE WHICH POLICE STATION: 6. WAS ANYBODY INJURED (YES / MO) IF YES, PLEASE STATE WHICH POLICE STATION: 6. THIRD PARTY VEHICLE 6. WAS ANYBODY INJURED (YES / MO) IF YES, PLEASE STATE WHICH POLICE STATION: 6. WAS ANYBODY INJURED (YES / MO) IF YES, PLEASE STATE WHICH POLICE STATION: 6. WAS ANYBODY INJURED (YES / MO) IF YES, PLEASE STATE WHICH POLICE STATION: 6. WAS ANYBODY INJURED (YES / MO) IF YES, PLEASE STATE WHICH POLICE STATION: 6. WAS ANYBODY INJURED (YES / MO) IF YES, PLEASE STATE WHICH POLICE STATION: 6. WAS ANYBODY INJURED (YES / MO) IF YES, PLEASE STATE WHICH POLICE STATION: 6. WAS ANYBODY INJURED (YES / MO) IF YES, PLEASE STATE WHICH POLICE STATION: 6. WAS ANYBODY INJURED (YES / MO) IF YES, PLEASE STATE WHICH POLICE STATION: 6. WAS ANYBODY INJURED (YES / MO) IF YES, PLEASE STATE WHICH POLICE STATION: 6. WAS ANYBODY INJURED (YES / MO) IF YES, PLEASE STATE WHICH POLICE STATION: 9. THIRD PARTY VEHICLE 1909 OF THE INSURED: 1001 OF THE INSURED: 1002 ON THE INSURED: 1003 ON THE INSURED: 1004 OF THE INSURED: 1004 OF THE INSURED: 1004 ON THE INSURED: 1004 ON THE INSURED: 1005 ON THE INSURED: 1006 ON THE INSURED: 1007 ON THE INSURED: 1007 ON THE INSURED: 1007 ON THE INSURED: 1008 ON THE INSURED: 1008 ON THE INSURED: 1009 ON THE INSURE	£	IE NO DIELES STATE IN HER STATE OF LAND AND AND AND AND AND AND AND AND AND
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dividing driver.) a) NAME: MANMAN TANAMAN (MALE / FEMALE) b) NRIC/FIN/PASSPORT: SQD309091 CONTACT: 96976008 c) ADDRESS: BK 261 JURDING ERRY ST 24 #02-467. SCG00261. d) DATE OF BIRTH: (28/08/1990) (DD/MM/YYYY) e) OCCUPATION: (MADOOR / OUTDOOR) 1) DATE OF BIRTH: (28/08/1990) (DD/MM/YYYY) e) OCCUPATION: (MADOOR / OUTDOOR) 1) DATE OF BIRTH: (28/08/1990) (DD/MM/YYYYY) e) OCCUPATION: (MADOOR / OUTDOOR) 1) DATE OF BIRTH: (28/08/1990) (DD/MM/YYYYY) e) ORELATIONSHIP OF THE INSURED'S COMPANY? (XES/NO) 1 IF NO, RELATIONSHIP OF THE BIRVERED'S COMPANY? (XES/NO) 5. a) WEATHER CONDITION: (CLEAR / BAHNING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES/NO) 7. a) REPORTED TO POLICE (YES/NO) 1 IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 6. WAS ANYBODY INJURED (YES/NO) 1 IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 6. WAS ANYBODY INJURED (YES/NO) 1 ORIVER'S NAME: SHCH59A 4 ODEL: HYUNDAI 6 ONTACT: 9369 1245 1 ORIVER'S NAME: NEW HUAL EMAN 1 VEHICLE NUMBER: SLJ 3228 CONTACT: 9108 3546 1 ORIVER'S NAME: NEW HUAL EMAN 2 ORIVER'S NAME: NEW HUAL EMAN 3 ORIVER'S NAME: NEW HUAL EMAN 4 ORIVER'S NAME: NEW HUAL EMAN 5 ORIVER'S NAME: NEW HUAL EMAN 6 ORIVER'S	of puscon a	3. DRIVER
C) ADDRESS: BIR 261 JURDING EREY ST 24 #02-467. SC 60026. "d) DATE OF BIRTH: (28/08/1990) (DD/MM/YYYY) e) OCCUPATION: (HADOOR / OUTDOOR) () DATE OF BIRTH: (28/08/1990) (DD/MM/YYYYY) e) OCCUPATION: (HADOOR / OUTDOOR) () DATE OF BIRTH: (28/08/1990) (DATE OF THE INSURED'S COMPANY? CYES/NO) IF YO, RELATIONSHIP OF THE DRIVER WITH INSURED: MIRCO S. Q) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / MO) 7. Q) REPORTED TO POLICE (YES / MO) IF YES, PLEASE STATE WHICH POLICE STATION: 18. THIRD PARTY VEHICLE 19. THIRD PARTY VEHICLE 19. THIRD PARTY VEHICLE 19. THIRD PARTY VEHICLE 19. THIRD PARTY VEHICLE 20. VEHICLE NUMBER: SLJ 2328F MODEL: TOYOTA 21. THIRD PARTY VEHICLE 22. TOYOTA 23. THIRD PARTY VEHICLE 23. THIRD PARTY VEHICLE 24. PRISTANGE: NAME: NAME: MODEL: TOYOTA 25. THIRD PARTY VEHICLE 26. WEHICLE NUMBER: SLJ 2328F MODEL: TOYOTA 27. THIRD PARTY VEHICLE 28. THIRD PARTY VEHICLE 29. THIRD PARTY VEHICLE 20. VEHICLE NUMBER: SLJ 2328F MODEL: TOYOTA 20. NRIC/FIN/PASSPORT: ST7725338C CONTACT: 9108 3546 CMAST = 10/078 DYNA VIDEO CL LKSSET	duding du	a) NAME: MUNIAMMA TARMI, BIR MACHINATI (MALE /-FEMALE)
e)OCCUPATION: (INDOOR / OUTDOOR) (I)DATE OF DRIVING PACE 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? CRES! NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hiter 5. a)WEATHER CONDITION: (CLEAR / RAHMING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: SHC + 59A MODEL: HYUNDAI IONIE wading driver: b) DRIVER'S NAME: POH CHEE LIM 9. THIRD PARTY VEHICLE a) PRISTANGET C) NRIC/FIN/PASSPORT: SHOPS 328E MODEL: TOYOTA e) DRIVER'S NAME: NG HUA EMAN (I) NRIC/FIN/PASSPORT: ST725328C CONTACT: 9108 3546 CMaxi = Toyota DYMA VIDRO C) NRIC/FIN/PASSPORT: ST725328C CONTACT: 9108 3546	(7)	DITACOTTACT CONTACT
1) DATE OF DRIVING PAGS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? CVES! NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR / RAIMING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 15. respected to Police (YES / NO) 16. IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 19. VEHICLE NUMBER: SHC 459A MODEL: HYUNDAI LONG 19. THIRD PARTY VEHICLE 10. VEHICLE NUMBER: SHC 459A MODEL: HYUNDAI 10. C) NRIC/FIN/PASSPORT: S0095573F CONTACT: 9369 1245 11. PRESSURGER 11. PRESSURGER 11. PRESSURGER 12. PRESSURGER 12. PRESSURGER 13. BAY RAIM 14. PRESSURGER 15. DATE 16. WAS ANYBODY INJURED (YES / NO) 16. WAS ANYBODY INJURED (YES / NO) 17. DRIVER'S NAME: POH CHEE LIM 18. THIRD PARTY VEHICLE 19. PRESSURGER 19. ONTACT: 9369 1245 19. PRESSURGER 10. VEHICLE NUMBER: SLJ 33.28F MODEL: TOYDTA 19. DRIVER'S NAME: NG HUA EMAN 19. DRIVER'S NAME: NG HUA EMA		
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CERTIFICATE OF INSURANCE

MOTOR PENCLEN (THIND PARTY WIRES AND COMPENSATION) ACT (CHAPTER 125) RESTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1900 ROAD TRANSPORT ACT, 1887 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, THE (MALAYSIA)

(The finites entires in respect to CST)

Comprehensive Commercial Auto Plus CERTIFICATE NO. 909094313

WINDSCREEN EXCESS

51100.00

1) VEHICLE REGISTRATION NO.

SUM INSURED INSURING WITH COE/PARF

Goldbell Car Rental Pte Ltd

Market Value

2) NAME OF POLICYHOLDER

GBC4416T

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 Iceraing or other laws or regulators to drive the Motor Vatecie or has been as permitted and is not dequalified by order 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 fultion, driving test, racing, pace-making, reliability trial or speed-testing.

2)) use whilst drawing a trader except the towing (other than for reward) of anyone disabled using a mechanically proposed vehicle.

use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired, and
 Use for any purpose in connection with Motor Trade.

LOSS OF USE

Not included

HIRE PURCHASE COMPANY

N.A.

"Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compression) Act (Chapter 180) and Section 95 of the Road Transport Act, 1987 (Motorma). are not to be included under these headings.

I / We hareby 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

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSFTKY