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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> 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 Date of Accident	04/10/2021 16:50 (SGT) 01/10/2021 16:20 (SGT)
Exact Location of Accident Additional Location Information	Singapore OPEN CARPARK OF BLK 158 BEDOK SOUTH AVE 3 (LOT NO.
Country/State of Loss	673) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG2849U
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No	Yes INSTAMART PTE LTD 2XXXXX337G A3669J@GMAIL.COM (Phone) +65-9129299

(Office) +65-9129299

Mayue

VEHICLE PARTICULARS

Alternative Phone No

Manufacturar

G10 -
-
Employment
No - Claiming third party
Commercial vehicle
Manual
1850

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700023259-04
Cover Note Number	

DRIVER

DELOWAR HOSSAIN SAEED MOHAMMAD Name of Driver

Passport No/FIN	GXXXX028U
Date Of Birth	19/10/1988
	Indoor
Date Of Driving Pass	10/06/2015
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87302279
Alt. Phone Number	÷ *
Email Address	A3669J@GMAIL.COM
Address	842H TAMPINES ST 82
Address complement	#01-70 TAMPINES ARCADIA
Postcode	
	528842
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	
Commission of the Commission o	
Insurance Company of Other Vehicle Owned by Driver	*
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL IN ONWATION OF THE ACCIDENT	
Type of Accident	Collided into Parked Vehicle
Weather Conditions	AFTER RAIN
Road Surface	Wet
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 vehicle or property damaged?	Yes
	1
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	No
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	
BLEACE DEFED TO CIDOLINGTANCES OF ACCIDENT	
PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT	
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 OTHE	R VEHICLE PROPERTY 1
"国际的社会的社会的主义和政治的主义的,这个社会的主义和政治	
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Vehicle Registration Number	YN3102A
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Address

Address complement	12
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	9
No. Of Passenger (Including Driver)	3

Accident report SN0921A40007

Page 3 of 14

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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</u> and accurate as <u>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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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' 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' law yers/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.

INSTAMART PTE. LTD.

842H TAMPINES STREET 82 #01-70 S 528842 (Co Reg No. 201427337G)

Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policyholder) / Date

Witnessed by Reporting Centre

A = GBG 2849U

B = YN 3102A

Open Carpark of BLK

158 Bedok South

Avenue 3

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Refer to Altach	ed
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/	

Declaration

WWe declare the foregoing particulars are true in every respect.

NSTAMART PTE. LTD.

842H TAMPINES STREET 82 #01-70 S 528842 (00 Red No. 201427337G)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel On 01.10.2021 at about 14:30 hours, I parked my vehicle (A) at the Open Carpark of BLK 158 Bedok South Avenue 3 (Lot No. 673).

On 01.10.2021 at about 16:20 hours, I have been informed by my manger that my vehicle (A) had involved in an accident. I then went to the carpark and the driver of vehicle (B) admitted that he collided onto the front right hand side portion of my vehicle (A) while reversing into the carpark lot beside my vehicle (A) which is Carpark Lot No. 672.

Vehicle (A): GBG 2849U

Vehicle (B): YN 3102A

D

**NSTAMART PTE. LTD. 842H TAMPINES STREET 82 #01-70 S 528842 (Co Rep No. 201427337G)

SINGAPORE ACCIDENT STATEMENT

Accident Date: 01/10/2021 Time: 16:20 (hh:mm) 24 hr format
Location Open Carpark of BLK 158 Bedok South Avenue 3 (Lot No. 673)
Vehicle Number GBG 2849 U
Insured Name Instamart Pte Ltd
NRIC /FIN 2014273376 Contact Number 9129 2999
Make Maxus Model GIO Van
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: (/) Third Party () Reporting
Insurance Company AIG
Type of Policy (/) Comphensive () Third Party Fire & Theft () TP Only
Policy Number 1700023259 - 04
Name of Driver Delowar Hossain Saeed Moham (mad) Same as Insured
NRIC/FIN G5090028U Contact Number 8730 2279
Date of Birth 19/10/1988
Driving Pass Date 10/06/2015
Occupation (/) Indoor () Outdoor
Gender (/) Male () Female
Email Address A3669 J@gmail.com ()NO EMAIL
Address of Driver 842H, Tampines Street 82, #01-70,
Tampines Arcadia, singapore 528842
Was driver an employee of the Insured's Company? () Yes () No
If No, Relationship of the Driver with the Insured
() Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions () Clear () Raining () Others () After Rain
Road Surface () Dry () Wet() Others
Was any foreign vehicle involved in this accident? () Yes (✓) No
Was anybody injured in the accident? () Yes (/) No
If yes, injured detail
Was there any video captured by Car Camera? () Yes () No
Was the Accident reported to the Police? () Yes () No If yes attach police report
DETAILS OF 3 rd party Name / Nric Contact
Veh B /N 3102 A
Veh C
Veh D
Veh E
Veh F



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

: Instamant Pte Ltd Name of Policyholder

Period of Insurance : 03 Jul 2021 To 02 Jul 2022

Engine No. : 19D4N1PYGB01K052

Chassis No. : LSKG4GL10HA410037 Vehicle No.

: GBG2849U

Policy No.

: 1700023259-04

Endorsement No.

Issued Date : 10 Jun 2021

ABOUT THE COVER

Make/Model

MAXUS G10 Van

Engine Capacity/Tonnage 1.2 Tonnage Driver Restriction

NA

Sum Insured Off Peak Car Market Value

No

First Year of Registration Insuring with COE/PARF 2017 Yes

Person or Classes of Persons Entitled to Drive*

Any person who is graving on the Proxyholder's order or with they permission.
This Policy will independ, the Policyholder or was authorised driver any if he she invests the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or mexcenenced Driver Excess", "YIDR" if You are or Your Authorised Driver increed or uniterted is under the age of 23 and/or has less

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 their or rewall) vis connection with the Policyholder's business.
3) Use for social comestor or pleasure purposes. This Policy does not closer as use for hite or reward, driving busion, driving basic, racing basic making, reliability trial or speecitesting, and b) use whose drawing a failer except the towing of anyone disabled using a mechanically propelled vehicle (i) use for any purpose in connection with Blobs: Trade.

Loss Of Use (7 Days) Commercial Auto

* Unstations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Ross 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 thirse headings.

EXCESS

Section t Fire - \$0 Own Damage - \$600 Their - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Recianers. 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 Side Agent's workshop. For other Approved Reporting Centres AIG Authorised Repairers, please contact our 24 hour accident emergency notine at +65 6338 8200. Alternatively, You may refer to AIG website www.aig.sq.cr. AIG SiG Mobile App. Simply search and download. 'AIG SiG from Human or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan. HL Bank

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 IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

WONG WAI LOON GARY

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature

371 ALEXANDRA ROAD #10-18 AIA ALEXANDRA SINGAPORE 159963 SP-LEADGROUP Underwritten by AIG Asia Pacific Insurance Pte. Ltd

WALLDON DARRY WONG