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Owner / Driver: (			Tcl:			
Policy No: ( ) Per	rlod: (	)	Cover Type			
Confirmed by : (		Dates,	7324 274	iner	,	
Insured/Driver Liability: ( %) [1	Note-Est Status (W	70): N: 0-20	%; P: 21-79	7%. P: 80-1	00%]	
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\* MNA420095021 / National Assessment Centre Services - Busit Merah ENTRY DATE & TIME: 29/10/2020 12:31 SUBMITTED BY ROSLI BIN ABDUL WAHAB

## 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.
- 3. 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.
- 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 ladgement 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.

OKANASARAN.	
<b>北京市场中央市场</b>	ACCIDENT STATEMENT
Date Of Report	29/10/2020 12:31
Date Of Accident	28/10/2020 09:20
Exact Location Of Accident	CTE TOWARDS SLE BEFORE CLEMENCEAU AVENUE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SML9607Z
Insured/Policyholder	
Name Of Registered Owner	ACE FLEET MANAGEMENT PTE LTD
Co Reg No	2XXXXX914N
Email Address	CHANBIN0623@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92323494
Alternative Phone No	OFFICE-92323494
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS PLUS-1.8 (A)
Exact Purpose for which vehicle was being used a time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO NO
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	YES
Policy Number	999993781
Cover Note Number	

## Driver

Name of Driver CHAN BIN NRIC No SXXXX012E Date Of Birth 30/08/1970 Occupation OUTDOOR Date Of Driving Pass 19/10/1993

Driving Experience 27 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92323494

Fax Number

Contact Number ULHEBS 03333404 Address

BLK 304A ANCHORVALE LINK

#14-152

Postcode

541304

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

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:

: MS TEH

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

PLEASE REFER TO SKETCH PLAN

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

SGB9252L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

CHAN BIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

SML9607Z

YES

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.
- 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. 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:

- 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 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
- 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Policyholder's Signature Date & Time:

# (TE TOWARDS SIE BEFORE CLEMENCEU AVE

	VehicleA: SML96072 VehicleB: SGB926>L
<del>)</del>	
中 美国 相图 图 图	
P TEL	

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	On the stated date k time, I, vehicle A (SML 96072) was travelling along
	As vehicle infront of me slowed down, I followed suit.
the s	tated location. Suddenly, I felt an impact from my rear portion
Cancin	g my vehicle to surge forward. I alighted and realised whicle B (SG18925>L)
collided	on my rear portion of my vehicle causing damages.
_	

## DECLARATION

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

Policyholder's 3433

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

NRIC/FIN No.:

Reporting Centre Personnel's Signature

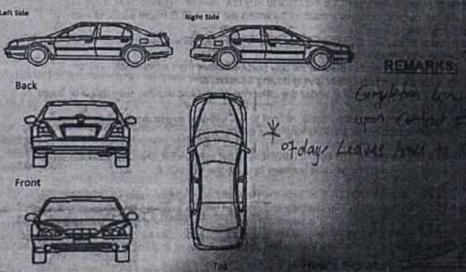
Date of Accident	: 38/10 X0X0 Accident Time; 09 20 (24-ER-FORMAT)
Acaidant Place	: CTE Towards SLE Before Clemenceau Ave
Vehlele Reg. No (Cer plate No.)	: Sml96072 Vehicle Malcol Model: Tryota Prius Plus
Insurance Company	: AIG Policy No. 999993781
Name of Registered Owner	: Company / Individual ALE FLEET MANAGEMENT PTE LTD
ID of Ragistared Owner	: Co Reg No: 201716914N Owner's NICO No:
	: Co Contact No: 92323494 Ownter's Constact No:
DRIVER'S Name	Chan Bin DRIVER'S NRIGNO: S 7030012E
DRIVER'S Disc of Birth	30-08-1970 DRIVER'S Lisense Pass Date 19 Oct 1993
Relationship ber, Owner & Driver	
DRIVER'S Address	: APT BIK 304A Anchorvale (int #14-15> S (541304)
DRIVER'S Contact No./ Alt No.	
DRIVER'S Occupation	: INDOOR NOUTDOOR (eg. working inside or dutside of an ofe)
Email Address	: Chanbin 0623 @ gmail com
Weather & Road Surface	: CLEAR & DRY \ RAINONO & WET \AFTER RAIN & WET
Reporting Type .	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Was the accident reported to the p Was there any video Captured by	Driver): 0> Passenger Name: Ms. Teh Gender: M/D
	Injured Name:
	Other Party Driver's Particulars (if env)
Vehicle Reg No: SG18925:	
Vehicle Makel/Model:	Vehicle Makelinfedel:
Niow DRIVER:	Name DRIVER:
EC No. DRIVER	IC No. DRIVER:
DRIVER'S Contest & add	DRIVER'S Contact & add:
<u>0</u>	other Party Driver's Particulars (if any)
Vehicle Reg No:	Vehicle Reg No:
Vehicle Melod Model:	Valide Maler-Model:
Name DRIVER,	Matte DRIVER:
IC No DRIVER	IC No DRIVER
	39/V58°5 Content & €14

\*

# ACE FLEET MANAGEMENT PTE LTD

237 ALEXANDRA ROAD #02-03 THE ALEXCIER SINGAPORE(159929)
RENTAL AGREEMENT

Kindly fill up all of the details below	REEMENT
CARMODEL: Toyota Prius Plus	CARPLATE: SML 9607 Z
HIRER'S NAME: Chan Ria	
NRIC/PASSPORT NO.: S 7030012 E	D.O.B: 30-08-1970
NEXT OF KINS: Lee Bee Gual	TEL: GIGALLET
ADDRESS: BIK 2044 And and	Lat HILL 157 CC 541304)
768771615	THE HITTING SCOTIONS
RENTAL DEPOSIT: \$ 1000	The second second
DATE OF COMMENCE: 18/06/2019 4	1 18/06/2000 * End 18/11/20
Charbino 623 @ small com	
RENTAL PER DAY: \$ 86 7 09/2	119 start \$80/-
BANK/ ACCOUNT NO.:  *All Rental Payments to be make latest by every	ESCALE STATE OF THE STATE OF TH
CONTRACT VAIL DITY:	06 months STAGETIE
1)INSURANCE 1" PARTY EXCESS-\$2500 \$2 2)INSURANCE 3 <sup>10</sup> PARTY EXCESS-\$2500 \$2 3)INSURANCE EXCESS FOR OVERSEA WILL 4)INSURANCE EXCESS FOR DRIVING LICEN YEAR OLD WILL BE DOUBLED 5)WINDSCREEN EXCESS \$200	BE DOUBLED
Left fide	





## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) AND ROAD TRANSPORT (AMENDMENT) ACT 2019 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400 (The below excess is subject to GST)

Comprehensive Commercial Motor

CERTIFICATE NO.

SML9607Z

POLICY NO.

999993781

POLICY EXCESS

\$\$2,000.00

**POLICY EXCESS** 

S\$2,000.00 (II)

WINDSCREEN EXCESS

\$\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF

Yes

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

SML9607Z

Ace Fleet Management Pte Ltd

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

31 July 2020

4) DATE OF EXPIRY OF INSURANCE

30 July 2021

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

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

Authorised Drivers must be age 22 to 65 years old with at least 2 years Driving Experience

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

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
- Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- Use for the curriage 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 Applicable

HIRE PURCHASE COMPANY

DBS BANK LTD

\*Limitations rendered inoperative by Section 6 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.

1 / We haraby 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) and Road Transport (Amendment) Act 2019.

Issued in Singapore 05 Aug 2020

AIG Asia Pacific Insurance Pte. Ltd.

0504650-000

All Ins Agency Pte Ltd 22 Sin Ming Lane #05-78 Midview City

Singapore 573969

AUTHORISED REPRESENTATIVE

**ORIGINAL** 

SSPIUS