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.

 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 29/09/2021 09:56 (SGT) Date of Accident 28/09/2021 10:00 (SGT) Exact Location of Accident Singapore Additional Location Information TPE TOWARDS CHANGI BEFORE PUNGGOL ROAD EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL1338H

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MAXTECH CARPENTRY WORKS PTE LTD Company Reg No 201828778W **Email Address** sharkdoomng98@gmail.com Mobile Phone No (Phone) +65-86112865 Alternative Phone No +65-86112865

VEHICLE PARTICULARS

Manufacturer Model DYNA 1.25 TON STEEL AUTO 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 Transmission Auto CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 7210045794 Cover Note Number 08/05/2021 TO 07/05/2022

DRIVER

Name of Driver NG MALCOLM NRIC No. S9830688I

Date Of Birth	12/09/1998
Occupation	Outdoor
Date Of Driving Pass	04/12/2018
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86112865
Alt. Phone Number	-
Email Address	sharkdoomng98@gmail.com
Address	APT BLK 527 JELAPANG ROAD #05-103 (S) 670527
Address complement	-
Postcode Is the driver the policyholder?	- N
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Employee
Vehicle Registration Number of Other Vehicle Owned by Driver	No
verliese registration realises of other verliese owned by briver	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	NGUYEN VAN BINH
Gender	Male
PASSENGER 2	
Name	WU JINFA
Gender	Male
DETAILS OF POLICE ACTION	
22/1126 61 1 6216271611611	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	- T
CIRCUMSTANCES OF ACCIDENT	
REFER WITH ATTACHED.	
ATTACHMENT(S)	
Are assident photos available for attachment?	V
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes
Was there any video captured by Car Carriera? Was there any audio recorded?	No No
Trad alore any dadio recorded:	INU
DETAILS OF ATHER	VEHICLE PROPERTY 1
DETAILS OF UTHER	VIIIIG4-FROM-NIII

GBA4956L

Accident report SK0L219T0001

Vehicle Registration Number
Vehicle Manufacturer

-
-
_
Commercial vehicle
-
-
-
-
_
-
_
_
-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBK6276A
Vehicle Manufacturer	-
Vehicle Model	-
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	_
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	GBB5249H
Vehicle Manufacturer	-
Vehicle Model	-
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	-
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- - -
INJURED 2	
Name of injured person Gender Phone No Address Address Complement	NGUYEN VAN BINH - (Phone) +65-82488064 -
Post Code	- -
Approximate Age Years Old	
Injuries Sustained	-
Injured person in which vehicle? Were seat belts worn?	GBL1338H
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	
INJURED 3	
Name of injured person Gender	WU JINFA
Phone No	(Phone) +65-81508333
Address	-
Address Complement Post Code	-
Approximate Age Years Old	
Injuries Sustained	-
Injured person in which vehicle?	GBL1338H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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>.
- 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. 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes 100 firms.



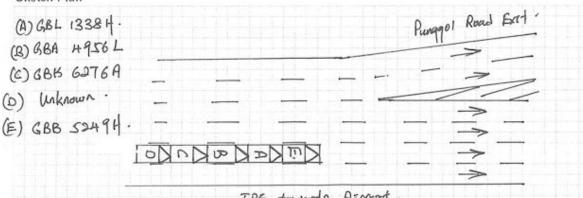
Policyholder's Signature / Date & Time

18-00 28/9/4

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident
Describe Circumstances of the Accident On 28/09/2021 at @ 1000 fr3, I was travelling in my vehicle (GBL 1338 H) along TPE towards Changi before Punggol Road ext on the Ind lane from the right. I saw a war (GBB 5249 H) with hazard light on and stopped infront of me. I slowed down and stopped. Indianly, I felt a great impact from the rear. The impact was strong that pushed my vehicle forward and caused my vehicle to collide onto the said was ahead of me. I got down from my vehicle and found it was a chain collision involving 5 vehicles. I could not get the last wehicle (van) req.
(GBL 1338 H) along TPE towards Changi before Punggol Road ext on the
and lane from the right. I saw a var (GBB 52494) with hazard light
on and stopped infront of me. I slowed down and stopped. Suddenly,
I felt a great impact from the new. The impact want so strong that
pushed my vehicle forward and caused my vehicle to collide onto the said
van ahead of me. I got down from my vehicle and found it was a charm
collision involving 5 relices. I could not get the last wehale (van) reg.
number as the number plate was messeng after the accedent.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

1800 8 28/9/21

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



Witnessed by Reporting Centre Personnel











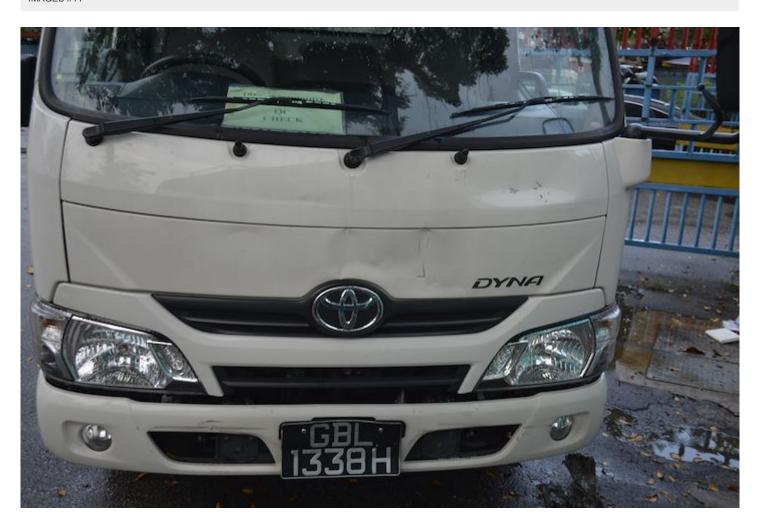
























IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SK0L219T0001 _____ Vehicle Registration No: GBL1338H Name (as shown in NRIC): MAXTECH CARPENTRY WARRYEN PASSPOR No: 201828778W (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: Singapore (_____ Mobile No.: 86112865 Contact (Tel):___ Email Address: sharkdoomng98@gmail.com Date of Accident: 28/09/2021 _____ Time of Accident: 1000HRS Place of Accident: TPE TOWARDS CHANGI BEFORE PUNGGOL ROAD EXIT Insurance Company: AIG ASIA PACIFIC INSURANCE PTE LTD (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: To amend email address should be sharkdoomng98@gmail.com MAXTECH CARPENTRY WORKS PTE LTD Yen Reporting Centre Personnel's Signature Policyholder / Driver's Signature Date: Name: Kan Fook Sing Motor Workshop NRIC/FIN No.:

Date: 29/09/2021

GIARMC Addendum Form



CERTIFICATE OF INSURANCE

: GBL1338H

: 7210045794

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : MAXTECH CARPENTRY WORKS PTE. LTD. Vehicle No. : 08 May 2021 To 07 May 2022 Period of Insurance Policy No.

: 1KDB068673 Endorsement No. Engine No.

: KDY2318046581 Chassis No. Issued Date : 07 May 2021

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150D 1.4 ton [Lorry]

Engine Capacity/Tonnage : 1.4 Tonnage Sum Insured : Market Value First Year of Registration : 2021 Driver Restriction : NA Off Peak Car : No 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* :

1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for frier or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trafer except the towing of anyone disabled using a mechanically propelled vehicle, c) use for any purpose in connection with Motor Trade.

Loss Of Use (7 Days) Commercial Auto

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS, FOR CLAIMS RELA

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 workshop.

For other Agencies Centres/MG Authorised Repairers, please contact our 24-hour accident emergency hotfine at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from Trunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: ECUBE AUTO CREDIT PTE LTD

I/We 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 Compensation) Act (Cap. 189), Part I/V of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504641000

ASSURE INSURANCE AGENCY

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

29 KELANTAN ROAD #01-111 KELANTAN COURT

SINGAPORE 200029

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Assure Insurance Agency Pte Lt.

78 Shenton Way #09-16 AIG Building S079120 | T:+65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.