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# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number

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
- 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. repudiate policy liability.
- 6. This report will be forwarded by the insurers of the GtA Records Management Centre established by the General Insurance Association of Singapore (GtA) 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.

| foresaid.  | ACCIDENT STATEMENT                          |
|--|---|
| THE PARTY OF THE P | 03/02/2020 19:28                            |
| Date Of Report   | 31/01/2020 17:30                            |
| Date Of Accident   | PIE (TUAS) THOMSON FLYOVER (LAMP POST 833F) |
| EXACT LOCATION OF ACCIDENT   | SINGAPORE                                   |
|  | ETAILS OF OWN VEHICLE                       |
|  | SLR6871B                                    |
| Vehicle Registration Number  |   |
| Insured/Policyholder   | GOLDBELL CAR RENTAL PTE LTD                 |
| Name Of Registered Owner   | 2XXXX651D                                   |
| Co Reg No  | HWWONG@ECOLAB.COM                           |
| Email Address  | (LOCAL) +65-98622109                        |
| Mobile Phone No  | OFFICE-98622109                             |
| Alternative Phone No   | OFFICE-90022105                             |
| Vehicle Particulars  |   |
| Manufacturer   | MAZDA                                       |
| Model  | 3   |
| Exact Purpose for which vehicle was being used a time of accident  |   |
| Are you claiming under your own insurance policy<br>for repair to your vehicle?  | YES   |
| If No. Please state action to be taken   | COMMERCIAL VEHICLE                          |
| Vehicle Category   | COMMERCIAL VEHICLE                          |
| Insurance Company  | AIG ASIA PACIFIC INSURANCE PTE. LTD.        |
| Name of Insurance Company  |   |
| Type Of Coverage   | COMPREHENSIVE                               |
| Fleet Policy   | YES   |
| Policy Number  | 999994316                                   |
| Cover Note Number  |   |
| Driver   | HANNELL                                     |
| Name of Driver   | WONG HAN WEI (HUANG HANWEI)                 |
| NRIC No  | SXXXX533H                                   |
| Date Of Birth  | 15/07/1979                                  |
| Occupation   | OUTDOOR                                     |
| Date Of Driving Pass   | 30/05/2002                                  |
| Driving Experience   | 17 YEARS AND 8 MONTHS                       |
|  | MALE  |

MALE

(LOCAL) +65-98622109

HWWONG@ECOLAB.COM

OTHERS-98622109

Address

BLK 451B BUKIT BATOK WEST AVENUE 6

#14-683

Postcode

652451

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?

Number of vehicles (including own vehicle)

NO

involved in the accident

Was any body injured in the Accident?

YES

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)

2

Passenger 1

NAME:

: PASSENGER

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

JURONG WEST NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200131/2157

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Was there any audio recorded?

SLE2638D

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

MOHAMED HAZIMIN BIN ABDUL HAMID

NRIC/Passport Number

SXXXX677B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SMN949K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

YEO AH SENG

NRIC/Passport Number

SXXXX074D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

UNKNOWN PASSENGER Name

Approximate Age

SLIGHT INJURY Injuries Sustain

Injured person in which vehicle?

SLR6871B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report conectly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any willul 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA 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.
- 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 aforesald.
- Consent uniter the Personal Data Protection Act (PDPA)

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 apy 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 collectivety referred to as the "Insurers"), the Insurers' law yers/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
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

lyoned

- (iv) administering my claims (including the mailing of correspondence, statements, invoices, raports 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 packagas), 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/taw firms, may/are permitted to collect, use, disclase 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 alted outside of Singapore, for one of more of the above Purposes

| Sketch Plan *                           | LANGE | 1870-1911 |              |
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|   | B     | Chary     | c) SMH 94°   |
|   | 4     |           |              |

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| boaring RIP 68718 with on No   | CRAIN AND DIAGO DOS CTUAS)   |
| Change Elizaber Assault  | Land of delay the  |
| THOMSON TLYOURY HEAR DUN DOTE  | on on lane 1 - additionary the   |
| car in front of he dearing it  | £26380 jammed brake  |
| Upon seeing, I applied my be   | ate. However, I was unable   |
| to prote in time and my C  | or collider with the Rar   |
| AL SLEDGERN I want out t   | o make a check and   |
| of SLE 2638D. I want out to<br>discovered that SLE 2638D   | had calledge with the more   |
| A America That account   | has collided with the retr   |
| OF SINN 949K IT WAS a cha  | in coxpision involving of  |
| court including myself. Iny  | can sustained cracic you the   |
| of SMN 949K H was a cha<br>coars including myself. My o<br>front bumper and the bone   | f dented JLE 2638D   |
| suctained dents on the re  | ar bumber amn949k  |
| trastained a don't on the M  | 201 humber. My affender  |
| sufferned injury on her lin  | Par bumper Imn 949k<br>Par bumper. My pattenger<br>of Nobooly else wat mjured. |
| and infinite infinite of the tip   | T. JOSEPH CAT LAND WATER   |
|  | €  |
|  |  |
|  | . 1  |
| Que mon docon  | i lows   |
| Police export 1/202001   | 31/2157  |
| Police export 1/202001   | 31/2457  |
| Polich emport 1/202001   | 31/2157  |
| Police supoper 1/202001  | 31/2457  |
| Polich Auport 1/202001   | 31/2157  |
| Police export 1/202001   | 31/2457  |
| Police emport 1/202001   | 31/2457  |
| Polich Auport 1/202001   | 31/2457  |
| Police supoper 1/202001  | 31/2457  |
| Polich Mport 1/202001  | 31/2457  |
| Polich papop 1/202001  | 31/2457  |
| Police supor 1/202001  | 31/2457  |
| Police empor 1/202001  | 31/2457  |
| Police empor 1/202001  |  |
| *  |  |
|  |  |

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

Palicyholder's Signature

Onver's Signature (if driver is not the policyholder) / Date & Time

| IT   |
|--|
|  |
| orting Centre ("ARC")for effling.  the daims process.  Authorised Driver.  |
| sible. Any wiful misrepresentation or withholding of material facts may allow  |
| ies is not an admission of policy liability on the part of the insurance companies;  |
| epartment for investigation.   |
|  |
| * Date: 31-(01/2020 Time: 1720 hr  |
| + PIE (TUAS), THOMSON FLYOVER (LAMPAST 835)  |
|  |
| * SLR 6871 B   |
|  |
| GOLDBELL CAR DENTAL PTE LTD  |
| CALL POLICE TO THE   |
|  |
|  |
|  |
| Manufacturer MAZDA Model MAZDA 3   |
| Saloon OMPV OCRV OVan OLorry   |
| O Bus · O M/cycle O Others.  |
| * ON THE WAY HOME  |
| the second secon |
| Yes No (If No,Pis select Third Party Reporting)  |
| Private Commercial Motorcycle  |
|  |
|  |
| Comphensive Third Party Fire & Theft TP Only   |
| ○ Yes ○ No   |
|  |
|  |
| Same as Insured above  |
| WONG HAN WEI   |
| + 579205334  |
| + N.#  |
| + 15 dd/ 07 mm/ 79 /yy   |
| 4 30 dd/ 05 mm/ 02 /yy   |
| + 17 Year(s) 08 Month(s)   |
| Indoor Outdoor   |
| Male Female  |
| 4 98622109   |
|  |

| Address of Driver   | BLK 451B BUKIT BATTOK WEST AVE 6<br>#14-683 Postcode (652451) |
|---|---|
| Email Address   | howong e ecolab. com  |
| Was driver an employee of the Insured's Company?  | Yes No  |
| If No, Relationship of the Driver with the Insured  |   |
| Vehicle Registration Number of Driver's Own Vehicle Registration Number of Driver's Own Vehicle (if applicable) Insurance Company of Driver's Own Vehicle (if applicable) | ○ Yes * ○ No  |
| GENERAL INFORMATION OF THE ACCIDENT   |   |
| Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)   | FRONT TO REAR   |
| Weather Conditions  | 4 Clear C Raining Others                                      |
| Road Surface  | Dry Wet Others  |
| OTHER INFORMATION   |   |
| a. Was anybody injured in the accident?      b. Was any other vehicle or property damaged? (Including Witness)  | Yes O No Yes O No   |
| DETAILS OF POLICE ACTION  |   |
| Was the Accident reported to the Police?  | Yes No (If Yes, please state which Police Station.)           |
| Police Station Name   | JURONG WEST N.P.C   |
| Police Station Address  | 700 CORPORTION ROAD 8649818                                   |
| Police Station Contact  | Tel No. 1800 - 2689999 No                                     |
| Was notice of intended Prosecution given?   | Yes No (If Yes, against whom?)                                |
| DETAILS OF OTHER VEHICLE / PROPERTY 1   | - III   |
| Vehicle Registration Number   | SLE 2638D   |
| Vehicle Make/ Model/ Colour   |   |
| Details of Properties   |   |
| Name of Driver  | Mohames Hazimin bin Abdul Hamiel                              |
| Personal Identification - NRIC (Singaporean/PR)   | 374306778   |
| - FIN/Passport Number   |   |
| Contact Number  |   |
| Address   |   |
| Name of Insurance Company   |   |
| No. of Passenger (Including Driver)   |   |
| (Note - Please use page 6 if you need to add more vehic   | les)  |

| ETAILS OF OTHER VEHICLE / PROPERTY   | SMN 949 K  |
|--|--|
| hicle Registration Number  |  |
| hicle Make/ Model/ Colour  |  |
| stails of Properties   | Yeo Ah Seng.   |
| ame of Drivery   | 303090740 .  |
| ersonal Identification - NRIC (Singaporean/PR)   | 30 30 10 1 10  |
| - FIN/Passport Number  |  |
| ontact Number  | Y  |
| ddress   |  |
| dores  |  |
| lame of Insurance Company  |  |
| (o. of Passenger (Including Driver)  |  |
| lame of Insurance Company  |  |
| · · · · · · · · · · · · · · · · · · ·  | (3   |
| DETAILS OF OTHER VEHICLE / PROPERTY  | 1.5  |
| Vehicle Registration Number  | T  |
| Vehicle Make/ Model/ Colour  |  |
| Details of Properties  |  |
| Name of Driver   | 4  |
| Personal Identification - NRIC (Singaporean/PR)  |  |
| - FIN/Passport Number  |  |
| Contact Number   |  |
|  |  |
| Address  |  |
| Name of Insurance Company  |  |
| No. of Passenger (Including Driver)  |  |
| Name of Insurance Company  |  |
| posterior services de la companya del la companya de la companya d |  |
| DETAILS OF OTHER VEHICLE / PROPER  | 17.4   |
| Vehicle Registration Number  |  |
| Vehicle Make/ Model/ Colour  | - Als - Assessment   |
| Details of Properties  |  |
| Name of Driver   |  |
| Personal Identification - NRIC (Singaporean/PR)  |  |
| - FIN/Passport Number  |  |
| Contact Number   |  |
|  |  |
| Address  | and the second s |
| Name of Insurance Company  |  |
| No. of Passenger (Including Oriver)  |  |
| Name of Insurance Company  |  |

| tails of Witness 1  |  |
|---|--|
| me Y  |  |
| one   |  |
| all Address   |  |
| 4   |  |
| etails of Witness 2   |  |
| ime .   | 32 — H 1990  |
| ione .  |  |
| neil Address  | *  |
|   |  |
| etails of Injured Person 1  |  |
| ame   | FOO MUN YENG   |
| ddress  | SITB KEAT HONG HAK # 08-103  |
| pproximate Age  | 34   |
| njuries Sustained   | PROLLEY LIPS   |
| vehicle occupants, state in which vehicle?  | SLR 6871 B   |
| Vers seat belts worn?   | Yes. No  |
| Was injured conveyed to hospital by ambulance?  | O yes No   |
| Name .<br>Address   |  |
| Approximate Age   |  |
|   |  |
| Injuries Sustained .  |  |
| Injuries Sustained If vehicle occupants, state in which vehicle?  |  |
| If vehicle occupants, state in which vehicle?   | ○ Yes · ○ No   |
| If vehicle occupants, state in which vehicle?<br>Were seat belts worn?  | O Yes O No   |
| If vehicle occupants, state in which vehicle?   | The state of the s |
| If vehicle occupants, state in which vehicle? Were seat belts worn? Was injured conveyed to hospital by ambulance?  | The state of the s |
| If vehicle occupants, state in which vehicle?  Were seat belts worn?  Was injured conveyed to hospital by ambulance?  | The state of the s |
| If vehicle occupants, state in which vehicle?  Were seat belts worn?  Was injured conveyed to hospital by ambulance?  Petails of Injured Person 3   | The state of the s |
| If vehicle occupants, state in which vehicle?  Were seat belts worn?  Was injured conveyed to hospital by ambulance?  Details of Injured Person 3  Name   | The state of the s |
| If vehicle occupants, state in which vehicle?  Were seat belts worn?  Was injured conveyed to hospital by ambulance?  Petails of Injured Person 3  Name  Address  Approximate Age  Injuries Sustained | The state of the s |
| If vehicle occupants, state in which vehicle?  Were seat belts worn?  Was injured conveyed to hospital by ambulance?  Details of Injured Person 3  Name  Address  Approximate Age                     | Yes No   |
| If vehicle occupants, state in which vehicle?  Were seat belts worn?  Was injured conveyed to hospital by ambulance?  Petails of Injured Person 3  Name  Address  Approximate Age  Injuries Sustained | The state of the s |

\* 1





1 of 4

Report No. T/20200131/2157

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

| REPORT OF A TRAFFIC ACCID | EN | V | ï |
|---------------------------|----|---|---|
|---------------------------|----|---|---|

| Date/Time Report Made:<br>31/01/2020 21:20   |                       |                              | Vide Report No.: Station Diary No.: 163                 |                            |  |  |  |
|--|-----------------------|------------------------------|---|----------------------------|--|--|--|
| Informa  | nt's Partic           | ulars                        |   | <b>在1000年间,1000年</b>       |  |  |  |
|  | Informant:<br>HAN WEI | 1                            | Address:<br>APT BLK 451B BUKIT BATO<br>SINGAPORE 652451 | DK WEST AVENUE 6 #14-683   |  |  |  |
| ID Type / ID No.:<br>NRIC NO / S7920533H   |                       |                              | Contact No.:<br>Home/Office:                            | Mobile: 98622109           |  |  |  |
| National<br>SINGAP   | ity:<br>ORE CITIZ     | EN                           | Email:  |                            |  |  |  |
| Sex:<br>Male   | Age:                  | Date of Birth:<br>15/07/1979 | Type of Informant:<br>Driver                            |                            |  |  |  |
| Race:<br>Chinese   |                       |                              | Language:   | Institution / School Name: |  |  |  |
| Occupation: Driving Licence Information: ENGINEER Class: 2B,2A,2,3 Date of Expiry: |                       |                              |   | Date of Expiry:            |  |  |  |

| Type of<br>Accident:          | Injury<br>Others              | Drink<br>Drive:-<br>No             | Date/Time of<br>Accident:<br>31/01/2020 17:30 | Type of Location<br>Straight Road |
|-------------------------------|-------------------------------|------------------------------------|---|-----------------------------------|
|                               | EXPRESSWAY as) near Jin Datoh | *                                  |   |                                   |
| Weather:<br>Clear             | as non on oqui                | Road Surface:<br>Dry               | R   | load Speed Limit:                 |
| Traffic Flow:<br>One Way      |                               | Traffic Control:<br>Not Controlled | 1-0   | raffic Volume:<br>leavy           |
| Type of Collis<br>Between Mov | ion:<br>ing Vehicles - Head T | o Rear                             | а   | nyone conveyed by mbulance:       |

| Details of Vehicle Involved |       |      |       |       |                     |                 |
|-----------------------------|-------|------|-------|-------|---------------------|-----------------|
| Vehicle No.                 | Туре  | Make | Model | Color | Condition           | No of Passenger |
| SLE2638D                    | Car   |      |       |       | Slightly<br>Damaged | 0               |
| SLR6871B                    | Car · |      |       |       | Slightly<br>Damaged | 1 -             |
| SMN949K                     | Car   |      |       |       | Slightly<br>Damaged | 0               |





2 of 4 -

Report No. T/20200131/2157

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

| Any Pedestrian In | volved: No                      |                                |   |             |   |  |
|-------------------|---------------------------------|--------------------------------|---|-------------|---|--|
| No. of Pedestrian | Use of Pe                       | Ise of Pedestrian Crossing: NA |   |             |   |  |
| Driver            |                                 |                                | ID No.  |             |   |  |
| Name              | MOHAMED HAZIMIN BIN ABDUL HAMID |                                |   |             | S7430677B                               |  |
| Related Vehicle   | SLE2638D (Car)                  |                                | Contact No.                                     |             | NIL *                                   |  |
| Hospital/Clinic   | NIL *                           | B4 88                          | Class of<br>Driving<br>Licence &<br>Expiry Date |             | Class: NIL<br>Date of Expiry: NIL       |  |
| Date Treatment    | NIL :                           | Date Dis                       |   |             |   |  |
|                   | ed Medical Leave NIL            | Degree o                       |   |             |   |  |
| Driver            |                                 |                                | Editor.   | STELL STELL |   |  |
| Name              | WONG HAN WEI                    |                                | ID No.  |             | S7920533H                               |  |
| Related Vehicle   | SLR6871B (Car)                  |                                |   | ct No.      | 98622109                                |  |
| Hospital/Clinic   | NIL                             |                                | Class of<br>Driving<br>Licence &<br>Expiry Date |             | Class: 2B,2A,2,3<br>Date of Expiry: NIL |  |
| Date Treatment    | NIL                             | Date Dis                       |   |             |   |  |
|                   | ted Medical Leave NIL           |                                | of Injury NIL                                   |             |   |  |
| Passenger         | ted inclination Leave           |                                | 75-75-7   | PHILIP.     | THE RESERVE AND ADDRESS.                |  |
| Name              | UNKNOWN PASSENGER               |                                | ID No.  |             | NIL                                     |  |
| Related Vehicle   | SLR6871B (Car)                  |                                | Contact No.                                     |             | NIL                                     |  |
| Hospital/Clinic   | NIL                             | )(*                            | Class of<br>Driving<br>Licence &<br>Expiry Date |             | Class: NIL<br>Date of Expiry: NIL       |  |
| Date Treatment    | NIL                             | Date Dis                       | scharge   | NIL         |   |  |
|                   | nted Medical Leave NIL          | Degree of Injury Slight        |   |             |   |  |





Report No. T/20200131/2157

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No. 1800-2689999

CONTINUATION OF REPORT

| Driver                            |               |           |                   | Back  | RAPE | THE STREET OF                     |
|-----------------------------------|---------------|-----------|-------------------|---|------|-----------------------------------|
| Name                              | YEO AH SENG   |           |                   | ID No   |      | S0309074D                         |
| Related Vehicle                   | SMN949K (Car) |           | Conta             | ct No.  | NIL  |                                   |
| Hospital/Clinic                   | NIL           |           |                   | Class of<br>Driving<br>Licence &<br>Expiry Date |      | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL           | Date Disc |                   | charge  | NIL  |                                   |
| No. of Days granted Medical Leave |               | NIL       | 'Degree of Injury |   | NIL  |                                   |

On 31/01/2020 at around 1730hrs, I was driving my car bearing SLR6871B with 01 passenger along PIE(Tuas) near Jin Datoh on lane 1. Suddenly, there was another car bearing SLE2638D jammed brake. Upon seeing, I applied my break. However, I was unable to brake in time and my car collided with the rear of SLE2638D. I went out to make a check and discovered that SLE2638D had collided with the rear of SMN949K. It was a chain collision involving 03 cars including myself. My car sustained crack on the front bumper and the bonet was dented. SLE2638D sustained dents on the rear bumper. SMN949K sustained a dent on the rear bumper. My passenger sustained injury on her lips. Nobody else was injured. I am also lodging this report for insurance claims purposes.





4 of 4

Report No. T/20200131/2157

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMFORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| Signature Of Officer Recording The Report. J / SC2 MUHAMMAD HAIQAL BIN ABU BAKAR .              | X    | Signa                    | ature Of Informant:    |  |  |  |
|---|------|--------------------------|------------------------|--|--|--|
| Signature Of Interpreter:<br>Not applicable   | 7.1  | the second second second | /Time:<br>1/2020 21:20 |  |  |  |
| Officer In Charge Of Case:<br>TP / AEIT /<br>SI ANG YI TING, STEPHANIE<br>Contact No.: 65476414 | SN I | Classification Of Case:  |                        |  |  |  |
| Authentication Stamp NP168 Signature: Singapore Police Force                                    |      |                          | <b>t</b> .:            |  |  |  |



CERTIFICATE NO.

# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY HISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

909994316

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

M.E.400

(The below access is subject to GST)

POLICY EXCESS

S\$800.00 \*\* (I)

WINDSCREEN EXCESS

\$\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF

Yes

SLR6871B

2) NAME OF POLICYHOLDER

VEHICLE REGISTRATION NO.

Comprehensive Commercial Motor

Goldbell Car Rental Pte 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.

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.

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.

The Policy does not cover

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a traifer except the toweg (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

LIOR

"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, 1967 (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 Rinks 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.

030123-000

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

AUTHORISED REPRESENTATIVE

SSPKWJ

**ORIGINAL**