

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 | 09/12/2019 18:01 |
| Date Of Accident | 09/12/2019 07:30 |
| Exact Location Of Accident | PIE > TUAS (NEAR ADAM RD EXIT 20A) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SJN9817J |
| Insured/Policyholder | |
| Name Of Registered Owner | ALTITUDE CAR LEASING PTE LTD |
| Co Reg No | 201703858E |
| Email Address | ENQUIRY@ALTITUDELEASING.COM.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-81812300 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | TOYOTA |
| Model | WISH 1.8 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 |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 999994236 |
| Cover Note Number | 02/05/2019-01/05/2020 |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | MUHAMAD HAFIDZ BIN YUB |
| NRIC No | S7811943H |
| Date Of Birth | 28/04/1978 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/09/2006 |
| Driving Experience | 13 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | +65-92375597 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|-----------------------------|
| Address | BLK 359 YUNG AN ROAD #11-71 |
| Postcode | 610359 |
| 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 | RAINING |
| Road Surface | WET |

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: : JESSICA WATSON GENDER: : FEMALE |
| Passenger 2 | NAME: : LAVRYN MARY GENDER: : FEMALE |

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 | GBJ9035P |
| Vehicle Make/Model/Colour | TOYOTA DYNA |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LEE GUAN HOCK |
| NRIC/Passport Number | S0233686C |
| Contact Number | 85184055 |
| Address | |
| Postcode | |

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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5. 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:

- (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.

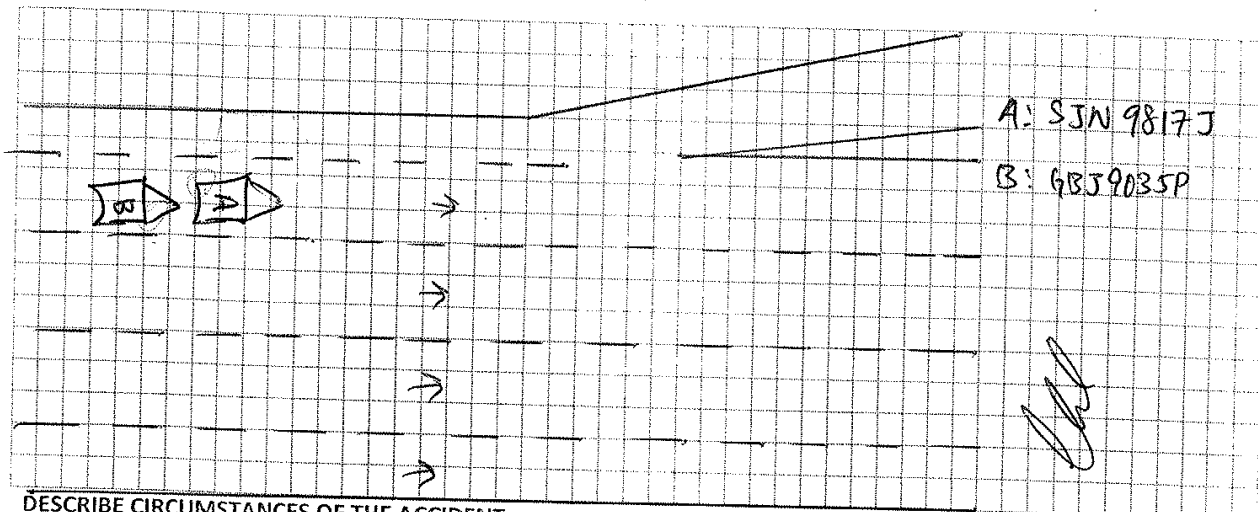


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 9/12/19

Reporting Centre Personnel's Signature
Name: Rakeswaran, Arund
NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4/12/19 at around 2.30 am I was driving veh A: SJN 9817J travelling on PIE towards Tuas with 2 passenger inside my car. Suddenly a red vehicle bearing carplate no: SLF1145K (Ever Chieh Zhuo Kai) cut into my lane without signal, I then apply brake unfortunately behind veh B: GBJ9035P can't brake in time and collided to my car.

I confirm that I didn't bang the red car: SLF1145K, that's no damaged on the front end of my car.

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.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/TP at other workshop

DECLARATION

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

Gold Autoworks Pte Ltd

Policyholder's signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time 4/12/19

Reporting Centre Personnel's Signature
Name: Rakeswaran, Arun d
Nric/Fin No.

CERTIFICATE OF INSURANCE Pg. 1



HOTLINE TEL: (65) 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

M.2.400

| | | | |
|--|------------------|--------------------------------------|----|
| THIRD PARTY | | (The below excess is subject to GST) | |
| CERTIFICATE NO. | COMMERCIAL MOTOR | POLICY EXCESS | |
| POLICY NO. | SJN9817J | WINDSCREEN EXCESS | |
| | 999994236 | SUM INSURED | NA |
| | | INSURING WITH COE/PARF | NA |
| | | SJN9817J | |
| | | ALTITUDE CAR LEASING PTE LTD | |
| 1) VEHICLE REGISTRATION NO. | | 02 March 2019 | |
| 2) NAME OF INSURED | | 01 March 2020 | |
| 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT | | | |
| 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.

Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore.

Section II Excess is applicable for driver who is below 22 years old with minimum 1 year driving experience in Singapore.

An additional excess of \$1,000.00 section II per accident is applicable in the event of an accident occurring outside Singapore.

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*

- 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.
- 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 propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.

| | |
|-----------------------|--------------|
| LOSS OF USE | Not Included |
| HIRE PURCHASE COMPANY | NA |

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 26 Feb 2019

AIG Asia Pacific Insurance Pte. Ltd.

504631-000
B.A.S. Insurance Agency
No 30 Kaki Bukit Road 3
#05-06
Singapore 417819

Marila


ORIGINAL

AUTHORISED REPRESENTATIVE

SSPOEC

Identification Card & DL of Driver Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7811943H



Name
MUHAMAD HAFIDZ BIN YUB

Race
MALAY

Date of Birth
28-04-1978


Sex
M

Country of Birth
SINGAPORE

S7811943H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7811943H




MUHAMAD HAFIDZ BIN YUB

Birth Date: 28 Apr 1978


Issue Date: 12 Sep 2006

001444671D

4231860



NRIC No. S7811943H



Date of issue
24-05-2008

APT BLK 359 YUNG AN ROAD #11-71
SINGAPORE 610359

NRIC No: S7811943H Date: 12/09/2006

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

PASS DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =<2500kg 12 Sep 2006

NP 428A

Licence No. S7811943H



Serial No. A 03583

Name: HAUMAMAD HAFIDZ BIN YUS NRIC: 57811943H

TEMPORARY TAXI DRIVER'S VOCATIONAL LICENCE

1. You have passed the vocational licence competency test and have been granted a Taxi Driver's Vocational Licence (TDVL).

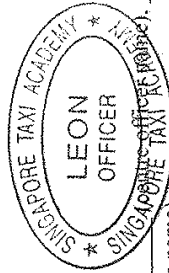
TDVL Commencement Date: 28 SEP 2019

2. You must display this Temporary TDVL in your vehicle at all times while driving a taxi/chauffeured private hire car.

3. LTA will subsequently inform you to collect your Vocational Licence Card that will replace this Temporary TDVL. You must collect your Vocational Licence Card within 6 months of the TDVL Commencement Date and display it in your taxi/car thereafter. **Otherwise, your TDVL may be revoked.**

Kwan Mei Fong
Assistant Registrar of Vehicles
Land Transport Authority of Singapore

This Temporary TDVL is handed to you by _____
(centre officer designation), of _____ (centre name).



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



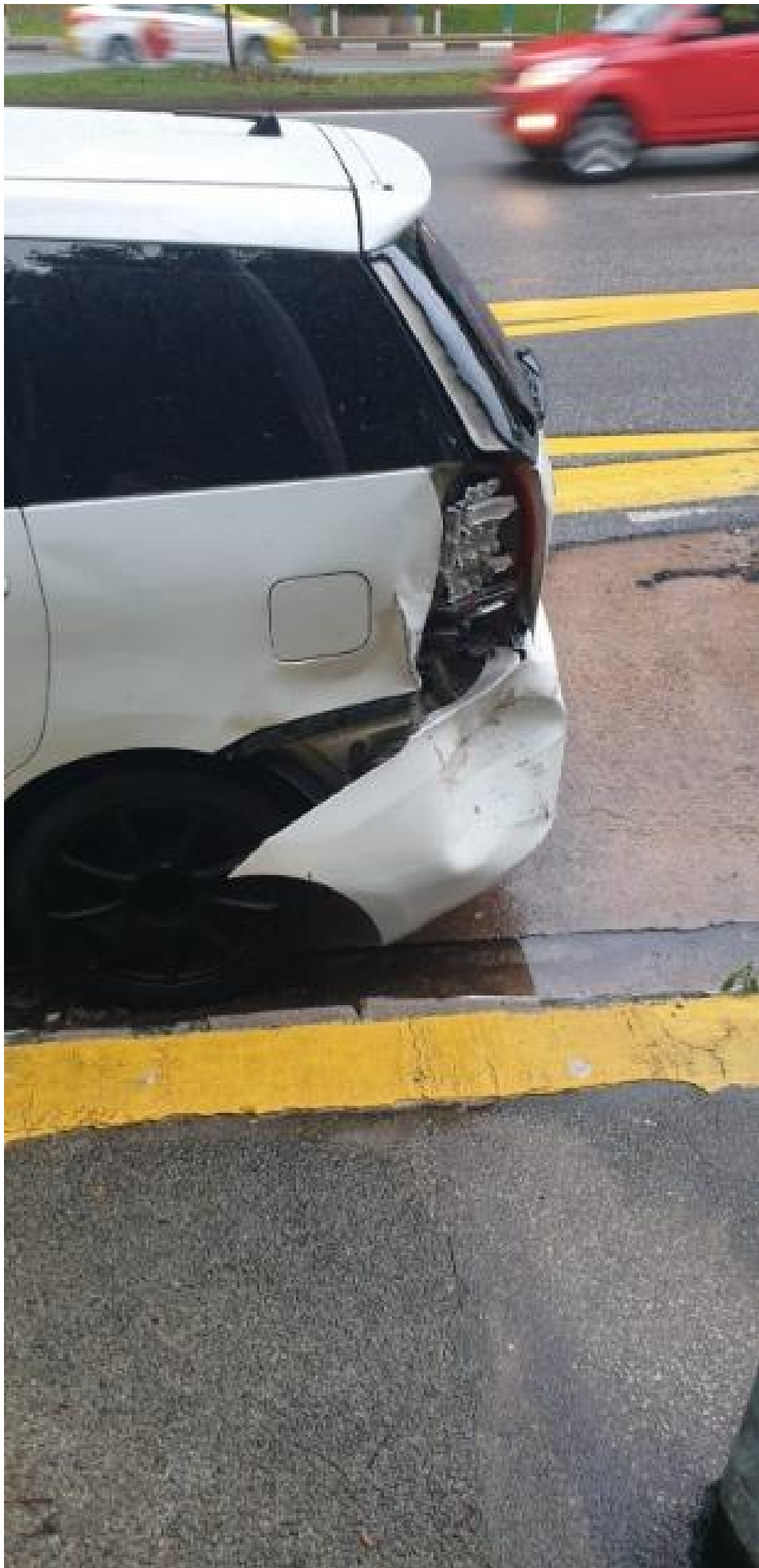
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66S00206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MOR119162168 Vehicle Registration No: SJN9817J
Name(as shown in NRIC) ALTITUDE CAR LEASING PTE LTD NRIC/FIN/Passport No : 201703858E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : 81812300 Mobile No. : _____
Email Address : _____
Date of Accident : 09/12/2019 Time of Accident : 07:30
Place of Accident : PIE > TUAS (NEAR ADAM RD EXIT 20A)
Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

no amend (wrong chose vehicle detail)

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Rakeswaran
NRIC/FIN No.: _____
Date: 11/12/2019