

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 | 01/11/2021 12:52 (SGT) |
| Date of Accident | 29/10/2021 17:50 (SGT) |
| Exact Location of Accident | Corporation Rd, Singapore |
| Additional Location Information | SLIP ROAD BEFORE TURNING INTO CORPORATION DRIVE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMQ8509D |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | UNIQUE TOURIST SERVICE PTE LTD |
| Company Reg No | 1XXXXX067R |
| Email Address | unigtour@singnet.com.sg |
| Mobile Phone No | (Phone) +65-82922777 |
| Alternative Phone No | (Office) +65-62927656 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Jazz |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private use |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Commercial vehicle |
| Transmission | Auto |
| CC | 1318 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 999993578/100879741-00000 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | CHUA GILBERT |
| NRIC No | SXXXX676H |

| | |
|--|----------------------------------|
| Date Of Birth | 20/10/1984 |
| Occupation | Indoor |
| Date Of Driving Pass | 10/05/2005 |
| Driving experience | 16 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-82922777 |
| Alt. Phone Number | - |
| Email Address | uniqtour@singnet.com.sg |
| Address | BLK 138A YUAN CHING ROAD #09-109 |
| Address complement | - |
| Postcode | 611138 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 vehicle 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

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 |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLS5073P |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | ANG KAM CHIAN |
| NRIC No | SXXXX484C |
| Contact Number | (Phone) +65-92766055 |
| Address | - |

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

SKETCH PLAN

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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)

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;

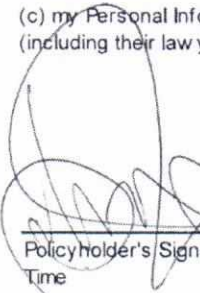
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or


(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

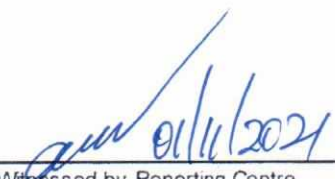
(collectively the "Purposes")

(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

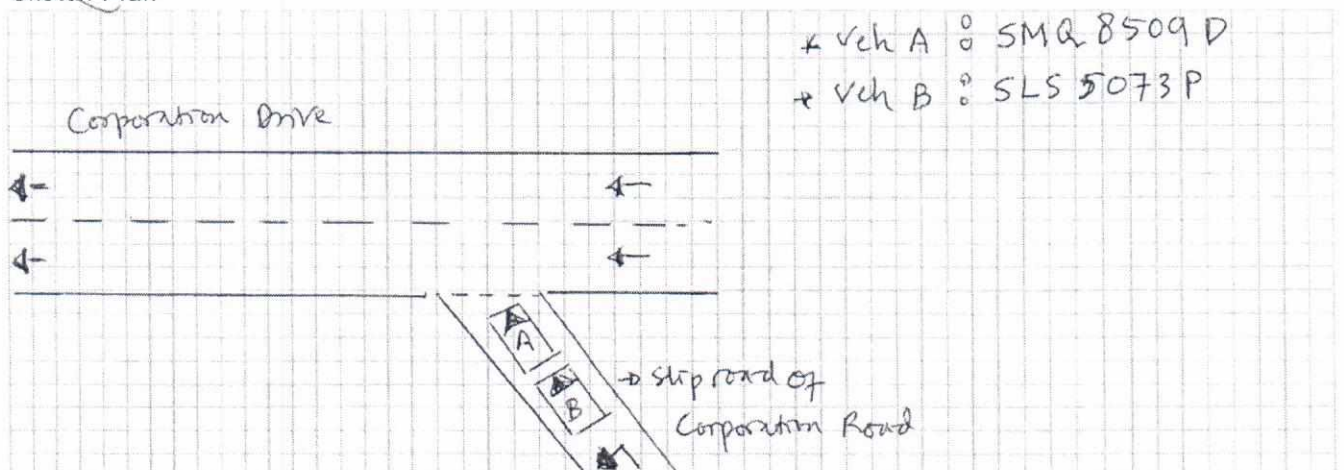
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



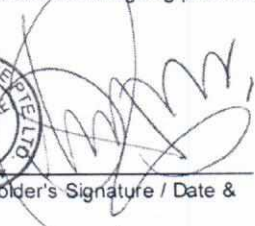
Describe Circumstances of the Accident


On the stated date and time, I was travelling along the stated venue.

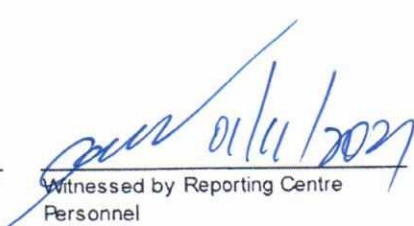
Upon reaching the give-way line before turning into Corporation Drive, I stopped my vehicle to check for oncoming vehicles. When I was stationary, suddenly vehicle B collided onto the rear of my vehicle.

Declaration

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


Witnessed by Reporting Centre Personnel



UNIQUE TOURIST SERVICE (PTE) LTD.

20, Sin Ming Lane, #08-51, Midview City, Singapore 573968

TEL: 6292 7656 EMAIL: unigtour@singnet.com.sg

COMPANY REG NO: 197401067R

GST REG NO: M2-0019671-6

CAR RENTAL AGREEMENT

RA No. 22532

SLX 2993C

VEHICLE NO.

SMQ 8509D

MAKE/MODEL

HONDA JAZZ

NAME OF HIRER

Chun Gilbert

ADDRESS

Blk 138A Yuan Chng Road

#09-109

SINGAPORE

61138

OFFICE TEL

RES TEL

HP

8292-2777

NAMED DRIVER

OCCUPATION

NATIONALITY

Singaporean

PASSPORT / NRIC

S 8431676H

DATE OF BIRTH

20/10/1984

DRIVING LIC NO.

PLACE OF ISSUE

DATE PASS/EXPIRY

ADDITIONAL NAMED DRIVER

ADDRESS

SINGAPORE

OFFICE TEL

RES TEL

HP

OCCUPATION

NATIONALITY

PASSPORT / NRIC

DATE OF BIRTH

DRIVING LIC NO.

PLACE OF ISSUE

DATE PASS/EXPIRY

BY INITIATING MARK "X" HIRER AGREE TO PAY THE FOLLOWINGS

A. COLLISION DAMAGE WAIVER (CDW) AT \$ PER DAY / WEEK / MONTH "X"

B. SURCHARGE OF \$ FOR USE IN MALAYSIA FROM

TO "X"

THE HIRER IS RESPONSIBLE FOR ANY DAMAGES UP TO THE EXTENT OF TOTAL LOSS OF CAR, LOSS OF INCOME AND COST OF RECOVERY OF VEHICLE IF THE CAR IS DRIVEN INTO MALAYSIA WITHOUT PRIOR CONSENT FROM THE COMPANY.

COMPULSORY EXCESS, DOLLAR

\$1200

NOTE:

HIRER IS LIABLE FOR ALL PARKING & TRAFFIC VIOLATIONS.

YOUR ATTENTION IS DRAWN TO TERMS & CONDITIONS

PRINTED OVERLEAF.

FOR SINGAPORE DRIVE ONLY

DATE:

SIGNATURE OF HIRER

DATE OUT

28/10/21

TIME OUT

PETROL OUT

E

1/4

1/2

3/4

F

DATE IN

30/10/21

TIME IN

PETROL IN

E

1/4

1/2

3/4

F

RENTAL RATES:

\$

¢

MONTHLY @ \$

WEEKLY @ \$

DAILY @ \$

C.D.W. FEE

PETROL CONSUMPTION

DELIVERY CHARGE

COLLECTION CHARGE

SUB-TOTAL

GST @ %

RENTAL DEPOSIT

TOTAL:

DEPOSIT REFUND

PAYMENT BY: BILL CO / CREDIT CARD / CASH

ATTENDED BY:

OF UNIQUE TOURIST SERVICE (PTE) LTD

DECLARATION

I HEREBY DECLARE THAT NO MOTOR ACCIDENT HAD OCCURED DURING MY HIRE OF YOUR MOTOR VEHICLE AS STATED IN THE ABOVE MENTIONED SCHEDULE 'OR TO ANY SUBSTITUTED VEHICLE AS STATED IN THE MEMORANDUM DATED.

REPLACEMENT VEHICLE NO:

1. ON TIME

2. ON TIME

3. ON TIME

DATE:

SIGNATURE OF HIRER



Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 29/10/2021 (dd/mm/yy) Time of Accident: 17 : 50 (24-HR-FORMAT)

Vehicle No. : SMQ 8509 D Vehicle Make & Model / Engine (cc): Honda Jazz 1318 cc Private Hire: (Y / N)

Exact location of Accident: Slip Road of Corporation Road before Turning into Corporation Drive

Policyholder's Name / IC No. : Unique Tourist Service Pte Ltd 197401067R

Driver's Name / IC No. : Chua Gilbert S8431676H (As Above) ☐

Driver's Contact No. : 8292 2777 Company Contact No / Owner Contact No: 62927656

Driver's Address: Blk 138A Yuan Ching Road #09-109 S(611138)

Owner Email address : uniqtour@singnet.com.sg Insurance Company : AIG

Driver Email address : uniqtour@singnet.com.sg

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee (Hirer) or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

***No. of Passengers (Including Driver):** 1

***Passanger Name:** _____

Gender:

***Passanger Name:** _____

Gender:

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: Ang Kam Chian / S1853484C Vehicle No: SLS 5073 P

Driver's Contact No: 9276 6055 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



HOTLINE TEL: (65) 6419-3000

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\$1,200.00 (1) |
| CERTIFICATE NO. 999993578/100879741-00000 | WINDSCREEN EXCESS | S\$100.00 |
| | (for policies with effect from 1st November 2002) | |
| | SUM INSURED | S\$1.00 |
| 1) VEHICLE REGISTRATION NO. | INSURING WITH COE/PARF | NO |
| 2) NAME OF INSURED | SMQ8509D | |
| 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT | UNIQUE TOURIST SERVICE PTE LTD | |
| 4) DATE OF EXPIRY OF INSURANCE | 1 Jun 2021 | |
| 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE * | 31 May 2022 | |

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 *

Use for the carriage of passengers or goods in connection with the Insured's business.
Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
The Policy does not cover

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

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 11 Jun 2021

AIG ASIA PACIFIC INSURANCE PTE. LTD.

500533-010
NEW FRONTIERS ALLIANCE PTE LTD
371 ALEXANDRA ROAD
#05-05 AIA ALEXANDRA
SINGAPORE 159963
SP-LCADVISORY



Authorised Representative

ORIGINAL

SSCAN4