

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 Submission	08/01/2021 15:06 (SGT)
Date of Accident	08/01/2021 08:30 (SGT)
Exact Location of Accident	Sembawang Dr, Singapore
Additional Location Information	TURN INTO ADMIRALTY STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC7917P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ACE FLEET MANAGEMENT PTE LTD
Company Reg No	2XXXXX914N
Email Address	spoon_vins@hotmail.com
Mobile Phone No	(Phone) +65-92323494
Alternative Phone No	+65-84503733

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
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 - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	999993781
Cover Note Number	-

DRIVER

Name of Driver	LIM CHEE SIONG
NRIC No	SXXXX424E

Date Of Driving Pass	04/07/1988
Driving experience	32 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84503733
Alt. Phone Number	-
Email Address	spoon_vins@hotmail.com
Address	BLK 450B SENGKANG EAST WAY #17-337
Address complement	-
Postcode	792450
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE5178M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM CHEE SIONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMC7917P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sembawang Dr Turn Into Admiralty Street



Vehicle A - SMC7917P

Vehicle B - GBE578M

Describe Circumstances of the Accident

On the stated date and time, I, vehicle A (JMC7917P) was travelling along at the stated location. As vehicles in front of me slowed down due to the heavy traffic, I followed suit. Suddenly, I felt an impact from my rear portion, vehicle B (GBE5178M) collided onto the rear portion of my vehicle causing damages.

Declaration

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

Witnessed by Reporting Centre Personnel
08/01/2021

ACE FLEET MANAGEMENT PTE LTD

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

Replacement of New Contract/Agreement

Kindly fill up all of the details below

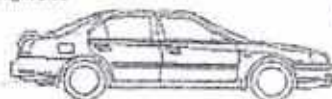
CAR MODEL: (BLACK) TOYOTA NOAH HYBRID CARPLATE: SMC7917P

MAIN HIRER NAME: LIM CHEE SIONG	
NRIC/PASSPORT NO.: S6B30424E	D.O.B: 19 SEPT 1968
NEXT OF KINS: CHEN SHAN SHAN	TEL: 93849773
ADDRESS: BIK450B, SENG KANG WEST WAY, #17-337, S(792450)	
CONTACT NO.: 84503733	
RENTAL DEPOSIT: \$500/-	
DATE OF COMMENCE: 09 SEPT 2020 (2:30PM)	
RELIEF DRIVER :	TEL :
ADDRESS:	
RENTAL PER DAY: \$77/DAY	
EMAIL ADDRESS: 1990707@gmail.com	
CONTRACT VAILDITY: END @ 10 AUG 2021	
1) INSURANCE 1 ST PARTY EXCESS \$2000/- 2) INSURANCE 3 RD PARTY EXCESS \$2000/- 3) INSURANCE EXCESS FOR OVERSEA WILL BE DOUBLED 4) INSURANCE EXCESS FOR DRIVING LICENCE LESS THEN 2 YEAR AND BELOW 24 YEAR OLD AND OLDER THEN 65 YEAR OLD WILL BE DOUBLED 5) WINDSCREEN EXCESS \$200/-	

Left Side



Right Side



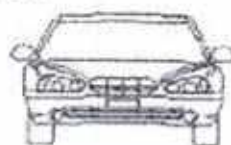
12 DAYS FREE RENTAL
(FROM PREVIOUS CONTRACT)

REMARKS:

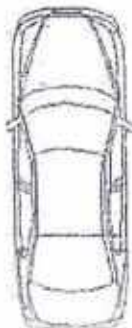
Back



Front



CRACK & SCRATCHES



Top

D=DENT S=SCRATCHES C=CHIPS R=RUST M=MISSING



[Handwritten signature]

Hirer's Signature

[Handwritten signature]

GENERAL DEFINITIONS

Date of Accident: 08/01/2021 Accident Time: 0830hrs (24-HR-FORMAT)
 Accident Place: Sembawang Dr Turn Into Admiralty Street
 Vehicle Reg. No (Car plate No.): SMC7917P Vehicle Make/Model: Toyota Noah Hybrid
 Insurance Company: AIG Policy No. 999993781
 Name of Registered Owner: Company / Individual Ace Fleet Management PTE LTD
 ID of Registered Owner: Co Reg No: 201710914N Owner's NRIC No: ---
 Co Contact No: --- Owner's Contact No: 92323494
 DRIVER'S Name: Lim Chee Siong DRIVER'S NRIC No: S6830424E
 DRIVER'S Date of Birth: 19-09-1968 DRIVER'S License Pass Date: 04 Jul 1988
 Relationship bet. Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Other: Hire
 DRIVER'S Address: APT BKK 4508 Serangoon West Way #17-337 Singapore 712450
 DRIVER'S Contact No./ Alt No.: 1) 6450 3733 2) ---
 DRIVER'S Occupation: INDOOR (OUTDOOR) (eg. working inside or outside of an ofc)
 Email Address: Spoon_vins@hotmail.com
 Weather & Road Surface: CLEAR & DRY (RAINING & WET) (AFTER RAIN & WET)
 Reporting Type: Reporting Only (Claim Other Party) (Claim Own Insurance)
 Number of Passengers (including Driver): 02 Passenger Name: Unknown Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: --- Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Lim Chee Siong
 Injured Name: ---
 Exact purpose for which vehicle was being used at the time of accident: Private use (Work purpose)

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>GPB 578M</u>	Vehicle Reg No: <u>---</u>
Vehicle Make/Model: <u>---</u>	Vehicle Make/Model: <u>---</u>
Name DRIVER: <u>---</u>	Name DRIVER: <u>---</u>
IC No. DRIVER: <u>---</u>	IC No. DRIVER: <u>---</u>
DRIVER'S Contact & add: <u>---</u>	DRIVER'S Contact & add: <u>---</u>

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>---</u>	Vehicle Reg No: <u>---</u>
Vehicle Make/Model: <u>---</u>	Vehicle Make/Model: <u>---</u>
Name DRIVER: <u>---</u>	Name DRIVER: <u>---</u>
IC No. DRIVER: <u>---</u>	IC No. DRIVER: <u>---</u>
DRIVER'S Contact & add: <u>---</u>	DRIVER'S Contact & add: <u>---</u>

**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, 1966 (MALAYSIA)

M.Z.400

Comprehensive Commercial Motor

(The below excess is subject to GST)

CERTIFICATE NO. SMC7917P
POLICY NO. 999993781

POLICY EXCESS S\$2,000.00 (I)
POLICY EXCESS S\$2,000.00 (II)
WINDSCREEN EXCESS S\$100.00
SUM INSURED Market Value
INSURING WITH COE/PARF Yes

SMC7917P

Ace Fleet Management Pte Ltd

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

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
- 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 Applicable

HIRE PURCHASE COMPANY

SINGAPURA FINANCE LTD

*Limitations 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) 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