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SINGAPORE ACCIDENT STATEMENT

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.
 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.
- 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

29/01/2020 16:32 Date Of Report Date Of Accident 28/01/2020 00:00

T-JUNCTION OF UPPER BUKIT TIMAH RD AND CASHEW RD Exact Location Of Accident

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

SLG4251L Vehicle Registration Number

Insured/Policyholder

CAR COVE LEASING PTE LTD Name Of Registered Owner

2XXXXX573M Co Reg No NOEMAIL **Email Address**

(LOCAL) +65-84180566 Mobile Phone No OFFICE-84180566 Alternative Phone No

Vehicle Particulars

Manufacturer MAZDA

Model

Exact Purpose for which vehicle was being used at

time of accident

NO

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY

PRIVATE USE

If No, Please state action to be taken

COMMERCIAL VEHICLE

Insurance Company

Vehicle Category

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

999994247 Policy Number

Cover Note Number

Driver

ANG HAI, SHAWN Name of Driver NRIC No SXXXX869J 21/08/1997 Date Of Birth

INDOOR Occupation 25/11/2019 Date Of Driving Pass

0 YEAR AND 2 MONTH Driving Experience

MALE Gender

(LOCAL) +65-84180566 Mobile Number

Fax Number

OTHERS-84180566 Contact Number

EMail Address NOEMAIL

Page 1 of 15

Address

BLK 542B TAMPINES CENTRAL 7

#09-65

Postcode

522524

OTHER - HIRER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle

Vehicle Registration Number of Driver's Own

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?

YES

Was any injured conveyed to hospital by

NO

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)

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

P[LEASE REFER TO SKETCH AND ATTACHMENT

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

SKU4452L

Vehicle Make/Model/Colour

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)

DETAILS OF INJURED PERSON 1

Name

ANG HAI, SHAWN

Page 2 of 15

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

HAND AND NECK PAIN

SLG4251L

YES

NO

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.
- 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.
- 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.
- 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' lawvers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - 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:
 - 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.

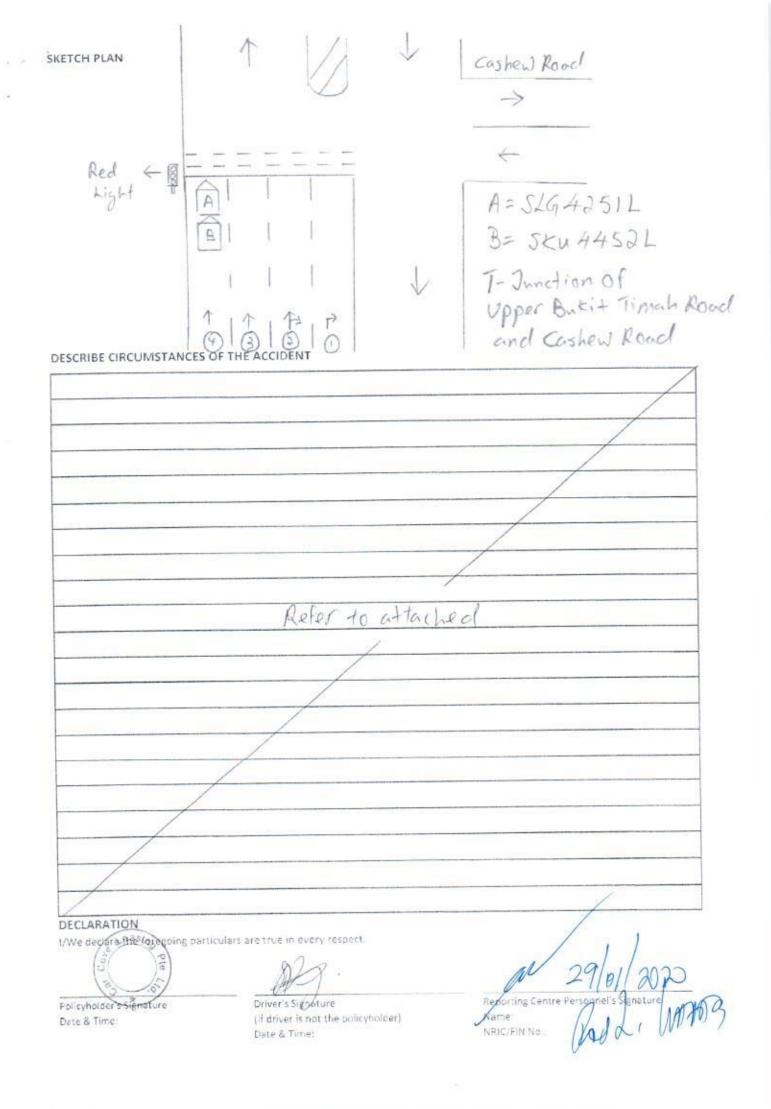
Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Person

NRIC/FIN No



On 28.01.20 at about 00:00 hours at the T- junction of Upper Bukit Timah Road and Cashew Road. While I was travelling straight on the lane 4 of Upper Bukit Timah Road towards the direction of Gombak Drive.

When approaching the traffic light I saw the traffic light turn amber, I slowed down and stopped my vehicle.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to the rear my vehicle.

Vehicle (A): SLG4251L

Vehicle (B): SKU4452L

SINGAPORE ACCIDENT STATEMENT

Accident Date: 28/61 20 Time: 00:00 (hh:mm) 24 hr format
Location T- Junction of upper Bukit Timah Road and
Cashen Road
Vehicle Number 529 42512
Insured Name Lar cove Lowsing Pte 111
NRIC/FIN 20/602573m Contact Number -
Make Mazela Model 3
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: (/) Third Party () Reporting
Insurance Company A26
Type of Policy (V) Comphensive () Third Party Fire & Theft () TP Only
Policy Number 99994247
Name of Driver Ang Hai, Shawn () Same as Insured
the state of the s
NRIC / FIN Contact Number 84 / 8 0566
Date of Birth 21/08/1997
Driving Pass Date 25/11/2019
Occupation (· /) Indoor () Outdoor
Gender (V) Male () Female
Email Address ()NO EMAIL
Address of Driver BIK SJ4B Tampinos Contral 7
\$109-65 Singapore 522524
Was driver an employee of the Insured's Company? () Yes () No Hife?
If No, Relationship of the Driver with the Insured
() Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions (/) Clear () Raining () Others
Road Surface () Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes (✓) No
Was anybody injured in the accident? (√) Yes () No
If yes, injured detail Anythai, Shown (Hand, Neck)
Was there any video captured by Car Camera? () Yes () No
Was the Accident reported to the Police? () Yes (√) No If yes attach police report
DETAILS OF 3 rd party Name / Nric Contact
Veh B JKU 4452 L
Veh C
Veh D
Veh E
Veh F

Driver Only



CERTIFICATE OF INSURANCE

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

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1940

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

COMPREHENSIVE

COMMERCIAL MOTOR

POLICY EXCESS

(The below excess is subject to GST) S\$2500,00 (Sect 1 & 2)

CERTIFICATE NO.

SLG4251L

WINDSCREEN EXCESS

\$\$100.00

POLICY NO.

999994247

SUM INSURED

YES

INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

SLG4251L CAR COVE LEASING PTE LTD

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

12 February 2019 11 February 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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

\$52,500.00 Section I & \$52,500.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore.

An additional Section II excess of \$500.00 per accident is applicable in the event of an accident occurring outside Singapore. The policy does not cover drivers who are below 22 years old and/or with less than 2 year driving experience.

Provided 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*

- Use for social, domestic, pleasure purposes and business purposes of insured
 Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for 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 any one disabled mechanically propolled vehicle, 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

Heritage Auto Enterprise Ple 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 Cortificate 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 (Malaysin)

Issued in Singapore 04 Mar 2019

691991-000 Moh Kok Heng 3 Tampines Grande, AIA Tampines #02-38 SINGAPORE 528799

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPORG

ORIGINA