

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 22/06/2021 13:46 (SGT)
Date of Accident 19/06/2021 11:30 (SGT)
Exact Location of Accident Gambas Cres, Singapore
Additional Location Information Main Road From Gambas Crescent to Gambas Ave
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC7644G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Federal Express (Singapore) Pte Ltd
Company Reg No 198402740W
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
Transmission Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 100774144
Cover Note Number -

DRIVER

Name of Driver Mohamed Akhbar Bin Ramteli
NRIC No S8219914D

Date Of Birth	20/06/1982
Occupation	Outdoor
Date Of Driving Pass	09/02/2004
Driving experience	17 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93262356
Alt. Phone Number	-
Email Address	mhjsuip@fedex.com
Address	Blk 272A Sengkang Central #03-307
Address complement	-
Postcode	541272
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	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	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 19/06/2021 at around 11:30hrs While waiting behind the taxi turning into the slip road existing to the main road from Gambas Crescent to Gambas Ave. My van hit the rear back of the taxi. No damaged and injuries of the taxi driver. However there is a slight scratch and dent on my front bumper.

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	GBC7644G
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	Sight Scratch and Dent on Front Bumper
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD5855B
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Taxi
Name of Driver	Choo Kwee Heng
Contact Number	-
Address	Blk 145 Rivervale Drive #14-529
Address complement	-
Postcode	540145
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	No Visible Damaged
No. Of Passenger (Including Driver)	-

GB6446

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.

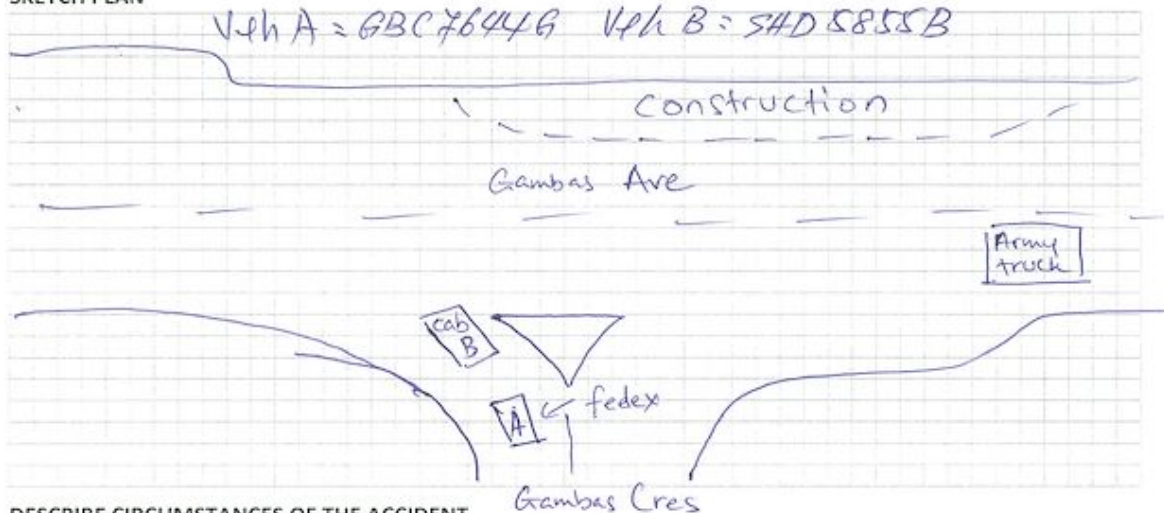


Policyholder's Signature
Date & Time:

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

On 19/06/2021 at around 11:30hrs while waiting behind the taxi turning into the slip road existing to the main road from Gambas Crescent to Gambas Ave. My van hit the rear back of the taxi. No damaged and injuries of the taxi driver. However there is a slight scratch and dent on my front bumper.

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.:









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. 999993738/100774144-00000		
SUM INSURED S\$0.00		
INSURING WITH COE/PARF NO		
1) VEHICLE REGISTRATION NO.	GBC7644G	
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 in that behalf 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


 Authorised Representative

ORIGINAL

SSPKHO