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.

- 4. The issue and acceptance of this is form by instrained 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 02/11/2021 11:58 (SGT) Date of Accident 01/11/2021 12:05 (SGT) Exact Location of Accident Singapore Additional Location Information FERNVALE ROAD BLK 438A Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK4325F

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner GOLDBELL LEASING PTE LTD / DHL EXPRESS (S) PTE LTD Company Reg No 199001196N Email Address desmondchow@live.com.sq Mobile Phone No (Phone) +65-97966516 Alternative Phone No +65-97966516

Toyota

HIACE VAN TURBO

VEHICLE PARTICULARS

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? No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage ThirdParty Fleet Policy Yes Policy Number 999993559 Cover Note Number 01/05/2021 TO 30/04/2022

DRIVER

Name of Driver TAN KOK CHYE NRIC No. S1780945H

Date Of Birth 10/04/1966 Occupation Outdoor Date Of Driving Pass 22/06/2004 Driving experience 17 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-81213901 Alt. Phone Number Email Address desmondchow@live.com.sg Address APT BLK 178 EDGEFIELD PLAINS #05-224 (S) 820178 Address complement Postcode Is the driver the policyholder? Nο 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 Collided into Property Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER WITH ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SGU9438T

 Vehicle Registration Number
 SGU9438T

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 CHOO TEN SOO

 Contact Number

 Address

 Address complement

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

SKETCH PLAN

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.
- 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>.
- 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)

I understand, acknow ledge, 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 GA to their third party service providers or agents (including being law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

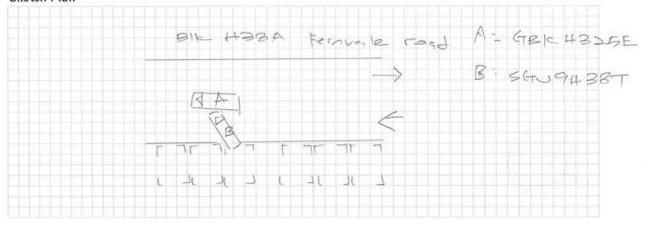


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



While	Ariving		at formale		rugd	blis	H38A	الحاحا	
nland	ng be	·y ·—	Cdde		Car	shug.		come	
00+	Fran	his	104	سا	Othand	chec		and	4511
67-6	5	len	10-9-	+	eide	(item	fr	+ <u>le</u>	R-P
Fide	`								
								-	
									order S. Volt
									7,50

Declaration

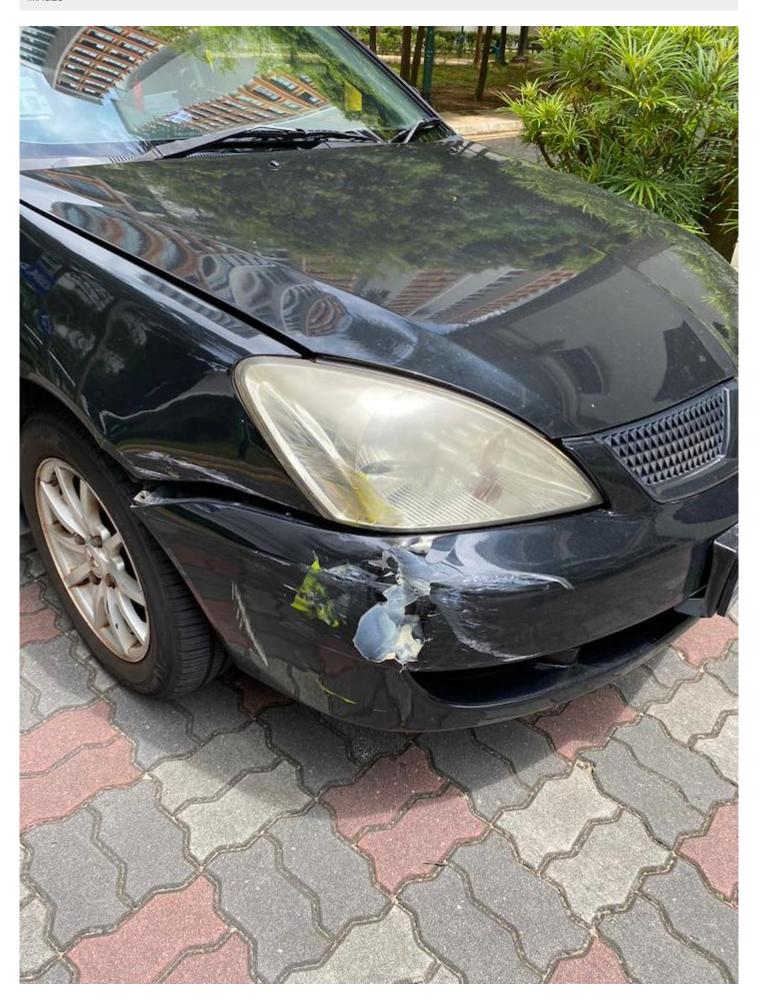
IWe declare the foregoing particulars are true in every respect.

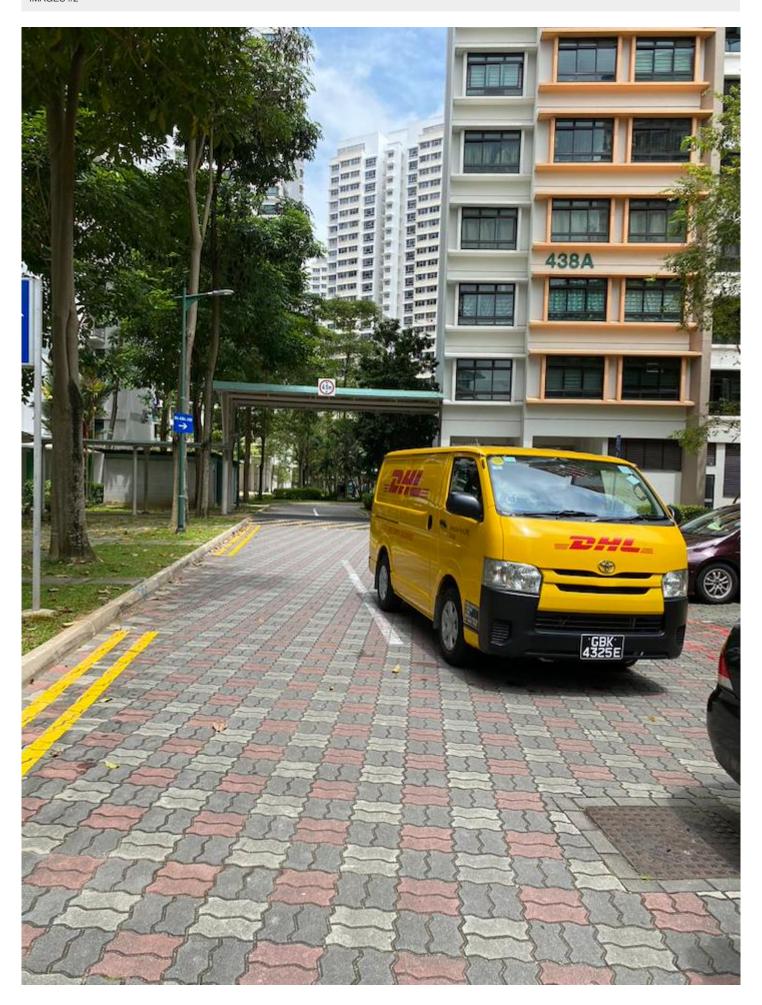
Desmond Chow

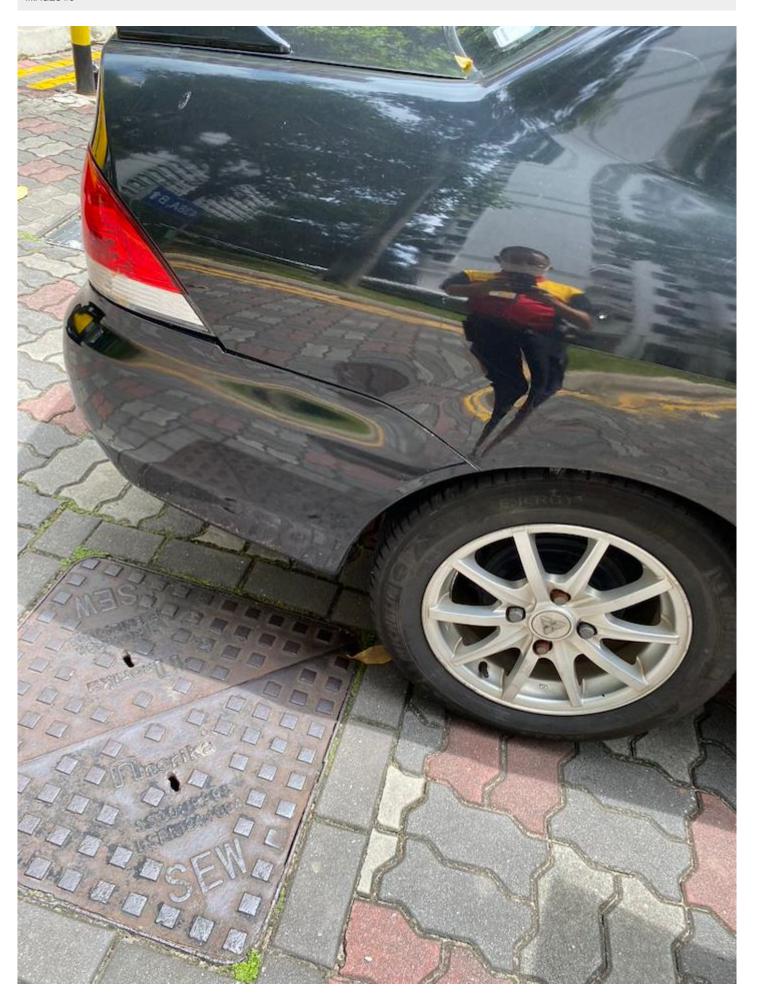
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel







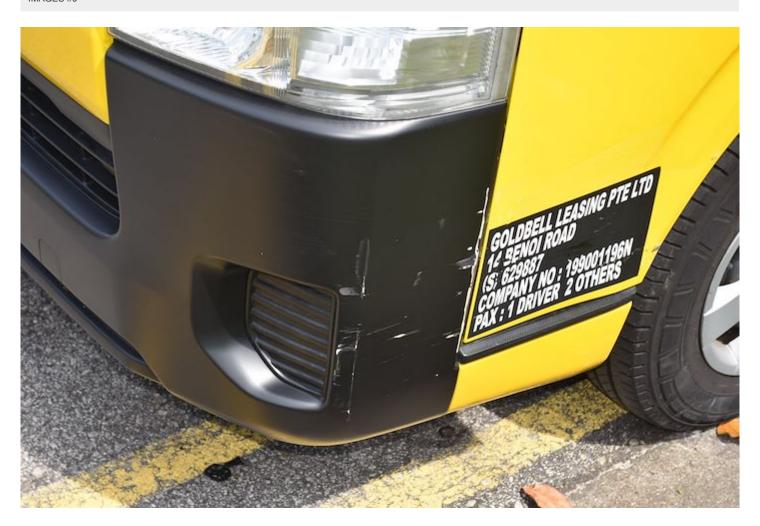




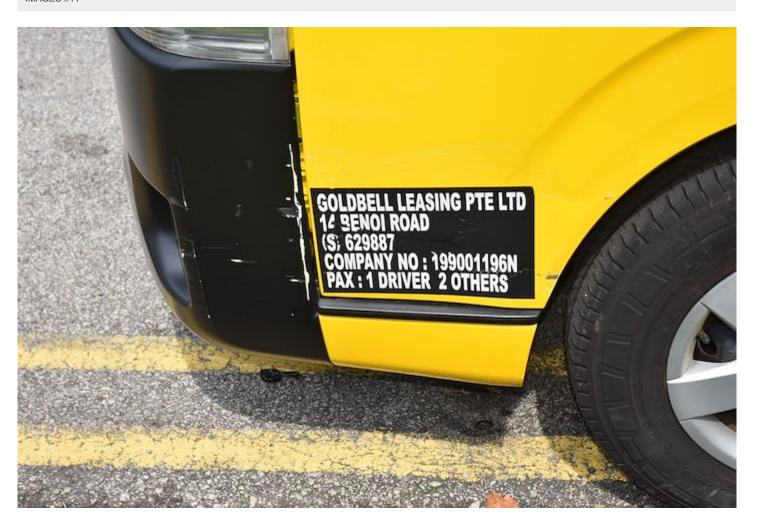








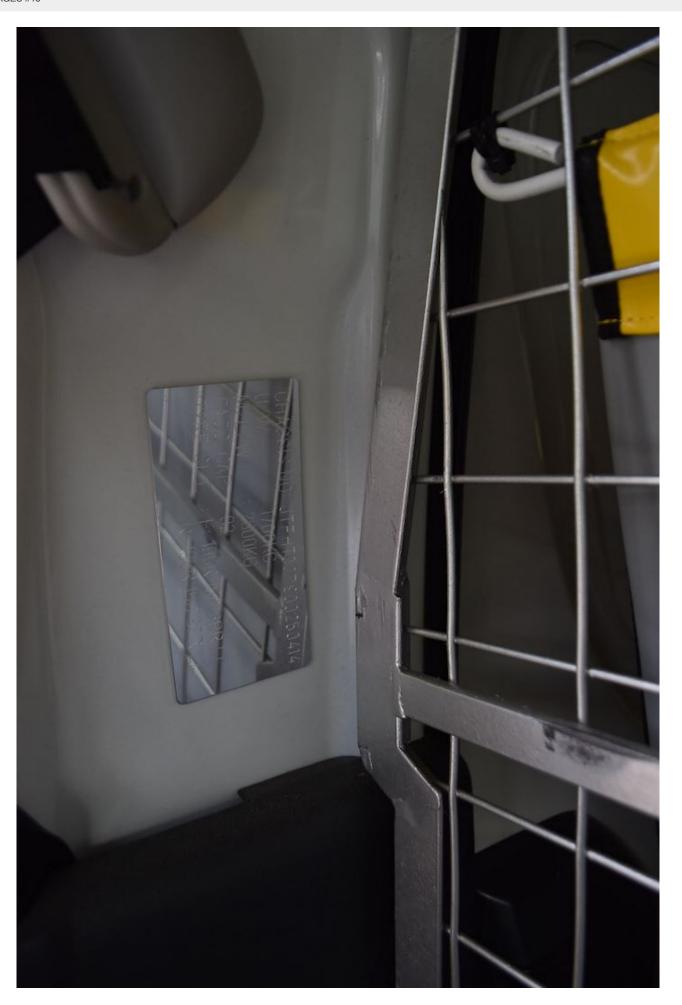














HOTLINE TEL: (65) 6419-3000

POLICY SCHEDULE

RM THIRD PARTY COMMERCIAL MOTOR

ATTACHMENT (II)

PERIOD OF INSURANCE (both dates inclusive) 999993559/100883117 00000 : From : 01 May 2021 To : 30 Apr 2022 POLICY NO. : ENDORSEMENT NO. : INSURED EXPRESS (S) PTE LTD : GOLDBELL LEASING PTE LTD &/OR DHL PREMIUM CALCULATION: ADDRESS BUSINESS/PROFESSION : REGISTRATION NO. : GBK/325E
MAKE & TYPE OF BODY : TOYOTA HIACE VAN TURBO
YEAR OF REGISTRATION : 2,020 CC/TONNAGE CC/TONNAGE 2982 GST@7% \$ 146.88 : 2 : JTFHT02P800250414 SEATING CAPACITY \$2,245.11 CHASSIS NO. Premium. ENGINE NO. : 1KDB032166 SUM INSURED S\$ 0.00 INSURING WITH COE/PARF NO : 88 0.00 EXCESS Insurance coverage includes the following benefit(s): NAMED DRIVERS : Passenger Risks SUBJECT TO ENDORSEMENT(S): 3p, 94, 95, Airside Exclusion & 131 Section I, III & IV of this Policy are deleted, Limit -HIRE PURCHASE OWNERS/EMPLOYER'S LOAN: NA \$\$1,508,900,00 Issued in SINGAPORE on 02 Jul 2021

Person(s) Entitled To Drive :

Any person who is driving on the insured's order or with their permission.

Limitation As To Use :

1) Use in connection with the insured's business.
2) Use for the camage 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.

000802-010 AIG EUROPE (UK) LIMITED 120 FENCHURCH STREET LONDON EC3MSBP ENGLAND

AIG ASIA PACIFIC INSURANCE PTE. LTD.

ORIGINAL

SSPKHO