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TP Particulars: Veh No: 01 9	1699C INC(	)/Non-INC( ).	
Owner / Driver: (		Tel:	)
Policy No: ( ) Period:	( - )	Cover Type: (	)
Confirmed by : (	· Dates	Timer	)
Insured/Driver Liability: ( %) [Note	Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	100%]
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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.
- 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.
- 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
 20/11/2019 11:52

 Date Of Accident
 09/11/2019 17:00

Exact Location Of Accident MILLENIA TOWER CARPARK BASEMENT 1 (LOT 291)

Country/State of Loss SINGAPORE

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLT7168G

Insured/Policyholder

Name Of Registered Owner GOLDBELL CAR RENTAL PTE LTD

 Co Reg No
 200710651D

 Email Address
 NOEMAIL

 Mobile Phone No
 (LOCAL) +65-82272921

 Alternative Phone No
 OFFICE-82272921

Vehicle Particulars

Manufacturer TOYOTA
Model ALPHARD

Exact Purpose for which vehicle was being used at

time of accident

CAR WAS PARKED

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 999994316

Cover Note Number

## Driver

 Name of Driver
 HOO KHEE HWA

 NRIC No
 \$7207227H

 Date Of Birth
 29/02/1972

 Occupation
 OUTDOOR

Occupation OUTDOOR
Date Of Driving Pass 11/12/1997

Driving Experience 21 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82272921

Fax Number

Contact Number OTHERS-82272921

EMail Address NOEMAIL

9 JALAN JINTAN Address

#09-15

Postcode 229006

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

YES

NO

0

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2 involved in the accident

Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO

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** 

NO Was the accident reported to the police?

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 PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

Was there any audio recorded?

NO NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SLT9699C Vehicle Registration Number HONDA Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

RINOA D/O RAGUPALAN Name of Driver

S9206436J NRIC/Passport Number 96717242 Contact Number

BLK 93A TELOK BLANGAH STREET 31 Address

#16-159

101093 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Page 2 of 20

Passenger 1

NAME: :

GENDER: :

#### SKETCH PLAN

## IMPORTANT NOTICE

- 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 regulate policy liability.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GtA Records Mangement Centre establised 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 ladgement 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)

l 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 "Porsonal 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 law yers/law firms, the Monetary Authority of Singapore and any refevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handling analor dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident anti/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 anxior 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 /

Sketch Plan \*

Appark

Carpark

Carpark

VEHICLE PENMANC

Declaration

New declare the foregoing particulars are true in every respect.

Dover's Signature (if driver is not the policyholder) (Da

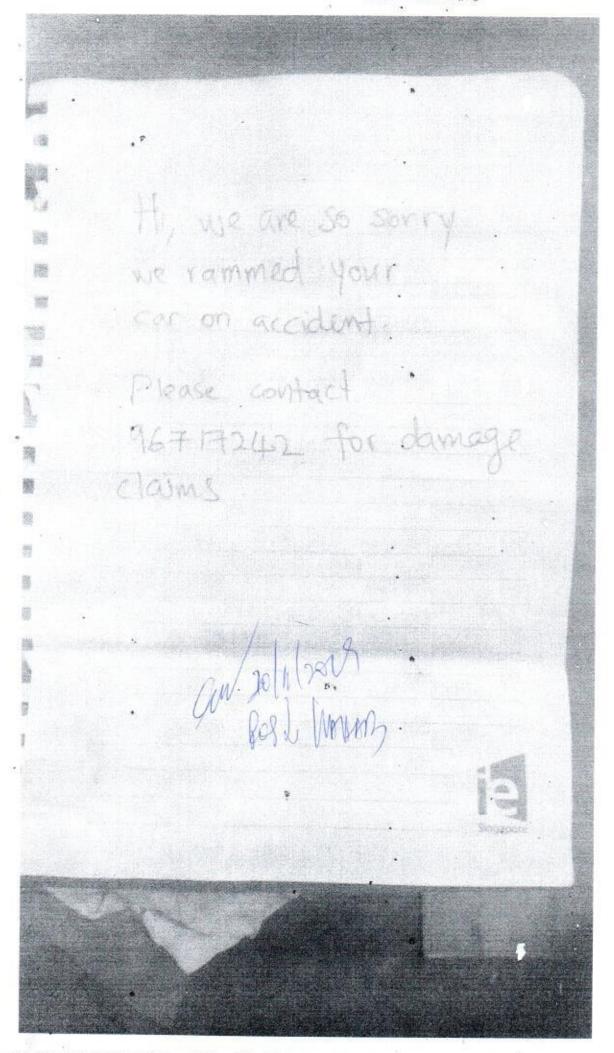
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SINGAPORE ACCIDENT STATEMENT		
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incurrence companies to reputdiate policy liability.	claims process, orised Driver.  Any wilful misrepresentation or withholding of material facts may allow	
<ol> <li>The issue and acceptance of this Form by insurance companies is</li> <li>Any false reporting may be referred to the Traffic Police Depart</li> </ol>	s not an admission of policy liability on the part of the insurance companies.  tment for investigation.	
ACCIDENT STATEMENT		
Date and Time of Accident *	Date: 9th Nov 2019 Time: 1700hr	
Exact Location of Accident	Millenia Tower Carpark B1 Lot 2011	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number *	SLT7168G	
INSURED / POLICYHOLDER (OWN VEHICLE)		
Name of Registered Owner (See Insurance Cert.)	Goldbell Corfiental Pte Ltd	
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number	_	
- Not Applicable	200410651)	
VEHICLE PARTICULARS (OWN VEHICLE)	X = 1 X X X X = V X	
Vehicle Make / Model	Manufacturer TO40TA Model ALPHARD 2.58C	
Type of Vehicle*	Saleon MPV CRV Van Lorry  Bus M/cycle Others.	
Exact Purpose for which vehicle was being used at time of accident.  Are your claiming under your own insurance policy for repair to your vehicle?		
Vehicle Category*	Private O Commercial O Motorcycle	
INSURANCE COMPANY (OWN VEHICLE )	•	
Name of Insurance Company *	AIG	
Type of Policy	Comphensive Third Party Fire & Theft TP Only	
Fleet Policy	Yes O No	
Policy Number	999994816	
Motor Cl .	-	
DRIVER	Same as Insured above	
Name of Oriver 4	HOO KHEE HINA	
Personal Identification - NRIC (Singaporean/PR)	845049344	
- FIN/Passport Number	, AM	
Date of Birth	4 29 dd/ 03 mm/ 1972/yy	
Driving Date Pass	11 dd/ 12 mm/1990 /yy	
Year of Driving Experience	Ol Year(s)     Month(s)	
Occupation	Driver ( Indoor / Outdoor	
Gender	Male () Female	

Contact Number / Mobile Phone / Fax No.

Address of Driver	9 Jalan Jirtan		
Address of Driver	#09-15 Postcode (229006		
Email Address	* NA		
Was driver an employee of the Insured's Company?	O Yes O No		
If No, Relationship of the Driver with the Insured	Driver		
Vehicle Registration Number of Driver's Own	O Yes ONo		
Vehicle Registration Number of Driver's Own Vehicle (if applicable) Insurance Company of Driver's Own Vehicle (if applicable			
GENERAL INFORMATION OF THE ACCIDENT	Г		
Type of Collision (Eg. Chain collison, Head-On collision, Si Swipe, Front to Rear)			
Weather Conditions	A Clear C Raining Others		
Road Surface	+ Ø Dry O Wet O Others		
OTHER INFORMATION			
a. Was anybody injured in the accident?	* O Yes ONo		
<ul> <li>b. Was any other vehicle or property damaged? (Including Witness)</li> </ul>	4 Yes · O No		
DETAILS OF POLICE ACTION			
Was the Accident reported to the Police?	* O Yes 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?	Yes No (If Yes, against whom?)		
DETAILS OF OTHER VEHICLE / PROPERTY			
Vehicle Registration Number	3J79699C		
Vehicle Make/ Model/ Colour	Metallic Grey - Honda		
Details of Properties	0 '= 0		
Name of Driver	Kinga D10 Kaqupalan		
Personal Identification - NRIC (Singaporean/PR)	892064367		
- FIN/Passport Number			
Contact Number	9671 7242		
Address	Block 93A Telok Blongah Street 31 #16-159 (3) 101093		
Jame of Insurance Company			
4o. of Passenger (Including Driver)	2		
Note - Please use page 6 if you need to add more vehic	:les)		



https://mail.google.com/mail/u/0/#inbox/FMfcgxwGBmtvRnKfhJFLCcTtZtlVblCR?projector=1&messagePartId=0.5

# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

M.Z.400

(The below excess is subject to GST)

Comprehensive Commercial Motor

CERTIFICATE NO.

999994316

WINDSCREEN EXCESS

5\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

Goldbell Car Rental Pta 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.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Volvide or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enertment or regulation in that behalf from driving the Motor Volvide.

### 6) LIMITATION AS TO USE

- 1) Use for social, domestic, pleasure purposes and business purposes of insured
- 2) Use for social, domastic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover

- 1) Use for racing, pace-making, reliability trial or speed-testing.
  2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
  3) Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.
  4) Use for any purpose in connection with Motor Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

Hong Leong Finance Ltd

\*Limitations rendered inoperative by Section 8 of the Motor Vehiclas (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under those 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 Componention) 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

SSPICWJ

ORIGINAL