

## 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 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.
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.

### ACCIDENT STATEMENT

|                            |                         |
|----------------------------|-------------------------|
| Date Of Report             | 10/01/2020 13:48        |
| Date Of Accident           | 07/01/2020 19:05        |
| Exact Location Of Accident | OUTSIDE PRIMAX BUILDING |
| Country/State of Loss      | SINGAPORE               |

### DETAILS OF OWN VEHICLE

|                             |                             |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | GBH3379Y                    |
| <b>Insured/Policyholder</b> |                             |
| Name Of Registered Owner    | GOLDBELL CAR RENTAL PTE LTD |
| Co Reg No                   | 2XXXXX651D                  |
| Email Address               | NOEMAIL                     |
| Mobile Phone No             |                             |
| Alternative Phone No        | OFFICE-66039399             |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | NISSAN             |
| Model  | NV200 1.5 MT       |
| Exact Purpose for which vehicle was being used at time of accident           | WORK PURPOSE       |
| 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 RASHIDIN BIN RAHMAT    |
| NRIC No              | SXXXX837Z                       |
| Date Of Birth        | 20/01/1990                      |
| Occupation           | OUTDOOR                         |
| Date Of Driving Pass | 24/12/2015                      |
| Driving Experience   | 4 YEARS AND 0 MONTHS            |
| Gender               | MALE                            |
| Mobile Number        | (LOCAL) +65-97963845            |
| Fax Number           |                                 |
| Contact Number       |                                 |
| EEmail Address       | RASHIDIN_OPS@PESTBUSTERS.COM.SG |

|   |                                    |
|---|------------------------------------|
| Address   | 360B SEMBAWANG CRESCENT<br>#07-817 |
| Postcode  | 752362                             |
| 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                         | 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  |
| Number of Passengers (Including Driver)   | 0   |

#### 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

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?                 | NO  |

#### Details of Witness 1

|               |                |
|---------------|----------------|
| Name          | ISMAIL BIN ALI |
| Phone Number  | 91690042       |
| Email Address |                |

#### Details of Witness 2

|               |          |
|---------------|----------|
| Name          | MUHAMMAD |
| Phone Number  | 93637371 |
| Email Address |          |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | YP6323Z            |
| Vehicle Make/Model/Colour   | LORRY-14 FT        |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              |                    |
| NRIC/Passport Number        | GXXXX823K          |

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

SKETCH PLAN

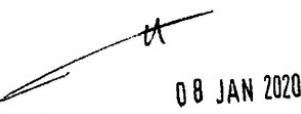
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

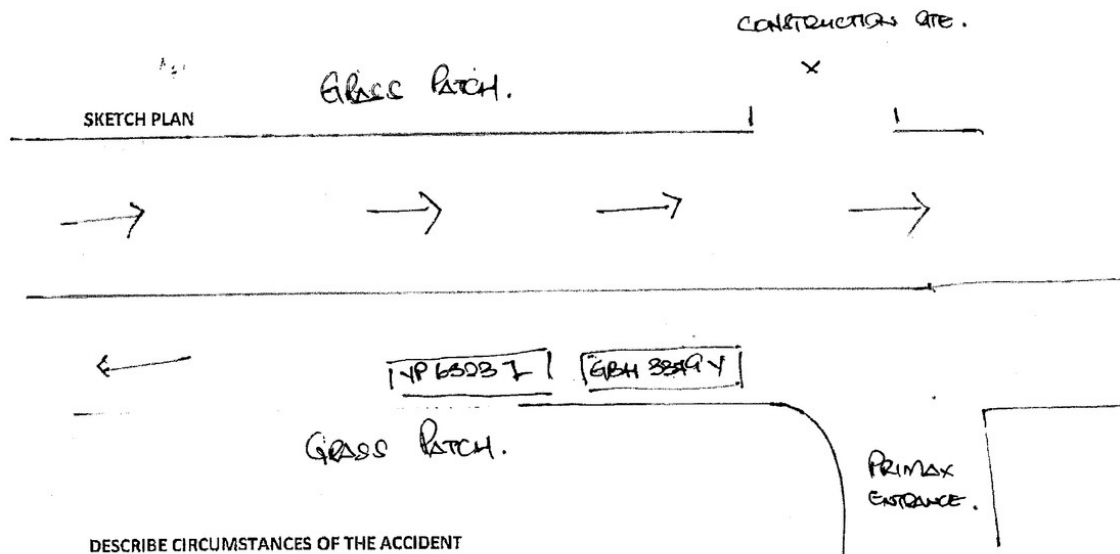
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) of:
  - (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 law in administering, processing, handling and/or 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.
- (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  
Date & Time: JAN 2020

  
08 JAN 2020  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name: Poh Kwee Choo  
NRIC/FIN No.:

# Sketch Plan Pg. 2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

IT WAS AROUND 7 PM OUTSIDE PRIMA MAX BUILDING, VAN GRH 22474  
 WAS PARKED BY ROADSIDE TO LOAD EQUIPMENT. WHILE TAKING A BREAK  
 ME AND WITNESSES HEARD A LOUD BANG. I WENT TO CHECK AND  
 SAW THE LORRY TAIL MEET WITH THE REAR OF MY VAN. I TOOK  
 PHOTOS OF THE ACCIDENT AND EXCHANGE DETAILS WITH THE LORRY DRIVER.

DECLARATION  
 I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
 Date & Time: 10 JAN 2020

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 08 JAN 2020

Reporting Centre Personnel's Signature  
 Name: Poh Kwee Choo  
 NRIC/FIN No.:



HOTLINE TEL: (65) 6419-3000

## 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, 1959 (MALAYSIA)

M.Z.400

|  |                             |                                      |              |
|--|-----------------------------|--------------------------------------|--------------|
| Comprehensive Commercial Auto Plus   |                             | (The below excess is subject to GST) |              |
| <b>CERTIFICATE NO.</b>   | 999994313                   | <b>WINDSCREEN EXCESS</b>             | S\$100.00    |
|  |                             | <b>SUM INSURED</b>                   | Market Value |
|  |                             | <b>INSURING WITH COE/PARF</b>        | Yes          |
| <b>1 ) VEHICLE REGISTRATION NO.</b>  | GBH3379Y                    |                                      |              |
| <b>2 ) NAME OF POLICYHOLDER</b>  | Goldbell Car Rental Pte Ltd |                                      |              |
| <b>3 ) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT</b>   | 01 January 2019             |                                      |              |
| <b>4 ) DATE OF EXPIRY OF INSURANCE</b>   | 31 March 2020               |                                      |              |
| <b>5 ) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*</b>   |                             |                                      |              |
| <b>6 ) LIMITATION AS TO USE*</b>   |                             |                                      |              |
| 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; |                             |                                      |              |
| 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.   |                             |                                      |              |
| <b>LOSS OF USE</b>   | Not Included                |                                      |              |
| <b>HIRE PURCHASE COMPANY</b>   | DBS Bank Ltd                |                                      |              |

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (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

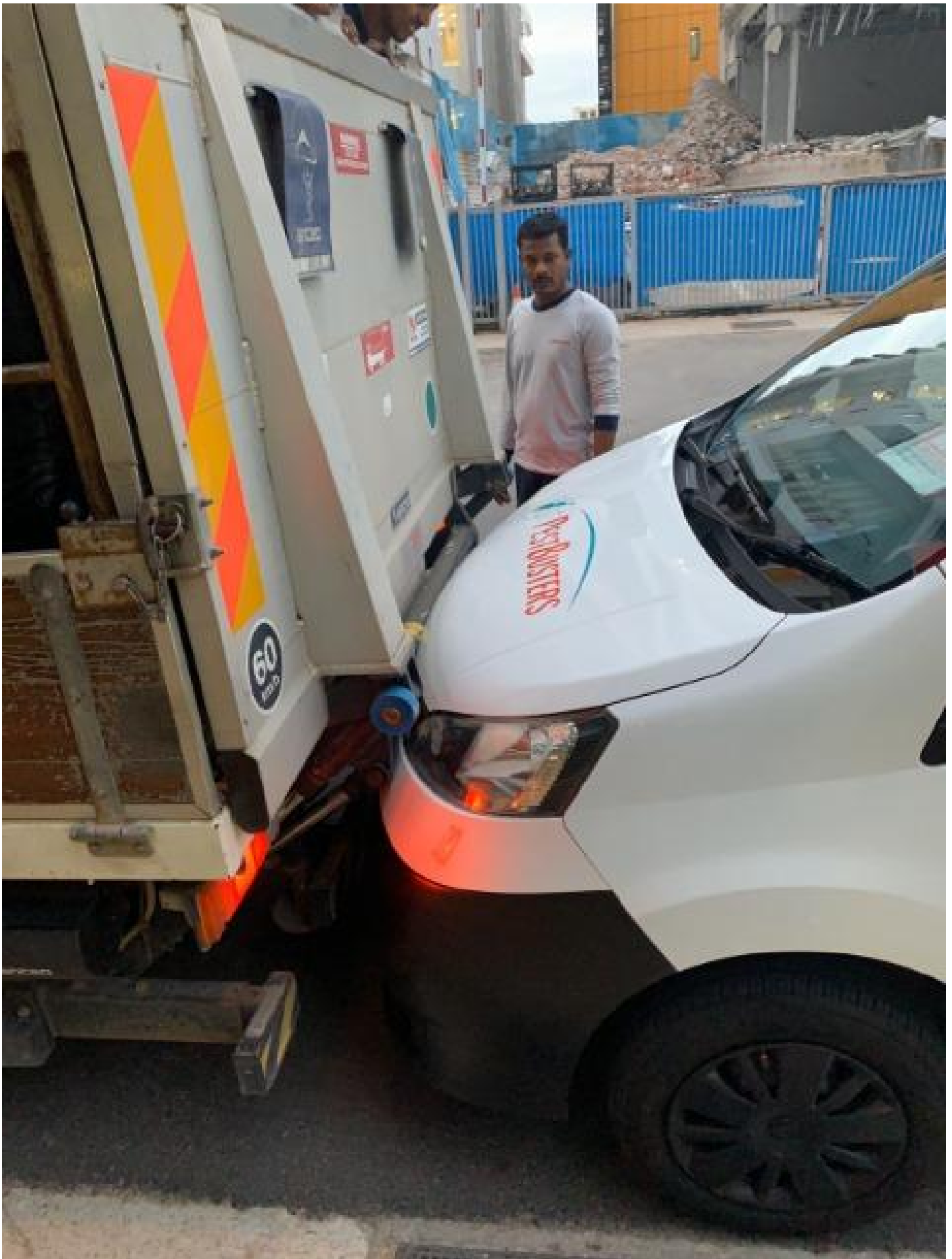
AIG Asia Pacific Insurance Pte. Ltd.

ORIGINAL

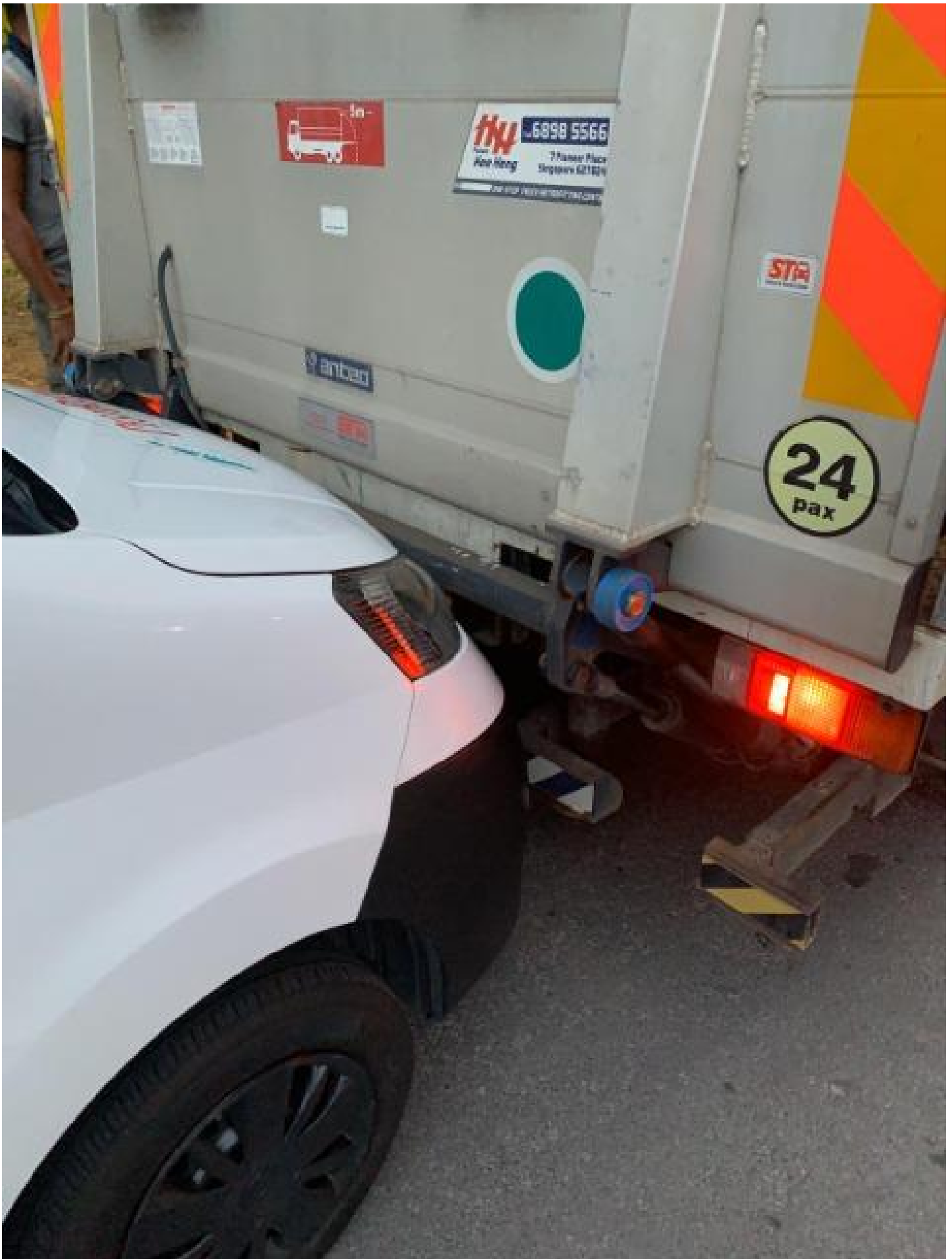
AUTHORISED REPRESENTATIVE

SSPTKY

Accident Photo

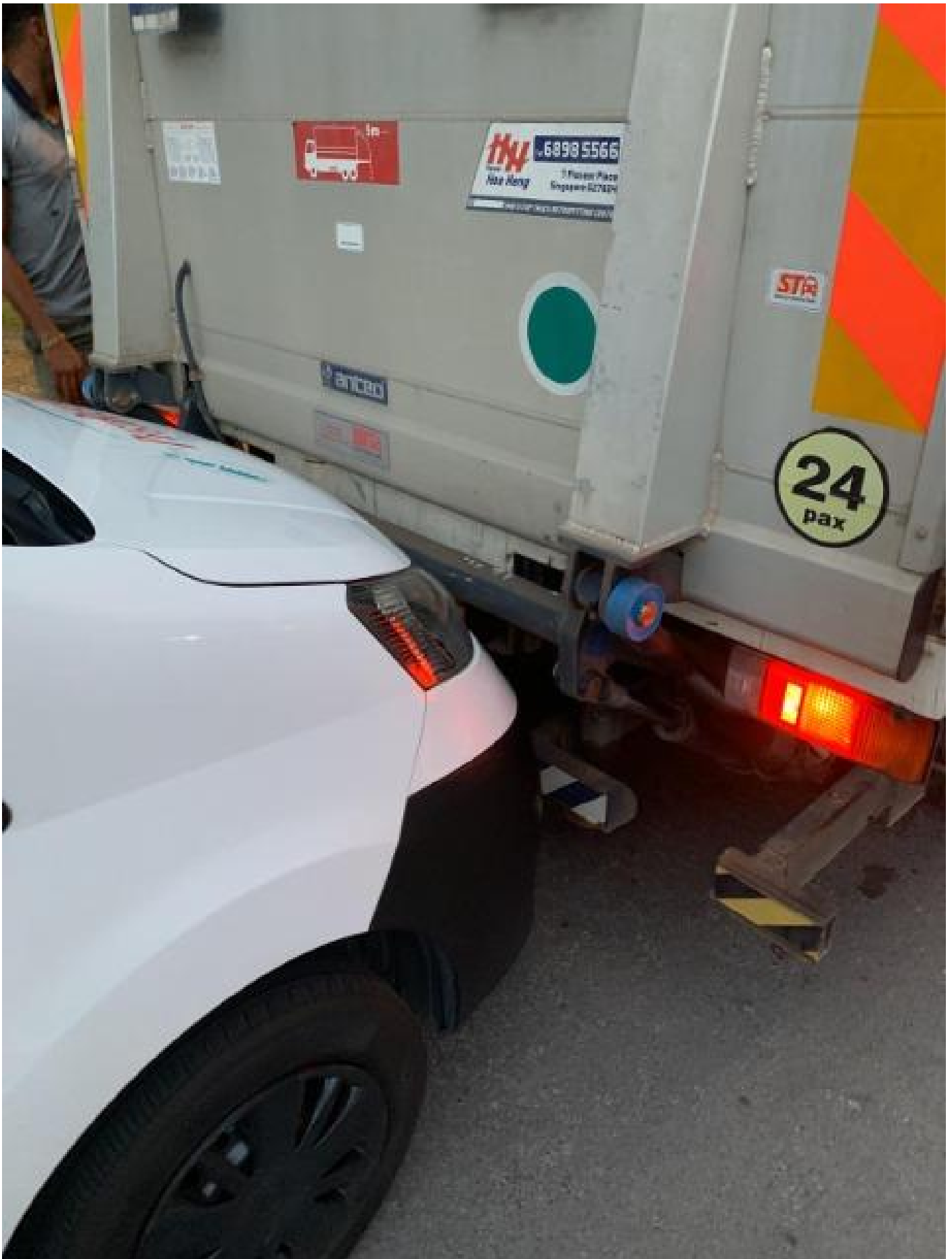


Accident Photo





Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MLHM20004404 Vehicle Registration No: GBH3379Y  
Name (as shown in NRIC) : GOLDBELL CAR RENTAL PTE. LTD. NRIC/FIN/Passport No : 200710651D  
(\* ~~Vehicle Owner~~ / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : 66039399 Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 07/01/2020 Time of Accident : 19:05 Hours  
Place of Accident : outside Primax Building  
Insurance Company : AIG ASIA PACIFIC INSURANCE PTE. LTD.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend the third party vehicle number.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GOLDBELL CAR RENTAL PTE LTD

Policyholder / ~~Driver's~~ Signature  
Date: 13/01/2020



Reporting Centre Personnel's Signature  
Name: Poh Kwee Choo  
NRIC/FIN No.: \_\_\_\_\_  
Date: 13/01/2020