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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Name of Driver

Passport No/FIN

Accident report SN0821AS0005

- 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
- 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 Exact Location of Accident Additional Location Information Country/State of Loss	28/10/2021 17:17 (SGT) 27/10/2021 18:30 (SGT) KJE, Singapore SLIP ROAD EXIT TOWARDS CHOA CHU KANG DRIVE Singapore	
DETAILS OF	OWN VEHICLE	
Vehicle Registration Number	GBB2300L	
INSURED/POLICYHOLDER		
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes KEN-JO INDUSTRIES PTE LTD 2XXXXX177K phuaywei89@gmail.com (Phone) +65-93228783 +65-98564429	
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? Vehicle Category Transmission CC	Toyota Dyna - Employment No - Claiming third party Commercial vehicle Manual 2982	
INSURANCE COMPANY		
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	AIG Asia Pacific Insurance Pte. Ltd. Comprehensive No 210006156-13	
DRIVER		

AMIN RUHUL

FXXXX991W

	201014074
*Date Of Birth	02/03/1971
Occupation	Outdoor 10/11/2017
- Date Of Driving Pass	3 YEARS AND 11 MONTHS
Driving experience Gender	Male
Mobile Number	(Phone) +65-98564429
Alt. Phone Number	Variable of the second of the
Email Address	phuaywei89@gmail.com
Address	NORTHVALE 65 CHOA CHU KANG LOOP
Address complement	-
Postcode	689670
Is the driver the policyholder?	No
If No. Relationship of the Driver with the Insured	Employee
Doos Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
insurance company of outer versions	
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL IN CHIMATION C.	
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
	JONY
Name Gender	Male
Gender	maio
DETAILS OF POLICE ACTION	
DETAILS STATES	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
Trad thoroung additional and a second a second and a second a second and a second a second and a second and a second and a	
DETAILS OF OTH	ER VEHICLE PROPERTY 1
Vehicle Registration Number	FBN1945U
Vehicle Manufacturer	s
Vehicle Model	· F
Vehicle Variant	
Vehicle Colour	, <u>;</u>
Vehicle Category	Motorcycle

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INJURED PERSONS DETAILS

SLIGHT INJURY

GBB2300L

Yes

INJURED 1

Post Code

Injuries Sustained

Were seat belts worn?

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?	AMIN RUHUL Male (Phone) +65-98564429 SLIGHT INJURY GBB2300L Yes No
INJURED 2	
Name of injured person Gender Phone No Address	JONY Male -
Address Complement	_

Approximate Age Years Old

Injured person in which vehicle?

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.
- This Formmust 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. 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)

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
- (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.
- (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), w hich may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Sketch Plan

KJESlip Road Exit towards Chon Chukang Dr (Avel. 3, 4)

vehiden: 68823001 Vehides-FBN 1945U

Witnessed by Reporting Centre

Personnel

Describe Circumstances of the Accident
on the stated date Ktime, I which A (GBB2300L) was travelling at the stated location.
As the main road have oncoming vehicle, I slowed down and came to a stop to givenay.
Out of sudden, I felt an impact from the rear portion of my vahicle. I alighted & realised
vehicle B (FBN19454) collided onto the rear portion of my vehicle causing damages and my
Spare tyre was also drop out due to the collision.
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Declaration

VWe declare the foregoing particulars are true in every respect.

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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Date of Accident	: 27/10/201 Accident Time: 1830hr (24-HR-FORMAT)
Accident Place	: KJE Slip Road Exit towards Chon Chukang Dr (Avel. 3.4)
Vehicle Reg. No (Car plate No.)	; Ch8B2300 Vehicle Make/Model: Tolota Oyna
Insurance Company	. Ala Policy No. 2100096156-13
Name of Registered Owner	: Company/Individual Ken-30 Industries Pteltd
ID of Registered Owner	: Co Reg No: 2004 661774 Owner's NRIC No:
	Co Contact No: - Owner's Contact No: 93>> 8782
DDIVIDDE More	: Amin Ruhul DRIVER'S NRIC No: F8083991W
DRIVER'S Name	4.2
DRIVER'S Date of Birth	0 > mar 1971 DRIVER'S License Pass Date 10 Nov 2017
Relationship bet, Owner & Driver	Sponse \ Parents \Children\ Sibling \Employee Others:
DRIVER'S Address	Morthvale 65 Choa Chu Kang Loop Singapore 689670
DRIVER'S Contact No./ Alt No.	1) 9856 4439 2) -
DRIVER'S Occupation	: INDOOR (OUTDOOR (eg. working inside or outside of an ofc)
Email Address	phuaywei 89 @ qmail.com
Weather & Road Surface	: CLEAR & DRY VRAINDYO & WET VAFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Was the accident reported to the po	lice? YES \ NO Passenger Name: Jony Gender: M/F Arcamera; YES NO Any Injuries: YES / NO Injured Name: Amin Ruhw
Exact purpose for which yehicle w	Injured Name: 3004 as being used at the time of accident: Private use \ Work purpose
	Other Party Driver's Particulars (if any)
Yehicle Reg No: F8N19451	Vehicle Reg No:
Kehiele Make Model.	Vehicle Makelivlodel:
Name DRIVER:	Name DRIVER:
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DRIVER'S Centect & add	
<u>O</u> 3	ther Party Driver's Particulars (if any)
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CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY FIRE AND THEFT COMMERCIAL VEHICLE

Name of Policyholder

: Ken-Jo Industries Pte Ltd

Vehicle No.

: GBB2300L

Period of Insurance

: 18 Sep 2021 To 17 Sep 2022

Policy No. Endorsement No. : 2100096156-13

Engine No.

: 1KD1865797

Issued Date

: 11 Aug 2021

Chassis No.

: JTFAT35Y10K200070

ABOUT THE COVER

: TOYOTA DYNA 150 1.8 ton [Lorry]

Sum Insured : Market Value

Make/Model Engine Capacity/Tonnage: 2 Tonnage

First Year of Registration : 2008

: NA

Off Peak Car : No

Driver Restriction

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.

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 hire or reward) in connection with the Policyholder's business.
2) 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 trailer except the towing of anyone disabled using a mechanically propelled vehicle. c) use for any purpose in connection with Motor Trade.

* 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 - S0 Theft - S0

Section 2

Property Damage - \$0

Windscreen: NA

Named Driver and Excess (where applicable)

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

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 638 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

if 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 (Ameridment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504246000

NEO CHUN ANN LUCAS

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

3 TAMPINES GRANDE #03-58 AIA TAMPINES

SINGAPORE 528799 SP-LNF

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

CHUN ANN LUÇAS NED