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OD - TP : Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)					
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TP Insurer:	Assessment/Sur		1			
	Ass't Report by	Fax/Handle	Owner/Wkan			
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Owner / Driver: (3. 1986	. INC(().		
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Drive-In ()/ Towed-In (); Invoice	YES()/N	O();T	owing Co: (. 2)
THE CHANGE OF BRIDE					denomb b	ÿ · .
1) Apply for Transport Allowance ()/C	Courtesy Car ()	PACESTRAL PROPERTY.			200	
2) QC Check / Post Repair Inspection	(·)					
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()	1 1		.,.		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

THE REPORT OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	17/01/2020 16:14
Date Of Accident	17/01/2020 12:00
Exact Location Of Accident	ALONG TELOK BLANGAH ROAD
Country/State of Loss	SINGAPORE
CONTRACTOR OF THE PROPERTY OF DESCRIPTION OF DESCRI	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT3062R
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	SHAWN_KWC@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-91189151
Alternative Phone No	OFFICE-91189151
Vehicle Particulars	
Manufacturer	MAZDA
Model	3
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	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	999994316
Cover Note Number	
Driver	
Name of Driver	KOH WEE CHUAN SHAWN (XU WEIQUAN)
NRIC No	SXXXX084Z
Date Of Birth	11/05/1977
Occupation	OUTDOOR
Date Of Driving Pass	15/12/2003
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91189151
Fax Number	
Contact Number	OTHERS-91189151

SHAWN_KWC@HOTMAIL.SG

Address BLK 205 TAMPINES STREET 21

#05-1281

Postcode 520205

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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?

NO YES

NO

1

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

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKS7938Z

Vehicle Make/Model/Colour VOLVO

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 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
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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

- 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 relovant government agency/authority (such as the police), for the purpose(s)
 - [ii] 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 malling 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")
- all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lowyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- 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

(a) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

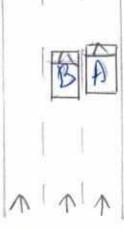
Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.

SKETCHPLAN ALDING THLOK BLANGAH KOAD



A) SK13062R B) SKS 7936Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature Date & Time Driver's Signature (If driver is not the policyholder) Date & Time Reporting Centre Porsonnel Prepartire

NRICZEIN No.

. AGGIDENT'STATEMENT

	ACCI	INT DAYE! 17 .01 "201	DD/MM/YYYY), TIME: 12	WW (HH:MM)
	LOCA	ON: Mong Telok Blo	ingah Rd	
	1,	DETAILS OF VEHICLE DIVEHICLE HUMBER: SKT	201.78	
		DINSURANCE COMPANY: ACIPOLICY NUMBER: 99999	II GI	
		JPOLICY TYPE: (COMPREHENS)V	E / THIRD PARTY / THIRD	
363		TYPE (SALOON) COUPE / MPV B) VEHICLE CATEGORY (PRIVATE	/ COMMERCIAL / MOTO	RGYCLE)
		T)PURPOSE OF USING AT ACCID ARE YOU CLAIMING UNDER YOU IF NO, PLEASE STATE (THIRD PAR	UP OWN INSURANCE IYE	SANO
	2.,	A) NAME: GOLICA HOLDER		MALE / FEMALE)
		D) NRIC/FIN/PASSPORTI	CONTAC	OT:
440 of passi	on g of	CONTINUE TO 3,d IF DRIVER AL	SO POUCY HOLDER	0
Conduding of	lriver,)	DINRIC/FIN/PASSPORTI	CONTA	9/189/1
		ODATE OF BIRTH: (1 8
	4,	DATE OF DRIVING PASS WAS DRIVER AN EMPLOYER OF F NO, RELATIONSHIP OF THE		
•		D) WEATHER CONDITION: (CLEAR D) ROAD SURFACE: (DRY) / WET /	R / RAINING / OTHERS OTHERS	
55	7.	VAS ANYBODY INJURED (YES / E) REPORTED TO POUCE (YES / IF YES, PLEASE STATE WHICH YE	O) .	A 4
the of passes	119,00	HIRD PARTY VEHICLE SKS	7936Z MODEL	YOLVO'.
()	P.	 DRIVER'S NAME: NRIC/FIN/PASSPORT: HIRÖ PARTY VEHICLE 	CONTA	QT1
tho of pasi Clarinding	deliver	d) VEHICLE NUMBER: e) ORIVER'S NAME:	MODEL	
()	and the second	NRICYFIN/PASSPORTI	CONTA	CHE

email = Shawn_twe@hotmail.sg



CERTIFICATE NO.

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 183)

WOTOR VEHICLES (THIRD-PARTY HISRS AND COMPENSATION) RULES, 1966

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

Comprehensive Commercial Motor

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

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

(The below excess is subject to GST)

POLICY EXCESS

S\$800.00 ** (I)

WINDSCREEN EXCESS

5\$100.00

SUM INSURED

Market Value

Yes

INSURING WITH COE/PARF

SKT3062R

Goldbell Car Rental Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE

999994316

FOR THE PURPOSES OF THE ACT

01 January 2019

31 March 2020

4) DATE OF EXPIRY OF INSURANCE

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Insured's order or with their permission.

Additional Excess of \$1000 applies to all claims for Drivers below 23 years old and/or with Driving Experience less than 12 months Additional excess of \$500 applies to all claims for accident outside Singapore

** Policy Excess vary according to Vehicle Usage. Refer to Policy for more details.

vided 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 enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

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

- 1) Use for racing, pace-making, reliability trial or speed-testing,
- Use whilst drawing a trailer except the towng (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

N.A

'Limitations rundered inopurative 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). ero 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-Plarty Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 16 Jan 2019

030123-000

Acom International Network Pte Ltd. 48 Changi South St 1 Level 3 SINGAPORE 486130

AIG Asia Pacific Insurance Pte Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPKWJ