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Owner / Driver: (Tel:		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly 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 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.

- 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

ACCI	DENT	CTAT	4-17	ENT
ACCI	DENI	OIA		

 Date Of Report
 01/07/2020 16:21

 Date Of Accident
 30/06/2020 05:30

Exact Location Of Accident 8A ADMIRALTY STREET CARPARK ENTRANCE/EXIT

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW4080D

Insured/Policyholder

Name Of Registered Owner MAJULAH CAR LEASING PTE LTD

Co Reg No 2XXXXX815C Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-98295439

 Alternative Phone No
 OFFICE-98295439

Vehicle Particulars

Manufacturer HONDA

Model SHUTTLE HYBRID-1.5 (A)

Exact Purpose for which vehicle was being used at time of accident WORKING PURPOSES

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

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

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 999993824

Cover Note Number

Driver

Name of Driver ZHENG JUNYI CALVIN

 NRIC No
 SXXXX022J

 Date Of Birth
 15/10/1991

 Occupation
 OUTDOOR

 Date Of Driving Pass
 26/04/2019

Driving Experience 1 YEAR AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98295439

Fax Number

Contact Number OTHERS-98295439

EMail Address NOEMAIL

Page 1 of 15

Address

BLK 67 MARINE XDRIVE

#05-208

Postcode

440067

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

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 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)

Passenger 1

NAME:

: DAVID POH

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name Police Station Address WOODLANDS DIVISION HQ ROAD: 1 WOODLANDS STREET 12, POSTCODE: 738622, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT L/20200630/7041

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKU4793C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

91135878

Page 2 of 15

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ZHENG JUNYI CALVIN

Approximate Age

Injuries Sustain

NECK, BACK AND CHEST PAIN

Injured person in which vehicle?

SLW4080D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address Postcode 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)

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 :
 - 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
 - (z) complying with applicable law in administering, processing, finishing 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.
- (ii) 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.

*

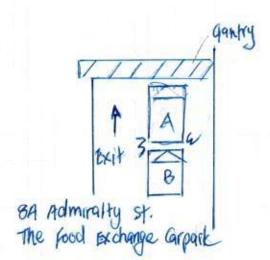
ROC No. 201209815C

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's

NRIC/FIN No.:



(A) SLW 4080D (B) SKY 4793C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 30/06/2020 at about 17:35. I was obiling my whicle (A) along
8A Admiralty St. While when I driving out from the corpork. I
nos stopped my vehicle before corport ganty and noithing infront cor
moving out suddoily I felt an impact from my whick's behind after
accident hoppen. I dighted and realized that the reliable (B) hitted
orto my whicle is near portion.
(A) SLW 4080D
(B) SKN 4793(
Porick RUPARN 420200630/7041
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Mame:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 30/06/2020 TIME: 17:35 (hh:mm) 24 hrs Format
LOCATION 8A ADMIRALTY STREET, THE FOOD EXCHANGE CAR PARK ENTRANCE / EXIT
THE TOTAL LANGUAGE ON THE PROPERTY OF THE PERSON OF THE PE
VEHICLE NUMBER SLW 4080D
INSURED NAME MAJULAH CAR LEASING PTE LTD
NRIC / FIN 20/209815C CONTACT:
MAKE HONDA MODEL SHUTTLE HYBRID 1-5 AUTO
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes, If No, Pls Select: (V) Third Party () Reporting Only
INSURANCE COMPANY A1G
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT
POLICY NUMBER: 999993824
NAME DRIVER: ZHENG JUNYI CALVIN () SAME AS INSURED
NRIC / FIN \$9137022 J CONTACT: 9829 5439
DATE OF BIRTH: 13-10-1991
DRIVING PASS DATE: 26-04-2010
OCCUPATION: () INDOOR (V) OUTDOOR
GENDER: (✓) MALE () FEMALE
EMAIL ADDRESS: (V) NO EMAIL
ADDRESS OF DRIVER: BLK 67 MARINE DRIVE \$ 05-208. SINGAPORE 440067
Number Of Passenger Include Driver: 2. PASSENGER. DAVID POH 9780 3648. (M)
Was driver an employee of the Insured's Company? () YES (√) NO
If No, Relationship Of The Driver With The Insured
() Owner () Spouse () Friend () Relative () Children () Sibling () Others FIRE
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 () Drizzling () Others
Road Surface : () Dry (\/) Wet () Others
Was Any Foreign Vehicle Involved In This Accident? () YES (✓) NO
Was Anybody Injured In The Accident? (V) YES () NO
If YES, Injured details: ZHANG JUNYI CAWIN (M) @ SLW4080 D
2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Convey By Ambulance: () YES (V) NO
Was There Any Video Capture By Car Camera? () YES (V) NO
Was There Accident Reported To The Police? (/) YES () NO If Yes Attach Police Report
Police Report Number (if any) L/20200630/704/
Details Of 3rd Party Name / NRIC No. of Paxs (incl'driver) Contact
Veh B SKU 4793C ()/Not Sure () 9113 5878
Veh C () / Not Sure ()
Veh D ()/Not Sure ()
Veh E () / Not Sure ()
Veh F ()/ Not Sure () Veh G ()/ Not Sure ()





Report No. L/20200630/7041

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Date/Time Report Made	Vide Report No.			Station Diary No.	
30/06/2020 20:55					
Name Of Informant	Address				
ZHENG JUNYI CALVIN	APT BL	APT BLK 67 MARINE DRIVE #05-2		:08 SINGAPORE	
	440067			er (a trifato como triba a matematica emplea cultiva anticulti.	
ID Type / ID No.	Contact	No.	ospi ospi		
NRIC NO / S9137022J	Home/C	Office:	Mobile:		
			98295439		
Nationality	Email Address				
SINGAPORE CITIZEN	calvinzheng91@gmail.com				
Occupation	Sex	Age	Date of Birth	Race	
GRAB DRIVER	Male	28	15/10/1991	Chinese	
Institution/School Name	Language English				
Date/Time Of Incident	Location Of Incident				
30/06/2020 05:30	8A ADM	8A ADMIRALTY STREET FOOD XCHANGE @		HANGE @	
	ADMIRALTY SINGAPORE 757437				

Brief details.

on the mention date and time i was in my vehicle SLW4080D, i was moving out of the gantry suddenly i felt an impact from my rear i alighted and saw vehicle SKU4793C have rear ended my vehicle.

as i have passager onboard so after exchange particulars i still proceed on to my passager location at bedok, when i have arrive customers location i felt my neck chest back discomfort i when to near by clinic unihealth (bedok) to seek for medical check i was given 5 day of mc.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/06/2020 20:55
Officer In-Charge Of Case:	Classification Of Case:
Authoritication Stamp	

Authentication Stamp





2 of 2

POLICE REPORT (NP299) CONTINUATION OF REPORT

Report No. L/20200630/7041

Victim			
Person Name	ZHENG JUNYI CALVIN		ANNUAL TERM
ID Type	NRIC NO	ID No	S9137022J
Gender	Male	Age	28
Race	Chinese	Language	English
Occupation	GRAB DRIVER	Address Type	
Address	APT BLK 67 MARINE DRIVE #05-208 SINGAPORE 440067	Mobile No	98295439
Is Informant A	Yes		
Victim?	M. A.		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/06/2020 20:55
Officer In-Charge Of Case:	Classification Of Case:
Authoritanian Stewart	

Authentication Stamp



CERTIFICATE OF INSURANCE

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

MOTOR VEHICLES (THIRD PARTY HISRS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1967 (MALAYSIA) and Iteas! Transport (Ameniment) Act 2913

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

(The below excess is subject to GST)

COMMERCIAL MOTOR

REFER TO ITEM 5

CERTIFICATE NO. .

SLW40000

3\$100,00

COMPREHENSIVE

MARKET VALUE

999993824

SUM INSURED INSURING WITH COE/PARE

POLICY EXCESS

WINDSCREEN EXCESS

1) VEHICLE REGISTRATION NO.

SLW4080D

MAJULAH CAR LEASING PTE LTD

2) NAME OF INSURED

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

15 May 2026

14 May 2021

4) DATE OF EXPIRY OF INSURANCE 51 PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE

Any person wito is driving on the Insured's order or with their permission

5\$2,000.00 Section 1 & 5\$2,000.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience.

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

Accident repair has to be carried out at AVG appointed list of workshop.

Provided that the person driving is permitted in accordance with the licensing or other lines 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 Mutor Vehicle.

6) LIMITATION AS TO USE"

- Use for social, domersho, planauro purposes and business purposes of insured
- 2) Use for social, stamestic, pleasure purposes and husiness purposes of any person whom the vehicle is head.
 3) Use for the corresponding person for hire acroward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for fulfion, driving test, racing, pace-making, reliability trial or speed-testing; 2) Use whilst drawing a trailer except the towning (other than for reward) of any one disabled mechanically proposed vehicle; 3) Use for any purpose in connection with the Motor Trade

I mee me like

tion to distant

MIRE PURCHASE COMPANY

LINGELL OVERSEAS BANK LIMITED

Limitations reviewed inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Hoad Transport Act, 1987 (Netaple) and Fransport (Amendment) Act 2019, are not to be included under these headings.

17 We licrotry Certify that the palicy to which this Certificate relates is issued an accordance with the provisions of the Motor Vehicles.
(Thirds Party Risks and Compensation) Act (Chapter 189) and Part IV of the Relat Transport Act, 1997 (Malaysia) and Road Transport (Amendment) Act 2010.

Issued in Singapure 28 May 2020

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

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISCO REPRESENTATIVE

SSPORC

ORIGINAL



Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport

/Company Cert

201209815C

No.:

Owner ID Type:

Company

Owner Name:

MAJULAH CAR LEASING (PTE. LTD.)

Registered

Address:

101 KITCHENER ROAD #03-03 JALAN BESAR PLAZA SINGAPORE 208511

Mailing Address:

Birth Date:

Vehicle Particulars

Vehicle No.:

SLW4080D

Previous Vehicle

No.:

Effective Date of Ownership:

09 Feb 2018

Original Regn Date: 09 Feb 2018

Registration Date:

09 Feb 2018

Year of

Manufacture:

2017

Vehicle Type:

Private Hire (Chauffeur) Motor Car

Vehicle Scheme:

Vehicle

No Attachment

Vehicle:

Attachment 2:

Vehicle

Attachment 3:

HONDA

Vehicle Make: Vehicle Model:

SHUTTLE HYBRID 1.5 AUTO

Primary Colour:

White

Secondary Colour:

Passenger

Capacity:

4

Chassis No.:

GP71109737

Engine No.:

LEB6311803

Motor No.:

H13611843

Engine Capacity /Power Rating:

1496 cc / 22.0 kW

Maximum Power

Output:

101.0 kW (135 bhp)

Propellant:

Petrol-Electric

Max Unladen

Weight:

1190 kg

Maximum Laden

Weight:

1465 kg

Open Market

Value:

\$20,738.00

PARF Eligibility:

PARF Eligibility

Yes

Expiry Date:

08 Feb 2028

Minimum PARF

Benefit:

\$2,500.00

No. of Transfers:

0

IU Label No.:

1128079638

COE No .:

2018030103001137K

COE Expiry Date:

08 Feb 2028

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Registration

Category:

B - Car above 1600cc or 97kW (130bhp)

Quota Premium

(QP) / Prevailing

\$42,322.00/-

Quota Premium: Actual QP Paid:

\$42,322.00

QP (Regn Cat):

\$42,322.00

OPC Cash Rebate

Eligibility:

No

QP during COE Bidding Exercise:

\$42,322.00

Additional

Rate:

Actual ARE Paid:

Vehicle Lifespan

\$5,000.00

Expiry Date:

No Lifespan

CO2 Emission:

87.00 (g/km)

CEV/VES Rebate

Utilised Amount:

\$16,034.00

CO Emission:

0.006000 (g/km)

HC Emission:

0.003000 (g/km) 0.007000 (g/km)

NOx Emission: PM Emission:

0.300000 (mg/km)

Message:

To renew the COE, the Prevailing Quota Premium payable is that of Category B.

This is a public service vehicle.