

## 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 ..... 03/12/2021 13:47 (SGT)  
Date of Accident ..... 02/12/2021 11:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JUNCTION OF AIRPORT ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK4425A

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GOLDBELL LEASING PTE LTD / DHL EXPRESS (S) PTE LTD  
Company Reg No ..... 1XXXXX196N  
Email Address ..... lee.johnnie@dhl.com  
Mobile Phone No ..... (Phone) +65-63292013  
Alternative Phone No ..... (Office) +65-63292013

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... HIACE VAN TURBO 5DR MT  
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 ..... SXXXX945H

Date Of Birth .....	10/04/1966
Occupation .....	Outdoor
Date Of Driving Pass .....	22/06/2004
Driving experience .....	17 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81213901
Alt. Phone Number .....	-
Email Address .....	lee.johnnie@dhl.com
Address .....	APT BLK 178 EDGEFIELD PLAINS #05-224 (S) 820178
Address complement .....	-
Postcode .....	-
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 .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Raining
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
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

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 .....	SKE4878B
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	ALTIS
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAN SINI
Contact Number .....	(Phone) +65-96251265
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**

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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:

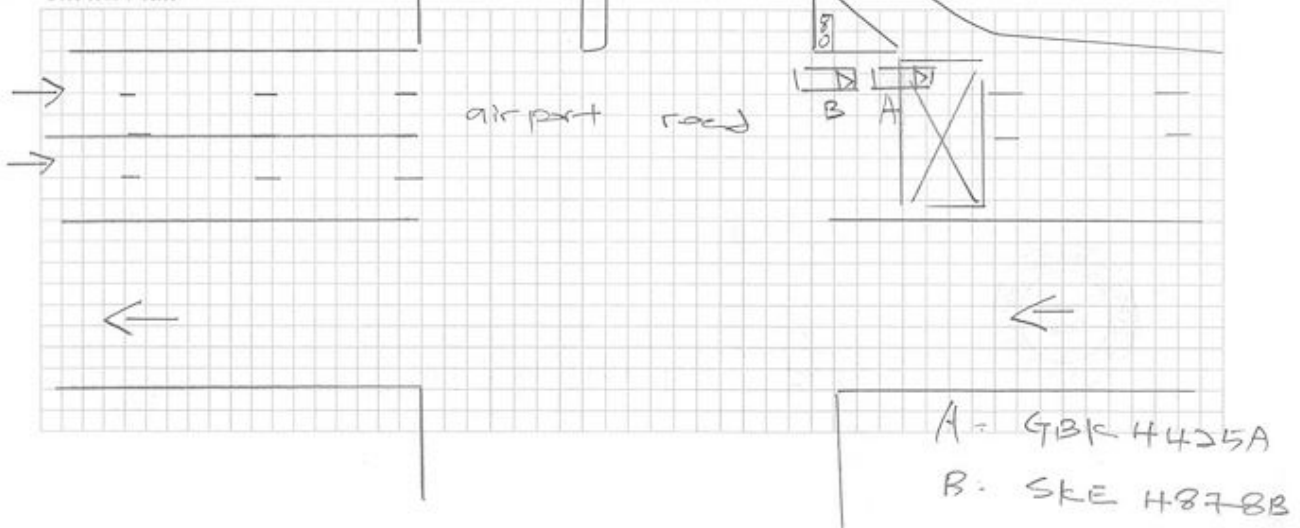
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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**

When cross over traffic light junctions of  
airport road. Next moment, felt an impact  
from my rear and realise was hit by  
car SKFA8788.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy,  
please check your policy for more information.

**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

03/12/21 12.25pm



Witnessed by Reporting Centre  
Personnel





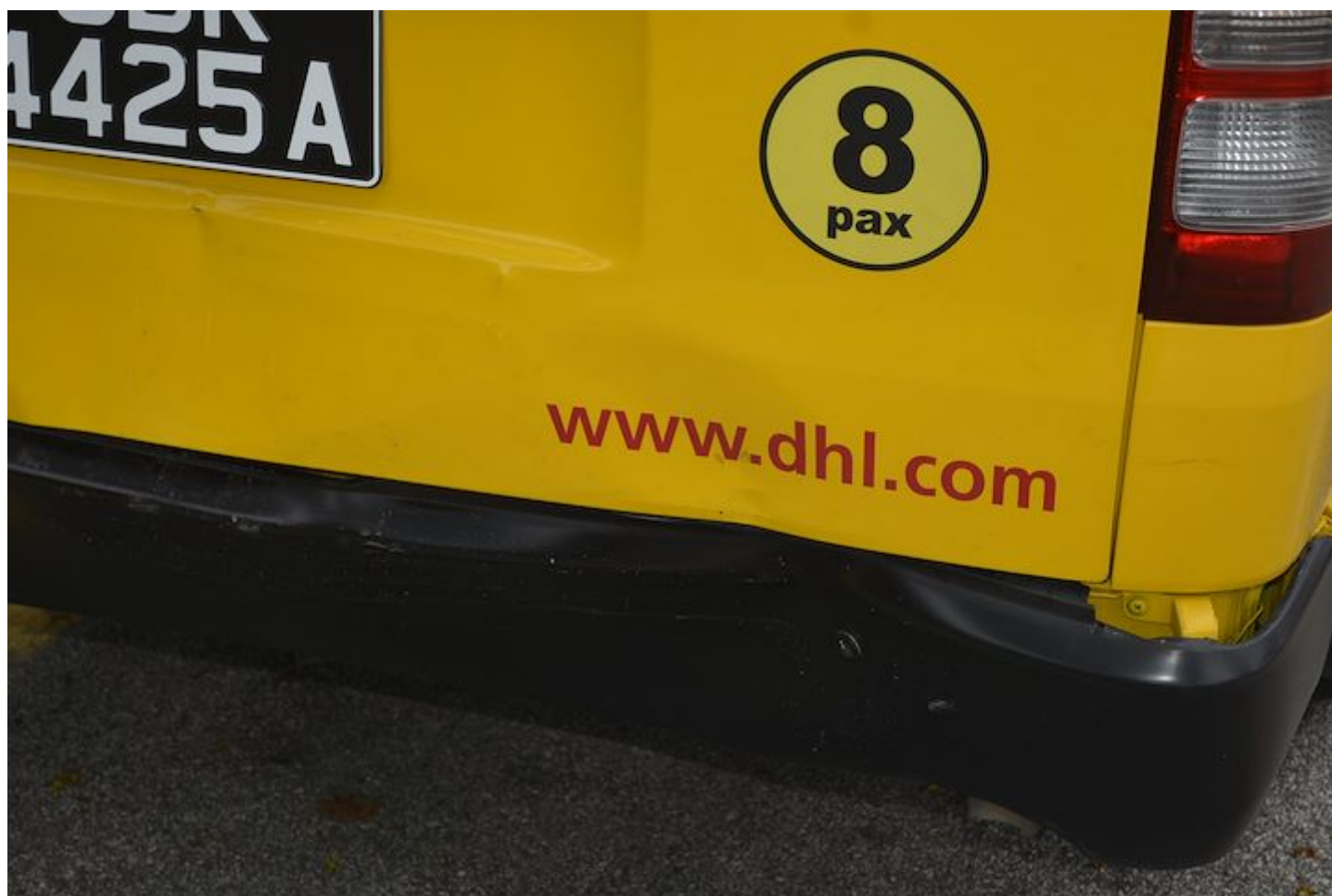






































HOTLINE TEL: (65) 6419-3000

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1962  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.2.400

RM THIRD PARTY COMMERCIAL MOTOR	OWN DAMAGE EXCESS	SS 0.00 (1)
CERTIFICATE NO. 999993559/100883113-00000	WINDSCREEN EXCESS	SS0.00
	SUM INSURED	SS0.00
	INSURING WITH COE/PARF	NO
1) VEHICLE REGISTRATION NO.	GBK4425A	
2) NAME OF INSURED	GOLDBELL LEASING PTE LTD &/OR DHL EXPRESS (S)	
PTD LTD		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	01 May 2021	
4) DATE OF EXPIRY OF INSURANCE	30 Apr 2022	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *		
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 *		
1) Use in connection with the Insured's business.		
2) Use for the carriage 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:		
mmmmmmmm) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.		
nnnnnnnn) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.		
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 02 Jul 2021

AIG ASIA PACIFIC INSURANCE PTE. LTD.

006602-010  
 AIG EUROPE (UK) LIMITED  
 120 FENCHURCH STREET  
 LONDON EC3M6BP  
 ENGLAND

  
 Authorized Representative

ORIGINAL

SSPK010