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| Tr Emiliations Veh No.   | 1/KALDIUN/              | . INC(   | . )/Non-INC  | ( ).   |  |
| Owner / Driver: (  | 47000004                |  | Tel:   | •  |  |
| Procedure to the control of the cont | eriod: (                | )  | Cover Type: (  |  | <u> </u>   |
| Confirmed by 1 (   | •                       | Dales,   | Time   | -  | ,  |
| Insured/Driver Liability: ( %)   | [Note-Est Sintus (W     | O): N: 0-2   | 0%; P: 21-79%  | P: 80-100  | (1)  |
| Year of Registration: ( )  | Warranty: YES (         | )/NO(  | >  |  |  |
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#### 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 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.
- 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.

| <b>巴斯斯茨</b> 是可言概念是中央国际基础   | ACCIDENT STATEMENT   |
|--|--|
| Date Of Report   | 14/09/2020 17:13   |
| Date Of Accident   | 12/09/2020 16:30   |
| Exact Location Of Accident   | BUKIT TIMAH EXPRESSWAY   |
| Country/State of Loss  | SINGAPORE  |
| 是一种自己的。<br>1000年的一种主义的主义的主义的主义的主义的主义的主义的主义的主义的主义的主义的主义的主义的主                  | DETAILS OF OWN VEHICLE   |
| Vehicle Registration Number  | SLB3011X   |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | SHUNJI HIROSHIMA   |
| NRIC No  | SXXXX976C  |
| Email Address  | INFO@CARSMITH.BIZ  |
| Mobile Phane No  | (LOCAL) +65-81007413   |
| Alternative Phone No   | OTHERS-81007413  |
| Vehicle Particulars  |  |
| Manufacturer   | MAZDA  |
| Model  | 5  |
| Exact Purpose for which vehicle was being used at<br>ime of accident         | PRIVATE USE  |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO   |
| f 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   | COMPREHENSIVE  |
| Fleet Policy   | NO   |
| Policy Number  | 2100458679-04  |
| Cover Note Number  | and a state of the |
| Driver   |  |
| Name of Driver   | SHUNJI HIROSHIMA   |
|  | ALTERIAL CONTROL OF THE PROPERTY OF THE PROPER |

INFO@CARSMITH.BIZ

| Driver               |                       |
|----------------------|-----------------------|
| Name of Driver       | SHUNJI HIROSHIMA      |
| NRIC No              | SXXXX976C             |
| Date Of Birth        | 27/07/1969            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 26/01/2002            |
| Driving Experience   | 18 YEARS AND 7 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-81007413  |
| Fax Number           | ASS TAITS OF PARTIES  |
| Contact Number       | OTHERS-81007413       |

EMail Address

Address

48 WOODLANDS DRIVE #02-53 FORESTVILLE

Postcode

737763

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

AFTER RAIN

Road Surface

WET

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?

YES

Was any injured conveyed to hospital by

YES

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)

2

Passenger 1

NAME

MISAKI HIROSHIMA

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200914/2039

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBH9882X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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

Vehicle Registration Number

SKG3248R

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 OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SKK4333A

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

MISAKI HIROSHIMA

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLB3011X

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

#### 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.
- 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.
- 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)
  - (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 mo;
  - (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
- (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
- 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.
- 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:

Recording Centre P

Name:

NRIC/FIN No.:

| SKETCH PLAN                    | (A) SLB?                               | 3011X (B) GBH 9882X<br>3248R (D) SKKH333A |
|--------------------------------|--|---|
|                                | C) SKG                                 | 3248R DSKKH333A                           |
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| 1(                             | <del></del>                            | -   |
| 4                              | BUKIT TIMBH EXPL                       | PASCINATA                                 |
|                                | BUN ( Himself reppr                    | 10009                                     |
| DESCRIBE CIRCUMSTAN            | CES OF THE ACCIDENT                    | 7   |
| S2 8 W. LU.                    | - i As - Pet Police Re                 | port 7/2020 C914/2039                     |
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| DECLARATION                    |  |   |
| / we declare the foregoing par | ticulars are true in every respect.    | / 1                                       |
| 12                             | 1                                      | 116/09/2000                               |
| olicyholder i Signature        | Driver's Signature Res                 | po Gg Contre Perigner's Fignaty was AAR   |
| iate & Time;                   | (if driver is not the policyholder) Na | ITC: JOSALI MINI 1107                     |

| Date of Accident  | :12092020 Accident Time: 1202200 (24-HR-Format)                |
|---|--|
| Accident Place  | Bukit Timah Expression   |
| Vehicle, No. (Car Plate No.)  | SLIB BOLLX Make Model: [MAZDA5                                 |
| Insurace Company  | A16 Policy No: 21.00458679-04                                  |
| Owner or Company Name, IC No.   | SHUNJI HIROSHIMA S6963976C                                     |
| Owner or Company Contact No.  | Owner's Hp 8100 7413 Company Let                               |
| DRIVER'S Name - IC No.  | SHUNJI HIROSHIMA S6963976C                                     |
| DRIVER'S Date Of Birth  | 1767 1969 DRIVER'S License Pass Date 21 dec 2007               |
| Relationship of Owner & Driver  | : Spouse Parents Children Sibling Employee Others:             |
| DRIVER'S Address  | : 48 woodlands Unive 16 HOZ-53 Forest VILLE 7 J7763            |
| DRIVER'S Contact No. Alt No.  | :11 u 21 u   |
| DRIVER'S Occupation   | (INDOOR) OUTDOOR (e.g. working inside or outside office)       |
| Umuil Address   | info@carsmith.biz  |
| Weather & Road Surface  | CLEAR & DRY RAINING & WET STER RAIN & WET                      |
| Reporting Type  | ; Reporting Only Claim Other Party) Claim Own Insurance        |
| Number of Passengers (Including De  | more owner / daughter  |
| Was there any video Captured by an Exact purpose for which vehicle was Any Injury (If YES, I'ls state): 0.1 | being used at the time of accident: Private use - Work purpose |
| Other P   | arty Driver's Particular (if any)                              |
| Véhicle No: (B) GBH 988;  | Vehicle No: 5kG 3248R  |
| Vehicle Make Model:   | Vehicle Make Model:  |
| Name Driver:  | Name Driver:   |
| IC No. Driver Contact;  | 1C No. Driver Contact:  \$144 43334 (2)                        |
| * NEW - Passenger's name &  | early of all-many with the color                               |
| Daughter · Micaki H   | iroshind osday Mc  |





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20200914/2039

### REPORT OF A TRAFFIC ACCIDENT

|                    | me Report N<br>020 11:45 | Made:                     | Vide Report No.:                                      | Station Diary No.:   |
|--------------------|--------------------------|---------------------------|---|--|
| Informa            | int's Partic             | ulars                     |   |  |
|                    | f Informant:<br>HIROSHIN |                           | Address:<br>48 WOODLANDS DRIVE 16<br>SINGAPORE 737763 | #02-53 FORESTVILLE   |
|                    | / ID No.:<br>O / S69639  | 76C                       | Contact No.:<br>Home/Office:                          | Mobile: 81007413   |
| National<br>SINGAF | lity:<br>PORE CITIZ      | EN                        | Email:  | The second secon |
| Sex:<br>Male       | Age:<br>51               | Date of Birth: 27/07/1969 | Type of Informant:<br>Driver                          |  |
| Race:<br>Japanes   | se                       | 1/h                       | Language:<br>English                                  | Institution / School Name:   |
| Occupat            | tion:<br>ny director     |                           | Driving Licence Information:<br>Class:                | Date of Expiry:  |

| General Infor        | mation of the Accident        | FREEDY MEANING        |   | A POLICY STATES                |
|----------------------|-------------------------------|-----------------------|---|--------------------------------|
| Type of<br>Accident: | Injury<br>Conveyed By Ambulan | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>12/09/2020 16:30 | Type of Location:              |
| Location: BUKIT TIMA | H EXPRESSWAY                  |                       |   |                                |
| Weather:             | R                             | oad Surface:          | R   | oad Speed Limit:               |
| Traffic Flow:        | T                             | raffic Control:       | T   | raffic Volume:                 |
| Type of Collis       | ion:                          |                       |   | nyone conveyed by<br>mbulance: |

| Vehicle No.                      | Туре | Make | Model | Color | Condition | No of Passenger |
|----------------------------------|------|------|-------|-------|-----------|-----------------|
| ICAVEHICL<br>E (Not<br>Accurate) | Van  |      |       |       |           | 0               |
| SKG3248R                         | Car  |      |       |       |           | 0               |
| SKK4333A                         | Car  |      |       |       |           | 0               |

| Details of V | ehicle Insurance  | And I produced |               |           |             |
|--------------|-------------------|----------------|---------------|-----------|-------------|
| Vehicle No.  | Insurance Company |                | Insurance No. | Effective | Expiry Date |





Report No. T/20200914/2039

2 of 3

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

| Details of V | The state of the s | yeu   | CONTRACTOR OF THE SAME OF THE | ELECTION - PARTIES | THE STATE OF STREET | ACAR CHALLES OF THE |
|--------------|--|-------|---|--------------------|---------------------|---------------------|
| Vehicle No.  | Туре   | Make  | Model   | Color              | Condition           | No of Passenger     |
| SLB3011X     | Car  | MAZDA | MAZDA5 5-<br>DOOR<br>WAGON<br>2.0L<br>SP.6EAT   | Red                |                     | 1                   |

| Véhicle No. | Insurance Company | Insurance No  | Effective  | Expiry Date |
|-------------|-------------------|---------------|------------|-------------|
| SLB3011X    |                   | 2100458679-04 | 31/03/2020 | 30/03/2021  |

| Any Pedestrian II | rvolved: No       |     |               |                                     |          |                                   |
|-------------------|-------------------|-----|---------------|-------------------------------------|----------|-----------------------------------|
| No. of Pedestrian | s Injured: NIL    |     | Use of Pe     | destriar                            | Cross    | ing: NA                           |
| Driver            |                   |     | CARRELL TANKS | 0.00                                | (ECA)    |                                   |
| Name              | SHUNJI HIROSHIM   | 1A  |               | ID No                               |          | S6963976C                         |
| Related Vehicle   | SLB3011X (Car)    |     | Conta         | ct No.                              | 81007413 |                                   |
| Hospital/Clinic   | NIL               |     |               | Class<br>Drivin<br>Licens<br>Expiry | g        | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment    | NIL               |     | Date Disc     | harge                               | NIL      |                                   |
| No. of Days gran  | ted Medical Leave | NIL | Degree o      | fInjury                             | NIL      |                                   |

#### Brief Details.

On the above-mentioned date time and location,

I was travelling along BKE(SLE) on the left lane. While driving, out of a sudden a vehicle in front of me collided onto the vehicle in front. Due to that, I did not have time to react and had to collide with the vehicle. There was also an ICA Vehicle which collided onto my rear after the incident. Police and ambulance came, I was not injured, that's all.

My daughter was injured, had superficial wound and we were conveyed to KKH.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20200914/2039

CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: 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.

| TP / MOHAMED ZULKIFLI BIN MUHAMMAD HAIRI   | Signature Of Informant:            |
|--|------------------------------------|
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>14/09/2020 11:45     |
| Officer In Charge Of Case:<br>TP / GIT /<br>Sr Staff Sgt NG BEIFENG<br>Contact No.: 65476415 | Classification Of Case:  SINGAPORE |
| Authentication Stamp<br>NP168  | POLICE FORCE Signature:            |



# CERTIFICATE OF INSURANCE

### MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Shunji Hiroshima

Period of Insurance

: 31 Mar 2020 To 30 Mar 2021

Engine No.

: PE10301062

Chassis No.

: JM6GW1071G0123230

Vehicle No.

: SLB3011X

Policy No.

: 2100458679-04

Endorsement No.

Issued Date

: 24 Feb 2020

#### ABOUT THE COVER

Make/Model

MAZDA 5 2.0 SKYACTIV

Engine Capacity/Tonnage : 1,998.00 CC

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\* :

a) The Policyholder
 b) Any other person who is streing on the Policyholder's preer or with his/her permission.
 This Policy will instantially the Policyholder or any authorised driver only if he/sha meets the specified ago condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named at unnamed) is under the ago of 23 and or hits less

Age Condition

: All Age Condition

Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for him or reward, driving fullion, driving test, racing, pace-making, inhabity that or speed-lessing, the causage of goods other than samples in connection with any trade or business or use for any purpose in connection with Mater Trade

Loss of Use 1500cc - 1500cc Optional

\* Limitations rendered inecessive by Section 8 of the Motor Vervices (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Maraysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

#### EXCESS

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Shunji Hiroshima - \$600 (Own Damage), \$600 (Flood Cover)

# APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1.Trans Eurokans Pta Ltd. Add: 27A Targong Penjuru, Singapore 609042 63310608

For other Approved Reporting Centres/AIG Authorised Reporters, please contact our 24-hour accident emorgency holling at +65 6336 6200. Alternatively, you may refer to AIG websits swins aig sig or AIG SG Mobile App. Simply search and download "AIG SG" from Tunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

We hereby centry that the policy to which this Confidence of Insurance retains in assert in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 188), Part IV of the Road Transport Act, 1887 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules. 1959 (Malaysia)

0503599190

ARE (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

76 Shenton Way #09-16 AIG Building \$079120 | TI+65 6419 3000 | www.nig.ng



## 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: 366550020G / GST Reg. No.: M400017738

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

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: MAY20079766 Original Report No : V Namelas shown in NEICI: SHUNJI HIROSHIMA NRIC/FIN/Passport No : 36963 976C (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address Drive 16# UZ-53 Forest Contact (Tel) Email Address Date of Accident 12092020 Time of Accident: /630 Place of Accident : ALG Insurance Company: (B) ADDITIONATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Please indicate the last vehicle number plate GBH 9882X Policyholder / Driver's Signature Beporting Centre Date: Name

NRIC/FIN No.: Date: