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.

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 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 24/05/2021 08:15 (SGT) Date of Accident 21/05/2021 22:00 (SGT) Exact Location of Accident Near 78 Upper Serangoon View, Singapore Additional Location Information Slip road of upper Changi road and Bedok road Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMW7987G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD Company Reg No 199803778Z **Email Address** osman.affan@daimler.com Mobile Phone No (Phone) +65-68498118 Alternative Phone No (Office) +65-68498118

VEHICLE PARTICULARS

Manufacturer

Model GLC300 4MATIC AMG LINE (R19 LED) Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? Yes

Vehicle Category Private car Transmission Auto CC 1991

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Yes Policy Number 999995580 Cover Note Number NA

DRIVER

Name of Driver KEK CHIN HENG (GUO JINXING) NRIC No S7122545C

Date Of Birth 10/07/1971 Occupation Indoor Date Of Driving Pass 28/09/1995 Driving experience 25 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-93682679 Alt. Phone Number Email Address chkek@sycce.com.sg Address 57 SIMEI RISE Address complement #01-56 Postcode 528792 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver SMU9068G Insurance Company of Other Vehicle Owned by Driver AIG Asia Pacific Insurance Pte. Ltd. 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? Nο 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT

I was traveling along slip road of upper Changi Road and Bedok road there was an stationary vehicle ahead of me but I wasn't paying attention to it therefore my vehicle front collided onto third party rear. No injuries involved.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGD6888L Vehicle Manufacturer Renault Vehicle Model CLIO 4 1.5 DCI A/T Vehicle Variant Vehicle Colour Gray Vehicle Category Private car Name of Driver AHMAD JIHADI BIN SUNARYO NRIC No S7720846A Contact Number (Phone) +65-90669631

| Address | - |
|---|---|
| Address complement | _ |
| Postcode | _ |
| nsurance Company Name | _ |
| Nature Of Damage | _ |
| Details of property damaged in accident | _ |
| No. Of Passenger (Including Driver) | 2 |

SKETCH PLAN

IMPORTANT NOTICE

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- 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.

d

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

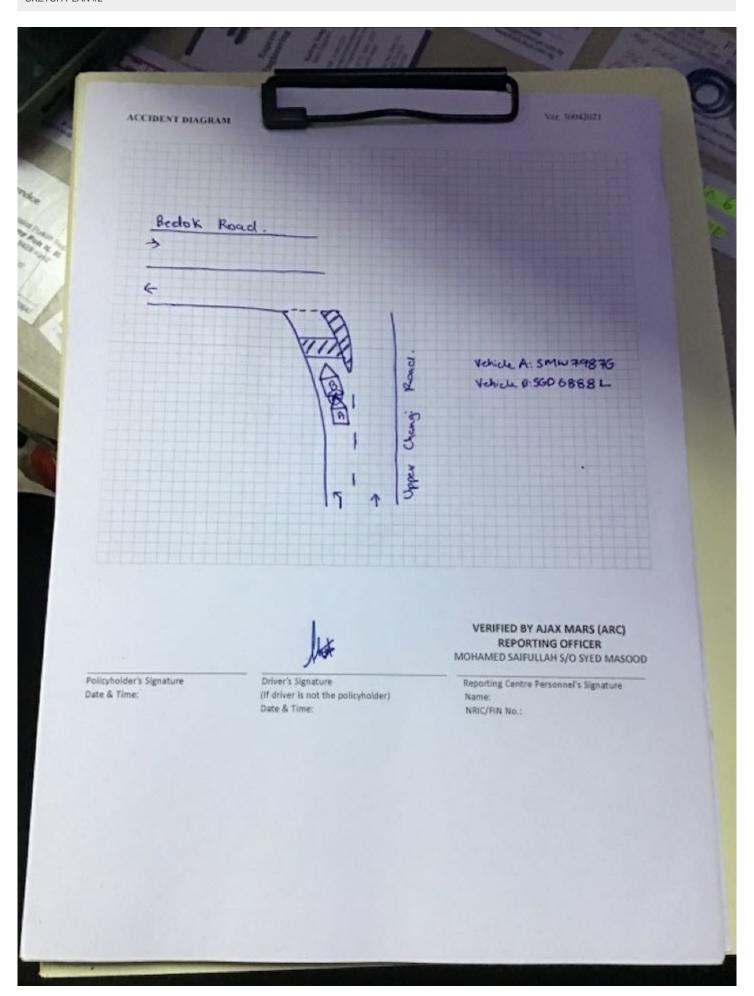
23 May 2021

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

MOHAMED SAIFULLAH S/O SYED MASOOD

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

GIARMC SketchPlanForm_V



SKETCH PLAN REFER TO ATTACHED ACCIDENT DIAGRAM DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I was traveling along slip road of upper Changi Road and Bedok road there was an stationary vehicle ahead of me but I wasn t paying attention to it therefore my vehicle front collided onto third party rear. No injuries involved. DECLARATION I/We declare the foregoing particulars are true in every respect, VERIFY BY AJAX MARS (ARC) REPORTING OFFICER MOHAMED SAIFULLAH S/O SYED MASOOD Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder)

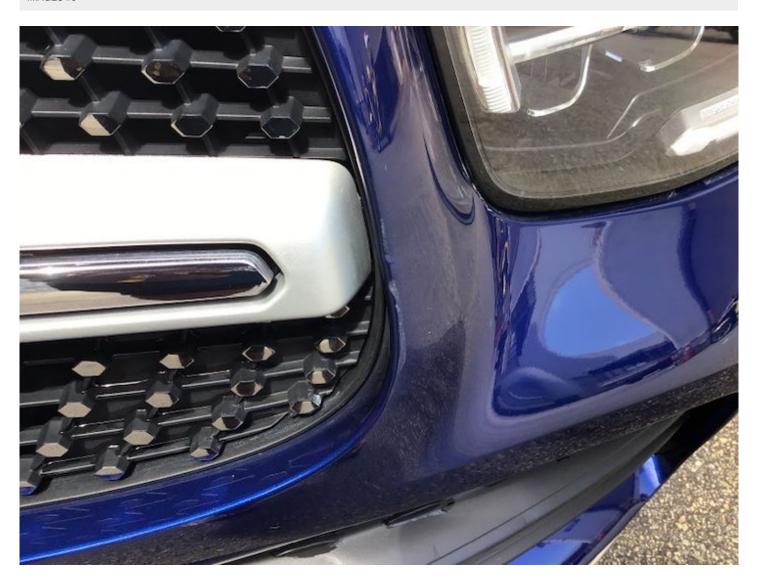
Date & Time: 23 May 2021

NRIC/FIN No.:

2









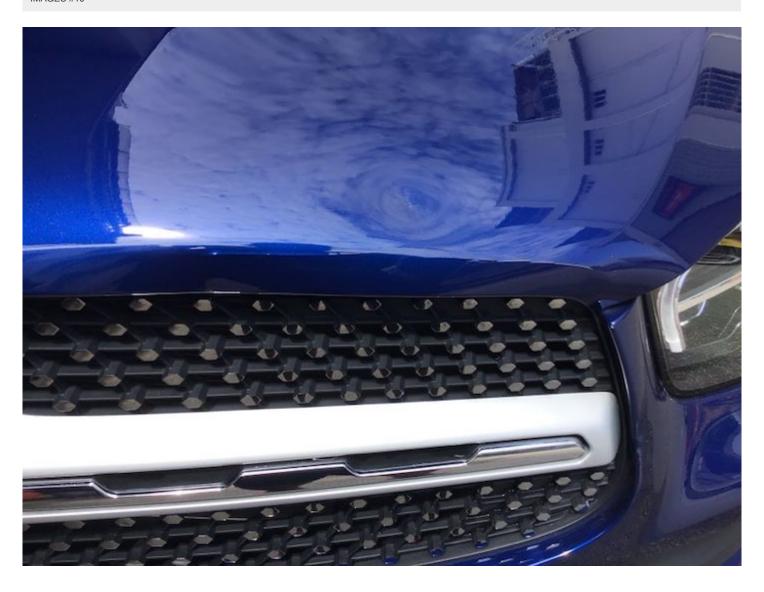


















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: _Vehicle Registration No: __SMW7987G Original Report No : SA0A215N0003-01 Name(as shownin NRIC): KEK CHIN HENG (GUO JINXING) NRIC/FIN/Passport No : SXXXX545C Address _Singapore(Mobile No. :__93682679 Contact (Tel) chkek@sycce.com.sg **Email Address** _Time of Accident : ___22:00 (SGT) : 21/05/2021 Date of Accident 450 Upper Changi Rd Slip Road of upper Changi Road and Bedok Road Place of Accident AIG ASIA PACIFIC INSURANCE PTE LTD Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: AMEND: FROM REPORTING ONLY TO O/D CLAIM SUSAN

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Date: 04/06/2021

GIARMC addendumform_V3

Date:

Policyholder / Driver's Signature