SB0G21310005-01 / Borneo Motors Pte Ltd ENTRY DATE & TIME: 01/03/2021 14:17 (SGT) SUBMITTED BY: Ashlyn Chng VERSION: 2 (09/03/2021 15:16 (SGT))

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 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.

- 4. The issue and acceptance of this is form by instrained 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 01/03/2021 14:17 (SGT) Date of Accident 20/02/2021 17:30 (SGT) Exact Location of Accident Singapore Additional Location Information 235 JURONG EAST ST 21 CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number GBJ74681

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **UNEARTHED PRODUCTIONS PRIVATE LIMITED** Company Reg No 2XXXX551W **Email Address** MFIRDAUSAZZHAR@GMAIL.COM Mobile Phone No (Phone) +65-94300940 Alternative Phone No (Home) +65-94300940

VEHICLE PARTICULARS

Manufacturer

Model Dyna 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 Policy Number 2070108396 Cover Note Number

DRIVER

Name of Driver MUHAMMAD FIRDAUS BIN AZZHAR NRIC No SXXXX760J Date Of Birth 06/11/1991 Occupation Outdoor

Date Of Driving Pass 11/03/2014 Driving experience 6 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-86994501 Alt. Phone Number Email Address MFIRDAUSAZZHAR@GMAIL.COM Address BLK 95B HENDERSON ROAD #02-18 Address complement Postcode 152095 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Nο Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberSJC5634DVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle ColourWhiteVehicle CategoryPrivate carName of Driver-Contact Number-

Address			
Address complement			
Postcode		 	 <u>-</u>
Insurance Company Name			<u>-</u>
Nature Of Damage			
Details of property damaged in a	accident	 	<u>-</u>
No. Of Passenger (Including Dri	ver)		 -

,			
SKETCH PLAN	TTTA	B (T	
	<u> </u>		- 4
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		
GRI ŽLGRI	e cl1	\ a1	
CV1 26200 11	is stationary purhed it our vehicle front	mlot.	
PECLARATION We declare the foregoing partic	culars are txue in every respect.		
olicyholder's Signature ate & Time:	Driver's Signature (If driver is not the policyholder Date & Time:	Reporting Centr Name: NRIC/FIN No.:	e Personnel's Signature

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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
 - (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.:





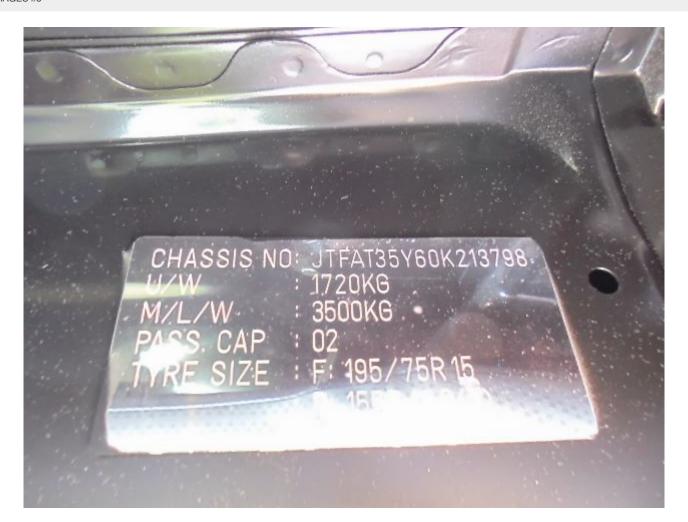














T/20210221/7026

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

2 of 3 Report No. T/20210221/7026

CONTINUATION OF REPORT

Details of Perso	n Involved	North Control		DISTRIBUTED IN	
Any Pedestrian I					
No. of Pedestrian			Use of Per	destrian Cro	nesing: NA
Vehicle Owner				accordan On	55511Ig. 1474
Name	DANIAL ESOOF P	IPERDY		ID No.	S9311531G
Related Vehicle	NIL			Contact N	o. 94300940
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

Brief Details.

GBJ7468L was stationary parked in lot.

SJC5634D hit our vehicle front and drove off.



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



3 of 3 Report No. T/20210221/7026

CONTINUATION OF REPORT

Sketch	P	an
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Informant is not able to provide sketch

Signature Of Officer Recording The Report: Signature Of Informant: Not applicable The identity of the person making this report has been authenticated by SingPass. No signature is required. Signature Of Interpreter: Date/Time: Not applicable 21/02/2021 22:45 Officer In Charge Of Case: Classification Of Case: TP / TPIB / NEO ZHI YUAN Contact No.: 65476079 Authentication Stamp

NP168



1 of 3

Report No. T/20210301/2044

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20210221/7026

Report Number

T/20210301/2044

Vide Report Number

Date/Time of Report Made

01/03/2021 13:08

Place Report Lodged

Traffic Police

Type of Informant

Driver

Name of Informant

MUHAMMAD FIRDAŲS BIN AZZHAR

ID Type / ID No.

NRIC NO / S9143760J

Home/Office

Mobile

86994561

Email

Type of Accident

Non-Injury

Drink Drive

No

Anyone conveyed by

No

ambulance

Date/Time of Accident

21/02/2021 17:30

Accident Location

JURONG EAST STREET 21

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBJ7468L	Lorry				Slightly Damaged	0
SJC5634D	Car				No Damage	1

Details of Person Involved	CONTRACTOR OF THE PROPERTY OF
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T 20210301 2044

2 of 3

Report No. T/20210301/2044

Continuation of CSF For NP168

Driver						
Name	MUHAMMAD FIRDA	US BIN AZZI	IAR	ID No		S9143760J
Related Vehicle	GBJ7468L (Lorry)			Conta	ct No.	86994561
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	181	Date Dis	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of Injury	NIL	8.

Brief Facts.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

MY LORRY WAS PARKED AT JURONG EAST OPEN CARPARK FOR ABOUT ONE HOUR.
AFTERWARDS, I WENT TO WOODLANDS. AS I PARKED MY CAR AT WOODLANDS AND PASSED
BY MY VEHICLE, I REALISED THAT THERE WERE DENTS AND SCRATHES ON THE FRONT RIGHT
PORTION OF MY VEHICLE. I HAD MY CAMERA IN MY VEHICLE SO I DECIDED TO RETRIVE THE
FOOTAGE. THE FOOTAGE SHOWS THAT THERE WAS A CAR THAT COLLIDED INTO MY VEHICLE
AT JURONG EAST OPEN CARPARK WHERE MY CAR WAS PARKED. I HAVE THE FOOTAGE WITH
ME FOR EVIDENCE. THAT IS ALL.



3 of 3

Report No. T/20210301/2044

Continuation of CSF For NP168

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.

Case Sensitivity

No

Officer-In-Charge of Case

TP/GIA/

WONG SIEU LUI

Classification of Case

1) NON-INJURY





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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: CBOGU310005 Vehicle Registration No: GBJ7469L Name (as shown in NRIC): Anhowad Frederic Bin Archer. NRIC/FIN/Passport No: SXXXX 760J (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: _ Contact (Tel): Email Address: Place of Accident: 235 Drawy East M Insurance Company: _ (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: : Acadena dot: Reporting Centre Personnel's Signature Date: Name:

NRIC/FIN No.:

Date:



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : UNEARTHED PRODUCTIONS PRIVATE LIMITED

Period of Insurance : 08 Aug 2020 To 07 Aug 2021

Engine No. : 1KD2861020

Chassis No. : JTFAT35Y60K213798 Vehicle No. Policy No.

: 2070108396

Endorsement No.

Issued Date

: 04 Aug 2020

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 VAN

Engine Capacity/Tonnage: 1.73 Tonnage

Driver Restriction

: NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2019 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age 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 or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use* :

Littrication at to uses: 1

1) Use in connection with the Policyholder's business.

2) Use for the carriage of passenger (other than for false or reward) in connection with the Policyholder's business.

3) Use for social, dosestic or pleasure purposes. This Policy does not cover a) use for false or reward, driving tation, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a traiter except the towing of anyone disabled using a mechanically propelled vehicle, c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cep. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and 1987

EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRES (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers, Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's verticable.

For other Approved Reporting Centrary/ARQ Authorised Repeirers, please contact our 24-hour accident emergency hotine at +65 6336 6200. Alternatively, You may refer to AIQ website www.alg.ag or AIQ SQ Mobile App. Simply search and download *AIQ SQ* from IT unes or Google Play.

IMPORTANT NOTES

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

IWe hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compressation) Act (Cap. 189), Part IV of the Read Transport Act, 1987 (Melaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia).

0502368000

TH INSURANCE SPECIALIST AGENCY

71 BUKIT BATOK CRESCENT #11-07 PRESTIGE CENTRE

SINGAPORE 658071

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Ying Ling Elleen Och

78 Shonton Way #09-16 AIG Building \$070120 | T:+85 6419 3000 | www.nig.eg

AIG Asia Pacific Insurance Pte, Ltd.



MOTOR ACCIDENT INTERVIEW FORM

	: Muhammad fordaus sin Azeher
VEHICLE NUMBER	: GB) 7468 L
DATE/TIME OF ACCIDENT	: 21 2 21
PLACE OF ACCIDENT	: 235 Jurony east Street 21
THIRD PARTY VEHICLE (IF ANY	
*******	**************
DESTINATION BEFORE THE ACC	R JOURNEY AND WHERE WAS THE INTENDED CIDENT? When packed at parking lot.
THE ACCIDENT? IF YES, DID T ANALYSER TEST ON YOU? IF YE NO WHAT IS THE TYPE OF COLLISI TO ALL VEHICLES INVOLVED?	IC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE TRAFFIC POLICE CONDUCT ANY BREATHES, WHAT IS THE RESULT? ON AND THE EXTENSIVENESS OF THE DAMAGES
Hit and in	
WERE YOU OR YOUR PASSENG WERE YOU TAKEN TO THE TRAI No	EER/S INJURED? IF INJURED, WHICH HOSPITAL? FFIC POLICE FOR INVESTIGATION?

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000

CACcident report SB0G21310005