SA1A212H0001 / Auto Insure Pte Ltd [739145] ENTRY DATE & TIME: 18/02/2021 17:09 (SGT) SUBMITTED BY: NGIAW JIE LING VERSION: 1 (18/02/2021 17:09 (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 18/02/2021 17:09 (SGT) Date of Accident 12/02/2021 11:15 (SGT) Exact Location of Accident Kang Ching Rd, Singapore Additional Location Information BLK 354 KANG CHING RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Hiace

Vehicle Registration Number GBK3728H

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **GOLDBELL LEASING PTE LTD** Company Reg No 199001196N **Email Address** Accident-Insurance@gbl.com.sg Mobile Phone No (Phone) +65-64942888 Alternative Phone No +65-64942888

VEHICLE PARTICULARS

Manufacturer

Model

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 Goods vehicle

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy No Policy Number Cover Note Number 100881161

DRIVER

Name of Driver MUHAMMAD A'FIF BIN SAFIEE NRIC No S9427530Z Date Of Birth 05/08/1994 Occupation Outdoor

Date Of Driving Pass 20/10/2017 Driving experience 3 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-94897956 Alt. Phone Number Email Address affifsafiee@gmail.com Address BLK 617 JURONG WEST ST 65 #02-480 Address complement Postcode 640617 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 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? Nο 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 12/2/2021 AT ABOUT 1115HRS.I WAS AT BLK 354 KANG CHING RD. I WAS TRAVELLING STRAIGHT ON THE ROAD WHEN

ON 12/2/2021 AT ABOUT 1115HRS.I WAS AT BLK 354 KANG CHING RD. I WAS TRAVELLING STRAIGHT ON THE ROAD WHEN SUDDENLY VEHICLE B STOPPED AND WANTED TO MAKE A 3 POINT TURN. I THEN SLIGHTLY MOVED TO THE LEFT LET HIM GET MORE SPACE TO REVERSED. VEHICLE B THEN REVEESED AND MISJUDGED THEN COLLIDED ONTO MY VEHICLE. AFTHER THE INCIDENT, WE BOTH ALIGHTED FROM THE VEHICLE AND THE DRIVER TOLD ME THAT HE DIDN'T SEE ME ON HIS RIGHT.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 SLB292X

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 MUHAMMAD FUAD BIN SULIMAN

 NRIC No
 -1

 Contact Number
 (Phone) +65-86089663

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

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.
- 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 ladgment 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 S Date & Time:

GISRIAN SharehPlaniform, VI

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

KETCH PLAN	81k 351c Kan	g ching ka
	A:G	BK 34 28H
	8; \$[Board
	0	
ESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	
on islation at ab	out 1115hm. I was at the 354 King Ching	Rd. 1 was
audling Haight on th	u head when suddenly which 8 Hoppied and	uanted to make
	_	
3 point turn. 1	then aligntly moved to the next let him go	of music space
to teursed. Vehicu B	the source and a second they called it can	la Valita
teursta. Tento 5	thus reviews and misjudged thus collect on:	o my mu.
eter the incident ,	we both alignfed from the vehicle and the	u driver told
ou that he aidn't	are me on his right-	
ECLARATION		
	lars are true in every respect.	
	lars are true in every respect.	<i>a</i>
ECLARATION We declare the Occasion particul Solicyholus Signatus ate & Time Oven	Driver's Signature (if driver is not the policyholder) Reporting/Centre Pe	rsonnel's Signature

HOTLINE TEL (65) 6419-3000

COVER NOTE

Cover Note No. 100881161

Date 7 Jul 2020

The following risk described in the Schedule is hereby HELD COVERED in the terms of the applicable Company's policy issued to the Policyholder.

		SCHEDULE	
Policyholder	GOLDBELL LEASING PTE LTD &/OR DHL EXPRESS (S) PTE LTD		
Age Condition	N/A	Registration No	GBK3728H
Policy Type	ACT	Make/Model	TOYOTA HIACE VAN TURBO
Effective Date	3 Jul 2020	CC/Tonnage	2,982.00
Expiry Date	2 Jul 2021	Engine No	1KDB035380
Hire Purchase	NA	Chassis No	JTFHT02P200250528
Company		Year of Registration	2020

This policy is subject to driver's age condition. The policy will indemnify the insured or any authorised driver only if he/she meets the age condition. Please refer to policy terms and conditions.

Usage of vehicle only for the following purposes:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business and use for social, domestic or pleasure purposes.

Please note that acceptance of the risk is subject to our final acceptance and terms and conditions applicable to the policy. Should you require any change to the insurance, please contact us immediately. Otherwise, any change will not be covered under the policy.

The Company may cancel this cover by notice in writing and the insurance will be terminated and a proportionate part of the annual premium for the insurance will be charged for the time the Company has been on risk.

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)

CERTIFICATE OF INSURANCE

I/We hereby certify that this cover note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part I/V of the Road Transport Act, 1987 (Malaysia)

issued at SINGAPORE

IMPORTANT NOTICE
THIS COVER NOTE IS VALID FOR
60 DAYS FROM THE FIRST DAY OF
THE POLICY PERIOD.

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Authorised Representative

SSPICHO



















