SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 <u>truthful and accurate</u> 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 aforesaid

Date Of Accident 17/02/2020 13:25 Exact Location Of Accident TAMPINES STREET 81 CARPARK HDB BLK 820 Country/State of Loss SINCAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SLZ5624M Insured/Policyholder Name Of Registered Owner GOLDBELL CAR RENTAL PTE LTD Co Reg No 200710651d Email Address KAELEY@ESTEEMPERF.COM.SG Mobile Phone No Office-68386300 Vehicle Particulars Manufacturer HONDA Model SHUTTLE HYBRID 1.5 AUTO 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 Iff No, Please state action to be taken REPORTING ONLY Vehicle Category RIVATE HIRE Insurance Company Name of Insurance Company Alig ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Fleet Policy Number 99994314 Cover Note Number Driver Name of Driver NEIC No S1673307E	 By the loagement of this report to the insurers, you nereby conse aforesaid. 	ent to the archiving of this report at the centre and to copies of the report being made available
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Cover Note Number Driver Name of Driver CHUA KEE SON NRIC No S1673307E	Fleet Policy	YES
Driver Name of Driver CHUA KEE SON NRIC No S1673307E	Policy Number	999994314
Name of Driver CHUA KEE SON NRIC No S1673307E	Cover Note Number	
NRIC No \$1673307E	Driver	
	Name of Driver	CHUA KEE SON
Date Of Birth 18/01/1964	NRIC No	S1673307E
	Date Of Birth	18/01/1964

OUTDOOR

12/01/1982

38 YEARS AND 1 MONTH

Gender **MALE**

Mobile Number (LOCAL) +65-93690425

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 609 JURONG WEST STREET 65 #13-544

Postcode 640609

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OTHER - PRIVATE HIRER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

NO

YES

NO

1

NO

NO

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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?

If Yes, against whom?

Circumstances of Accident

Refer to sketch plan.

Remarks/ Reasons:

Attachment(s)

Are accident photos available for attachment? YES

YES Was there any video captured by Car Camera?

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

VIDEO FOOTAGE WITH OWNER.

Vehicle Registration Number SJU1798X

Vehicle Make/Model/Colour TOYOTA ESTIMA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number Address 90041133

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

- Please report <u>correctly</u> 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 <u>truttiful</u> and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>requestion policy liability</u>.
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- 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:

12.3

- (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 the purpose(s).
 - 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 invoive 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 Personnel's Signature Name: **Beborah** Lai

NRIC/FIN No.:

HDR-	<u> </u>	Vehicle A=>SEZ 564 Vehicle B >570 1798
<u>></u> - T T		ī I] T []
HDB BLK DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	Bik 826 driving along Tampines
Sheel 81 Carp	ark of ABD BLK 830	J
I can't stop		v Rear IH portion of
Vehicle B.		
DECLARATION /We declare the forestring partic	ulars are true in every respect.	ma2/
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Deborah Lai



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY HISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1966 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA) M Z 400 (The below excess is subject to GST) Comprehensive Commercial Motor CERTIFICATE NO. 999994316 WINDSCREEN EXCESS \$\$100.00 SUM INSURED Market Value INSURING WITH COE/PARF Yes SKW6009K 1) VEHICLE REGISTRATION NO. 2) NAME OF POLICYHOLDER 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* Provided that the person driving is permitted in accordance with the icensing or other laws or regulations to drive the Motor Vehicle or has been so pennited 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. The Policy does not cover

1) Use for racing, pace-making, reliability trial or speed-testing.

2) Use whilst drawing a traiter except the toulog (other than for reward) of any one disabled mechanically propelled vehicle.

3) Use for the carriage of passengers for hite 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 'Umitations 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.

AUTHORISED REPRESENTATIVE

SSPKWJ







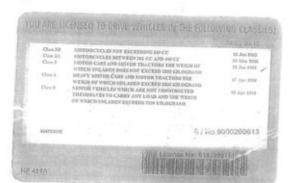
CHUA KEE SON

蔡志山

CHINESE

18-01-1964 / M SINGAPORE







APT BLK 609 JURONG WEST STREET 65 #13-544 SINGAPORE 640609

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request, If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description 02

TAXI VL

Issue Date

11/08/1999











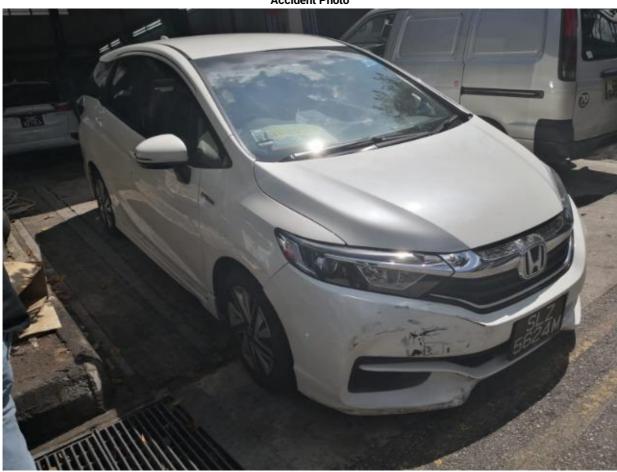




















Third Party Vehicle No. SJU 1798X



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