

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 02/03/2021 14:07 (SGT)
Date of Accident 25/02/2021 16:45 (SGT)
Exact Location of Accident 15 Changi North Street 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE1186R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FEDERAL EXPRESS (SINGAPORE) PTE LTD
Company Reg No 1XXXXX740W
Email Address StationManager@corp.ds.fedex.com
Mobile Phone No (Phone) +65-69222929
Alternative Phone No (Office) +65-69222929

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 100780241
Cover Note Number -

DRIVER

Name of Driver HUNG THIEM RYH
NRIC No SXXXX200J
Date Of Birth 09/05/1960
Occupation Outdoor

| | |
|--|--------------------------------------|
| Date Of Driving Pass | 07/04/1982 |
| Driving experience | 38 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-9762353 |
| Alt. Phone Number | - |
| Email Address | tho2@fedex.com |
| Address | BLK 769 BEDOK RESERVOIR VIEW #09-197 |
| Address complement | - |
| Postcode | 470769 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 | Side Swipe |
| Weather Conditions | Clear |
| Road Surface | Dry |

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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

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

On 25/02/2021 at 16:45hrs I was doing pup at 15 Changi North St 1, the road was narrow and there was 40ft container unloading. As I was turning left and looking out for the container, the left rear of my van came into contact with front right bumper of car SLR9650C.

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 | SLR9650C |
| Vehicle Manufacturer | Volkswagen |
| Vehicle Model | Golf |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | KOH MEI LING SERENE |
| NRIC No | SXXXX119F |
| Contact Number | (Phone) +65-81338777 |
| Address | - |
| Address complement | - |

| | |
|---|----------------------------|
| Postcode | - |
| Insurance Company Name | AIG |
| Nature Of Damage | - |
| Details of property damaged in accident | FRONT RIGHT BUMPER DAMAGED |
| No. Of Passenger (Including Driver) | - |

GBC1186

SKETCH PLANIMPORTANT NOTICE

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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.

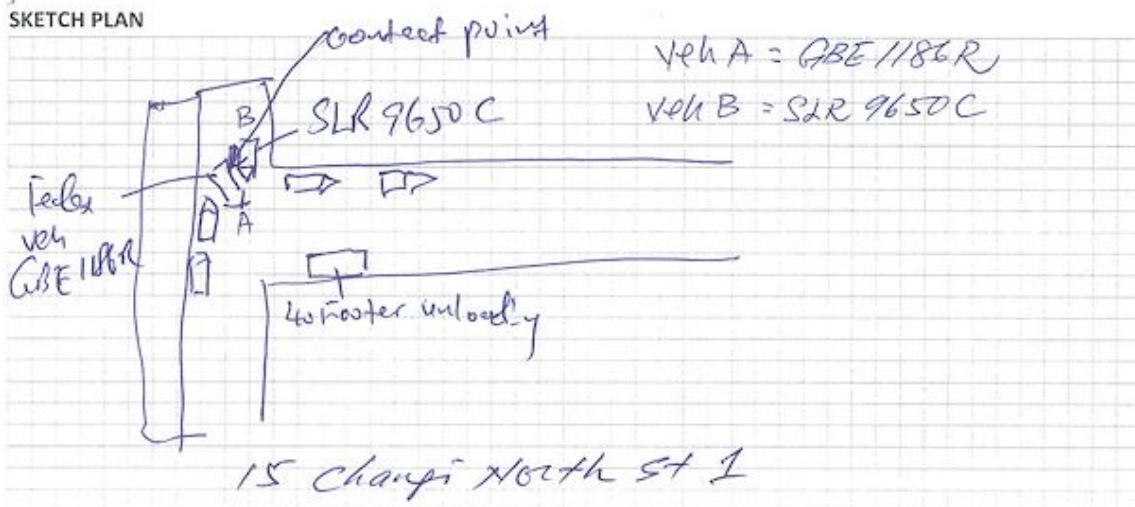


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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
Name:
NRIC/FIN No.:









GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

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 : _____ Vehicle Registration No : GBE 1186 R
 Name(as shown in NRIC): Hung Thiam Ryn
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 NRIC/Passport No : S 1421200 J
 Address : _____
 Contact (Tel) : _____ (H/P) : _____
 (Email) : _____
 Date of Accident : 25/2/2021 Time of Accident : 16:45
 Place of Accident : 15 Changi North St 1
 Insurance Company : AIG

(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:

TP vehicle make & model & category

Signature of Vehicle Owner / Driver
 Date:



10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
 Operating Hours : Monday to Friday 9am to 5pm

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

M.Z. 400

| | | |
|---|-------------------------------------|----------|
| COMPREHENSIVE COMMERCIAL MOTOR | OWN DAMAGE EXCESS | S\$ 0.00 |
| CERTIFICATE NO. 999993738/100780241-00000 | | |
| SUM INSURED S\$0.00 | | |
| INSURING WITH COE/PARF NO | | |
| 1) VEHICLE REGISTRATION NO. | GBE1186R | |
| 2) NAME OF INSURED | FEDERAL EXPRESS (SINGAPORE) PTE LTD | |
| 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT | 02 Oct 2020 | |
| 4) DATE OF EXPIRY OF INSURANCE | 01 Oct 2021 | |
| 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE* | | |
| Any person who is driving on the Insured's order or with their permission. | | |
| 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 which prohibits him from driving the Motor Vehicle. | | |
| 6) LIMITATION AS TO USE * | | |
| 1) Use in connection with the Insured's business. 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business. 3) Use for social, domestic or pleasure purposes. The Policy does not cover a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing. b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. | | |
| LOSS OF USE NOT INCLUDED | | |
| * NAMED DRIVER N/A | | |
| HIRE PURCHASE COMPANY NA | | |
| * 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).

Issued At Singapore 19 Oct 2020

AIG ASIA PACIFIC INSURANCE PTE. LTD.

030082-000
 MARSH (SINGAPORE) PTE LTD
 8 MARINA VIEW #09-02
 ASIA SQUARE TOWER 1
 SINGAPORE 018960



Authorized Representative

ORIGINAL

SSPKHO