

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	16/01/2020 14:57
Date Of Accident	16/01/2020 08:25
Exact Location Of Accident	SLIP RD TO WOODLANDS AVE3 FROM BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY1150D
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Insured/Policyholder

Name Of Registered Owner	MHL ENTERPRISES PTE. LTD.
Co Reg No	200718029R
Email Address	MHL5G@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	Office-96354903

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
Exact Purpose for which vehicle was being used at time of accident	
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	0100487625-15
Cover Note Number	

Driver

Name of Driver	LEONG MUN HING
NRIC No	S2549213G
Date Of Birth	16/11/1951
Occupation	OUTDOOR
Date Of Driving Pass	14/11/1975
Driving Experience	44 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96354903
Fax Number	
Contact Number	
E-Mail Address	MHL5G@SINGNET.COM.SG
Address	BLK 117 BUKIT BATOK WEST AVENUE 6 #18-242
Postcode	650117
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	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?	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)	3
Passenger 1	Name: : PASSENGER Gender: : Male
Passenger 2	Name: : PASSENGER 1 Gender: : Male

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

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	SMC5653M
Vehicle Make/Model/Colour	KIA CARENS
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	93681626
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

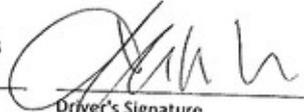
I understand, acknowledge, agree and consent that:

- (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.

MHL ENTERPRISES PTE LTD

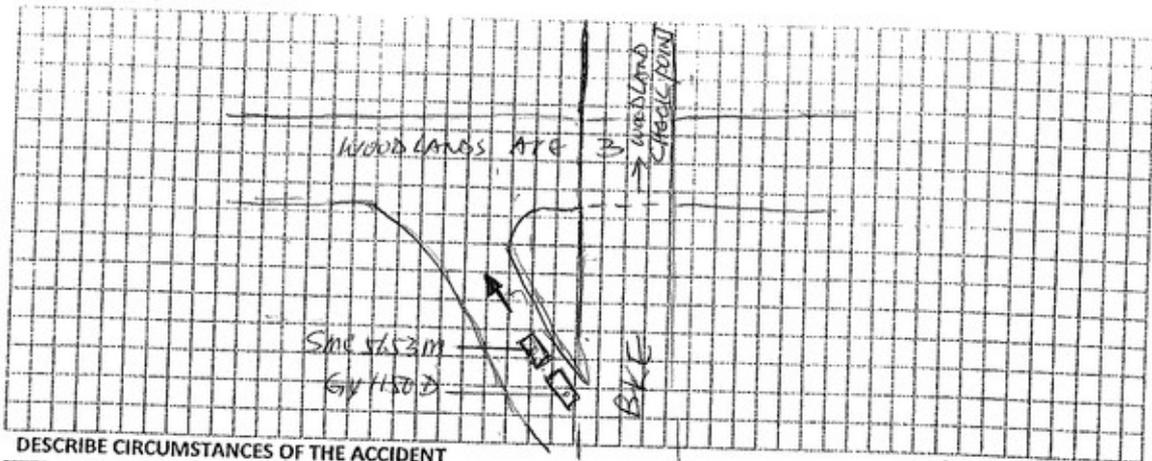
18, BOON LAY WAY
#10-137 11, HUB 21
SINGAPORE 609966
TEL: 62678248 FAX: 62678116
EMAIL: mhsg@singnet.com.sg

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 16 Jan 2020
1445 Hr.


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS I WAS DRIVING INTO THE SLIP ROAD TO WOODLANDS AVE 3 FROM BKE AT ABOUT (9 1/2 Km BKE) 0825 HR ON 16 JAN 2020, A VEHICLE IN FRONT, S/MC 5653 M SUDDENLY STOP AND I COULD NOT STOP IN TIME RESULTING HITTING THE REAR OF THE VEHICLE. THE TRAFFIC AT THAT TIME WAS HEAVY. DAMAGE TO THE VEHICLE S/MC 5653 WAS NOTICED TO BE MAINLY ON THE REAR BUMPER. DAMAGE CAUSED TO OUR VEHICLE, TOYOTA DYNA GY 1150 D WAS AT THE FRONT HEADLAMP, GRILL AND BUMPER

<p>Important: You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.</p>	<input checked="" type="checkbox"/>	- Reporting Only
	<input type="checkbox"/>	- Claim OD
	<input type="checkbox"/>	- Claim TP
	<input type="checkbox"/>	- Claim OD/ TP at other workshop

MHI ENTERPRISES PTE LTD
18, BOON LAY WAY
SINGAPORE 409966

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

TEL: 62678248 FAX: 62678116
EMAIL: mhsg@singpost.com.sg

[Signature]
Policyholder's signature

Date & Time 16 JAN 2020
1445 HRS

[Signature]
Driver's Signature
(if driver not the policyholder)

Date & Time 16 Jan 2020
1445 HRS

[Signature]
Reporting Centre Personnel's Signature

Name:
Nric/Fin No.



CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY FIRE AND THEFT COMMERCIAL VEHICLE

Name of Policyholder : MHL Enterprises Pte Ltd
 Period of Insurance : 03 Jan 2020 To 02 Jan 2021
 Engine No. : 5L-5553143
 Chassis No. : JTFUF34Y20-3010035

Vehicle No. : GY1150D
 Policy No. : 0100487625-15
 Endorsement No. :
 Issued Date : 03 Dec 2019

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.8 ton [Lorry]
 Engine Capacity/Tonnage : 2 Tonnage
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2005
 Insuring with COE/PARF : Yes

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Age Condition : All Age Condition

Limitation as to use* :

1) Use in connection with the Policyholder's business.
 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
 3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pecc-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle. c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Theft - \$0

Section 2
 Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).
 For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0501441000
 ASHIELD LLP

MY MAIL BOX 889556
 SINGAPORE 919191

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

ESCHMG

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S2549213G**
 Name: **LEONG MUN HING**

Birth Date: **16 Nov 1951**
 Issue Date: **25 Jan 2012**

002037155H



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S2549213G**



Name: **LEONG MUN HING**

梁文兴
 Race: **CHINESE**

Date of Birth: **16-11-1951** Sex: **M**

Country of Birth: **MALAYSIA**

S2549213G



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

EFFECTIVE DATE: **14 Nov 1975**

Licence No: **S2549213G**

MP #28A

A0150779

S2549213G

Next No. **S2549213G**



Blood Group: **O+** Date of Issue: **21-06-2002**

APY BLK 117 BUKIT BATOK WEST AVENUE 6
 #18-242
 SINGAPORE 650117

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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