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 Actual 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	16/02/2023 18:22 (SGT)
Reported by	Driver
Date of Accident	15/02/2023 10:30 (SGT)
Exact Location of Accident	Jln Jurong Kechil, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8173G

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LMG DESIGN & BUILD PTE. LTD.
Company Reg No	2XXXXX221Z
Email Address	jasmine@lmgdb.com
Mobile Phone No	(Phone) +65-94858308
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220009163

DRIVER

Name of Driver	ISLAM MD SHAFIKUL
Passport No/FIN	GXXXX582L
Date Of Birth	28/07/1986
Occupation	Outdoor

Date Of Driving Pass	06/04/2015
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91331546
Alt. Phone Number	-
Email Address	jasmine@lmgdb.com
Address	BLK 33 KAKI BUKIT AVENUE 3 #07-02
Address complement	-
Postcode	415920
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

PASSENGER 4

Name	WORKER
Gender	Male

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNF7312G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98298170
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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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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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 their 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 purposes(s) by insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in the 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) correcting and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the making of correspondences, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to others about recovery of the sums 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 situated outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

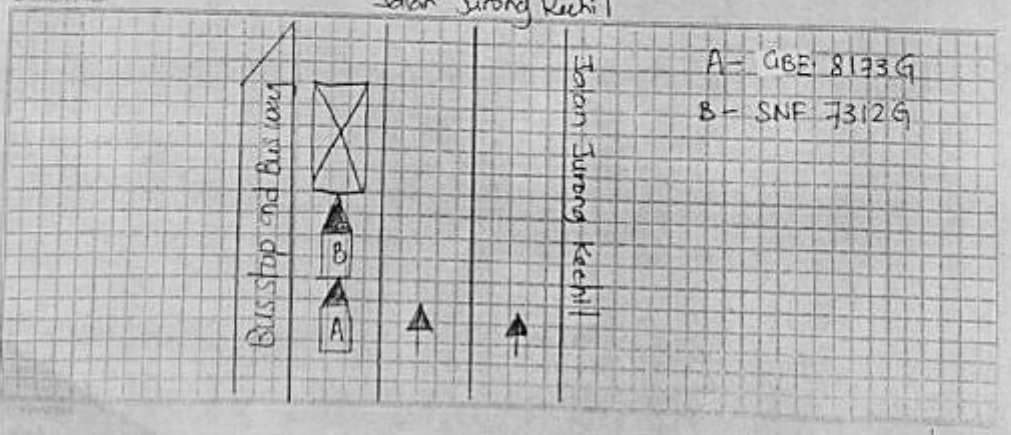
16-02-2023

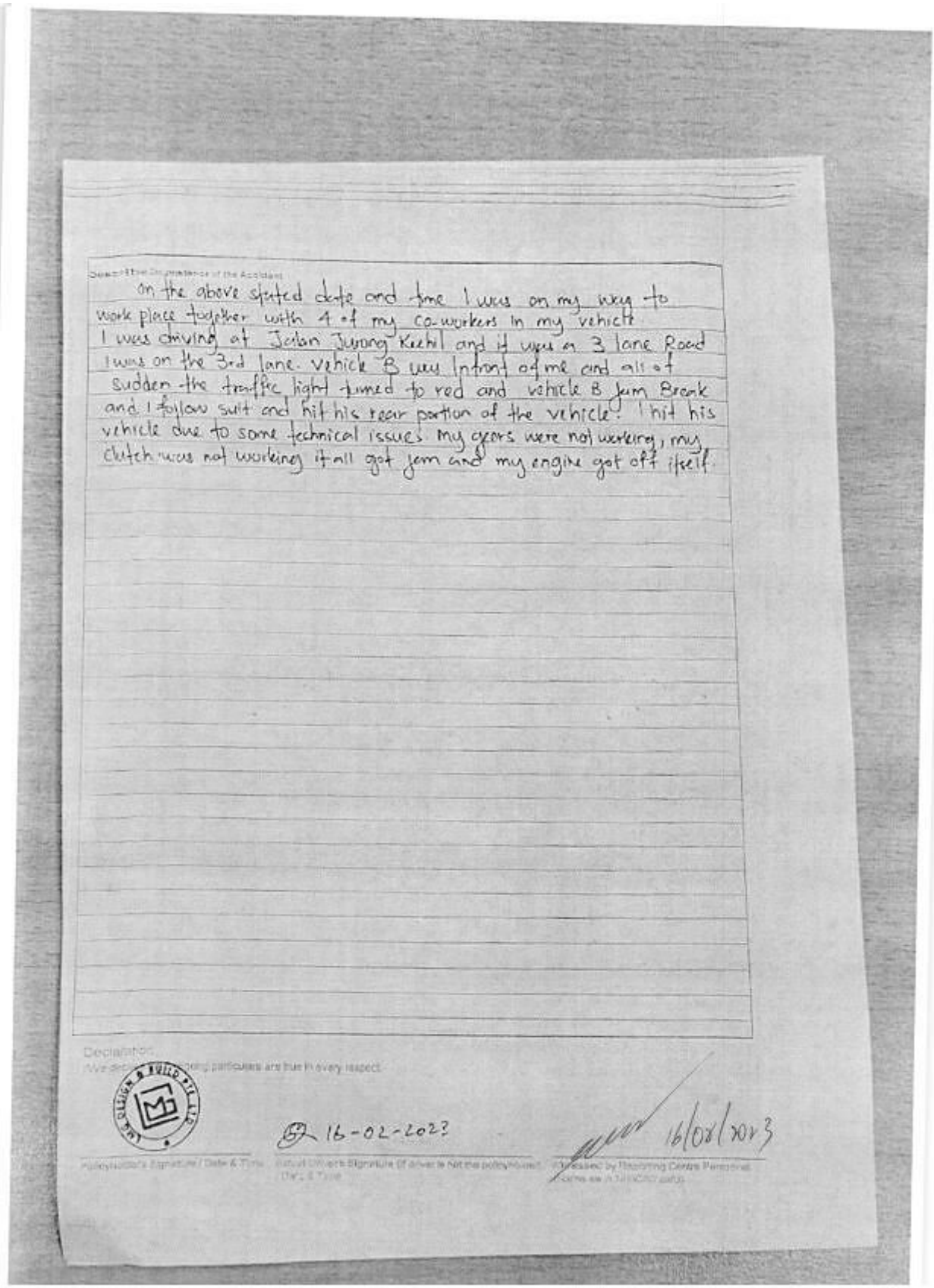
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

16/02/2023

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan





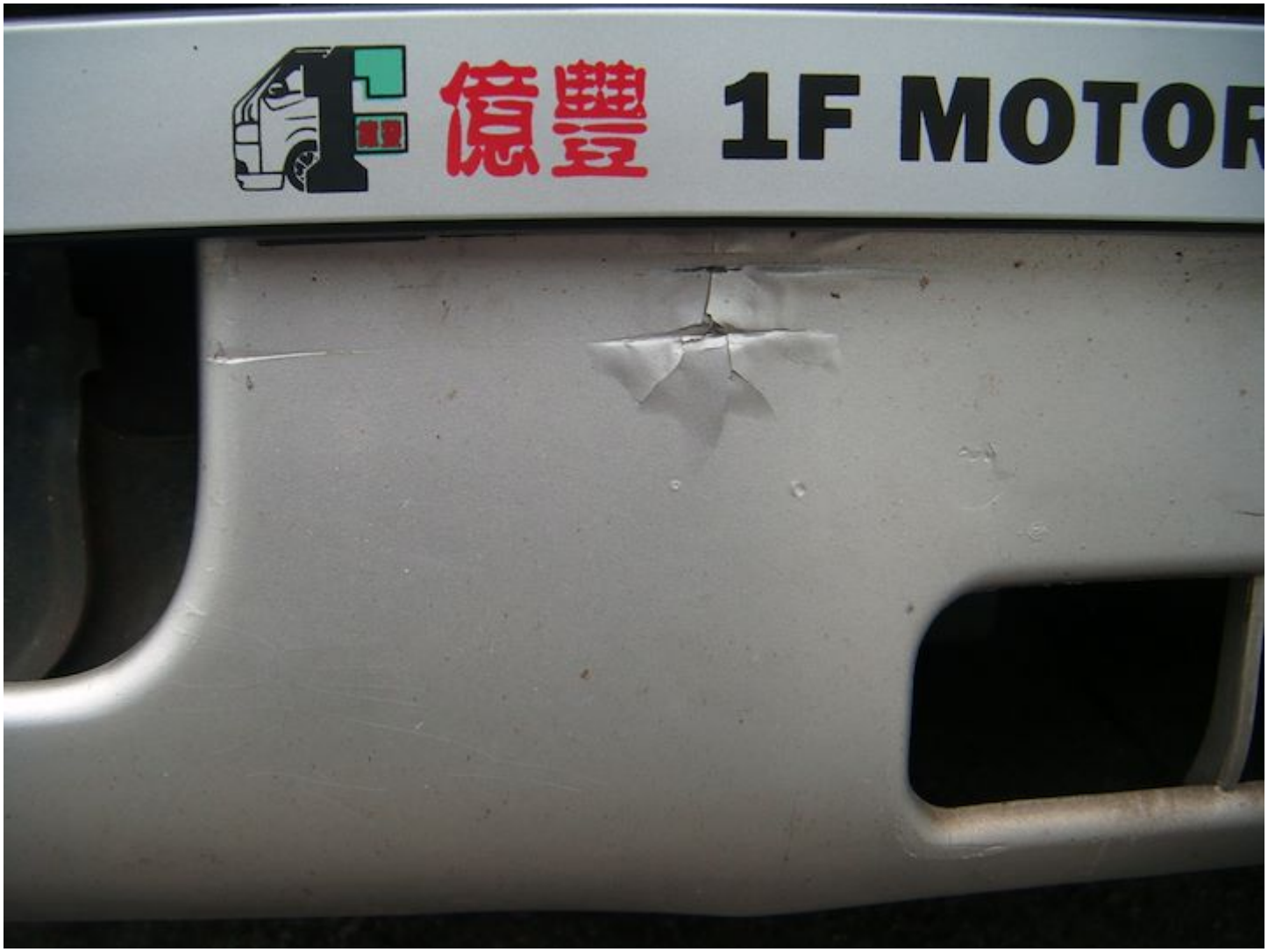
On the above stated date and time I was on my way to work place together with 1 of my co-workers in my vehicle. I was driving at Jalan Jurong Kechil and it was a 3 lane Road I was on the 3rd lane. Vehicle B was infront of me and all of sudden the traffic light turned to red and vehicle B Jam Break and I follow suit and hit his rear portion of the vehicle. I hit his vehicle due to some technical issues my gears were not working, my clutch was not working it all got jam and my engine got off itself.

Declaration:
We declare the foregoing particulars are true in every respect.

16-02-2023

16/02/2023

IMAGES

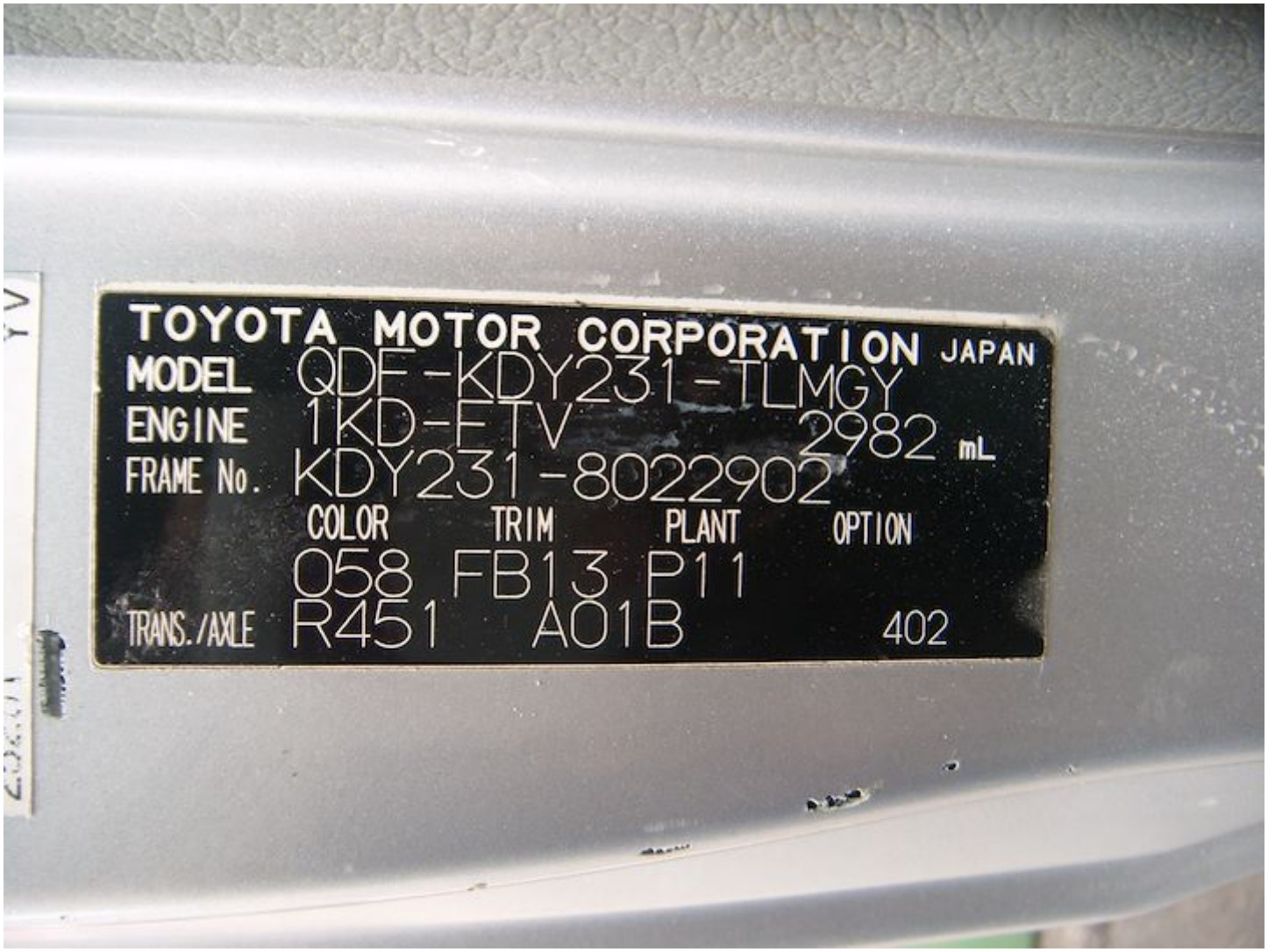


IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5


TOYOTA MOTOR CORPORATION JAPAN
MODEL QDF-KDY231-TLMGY
ENGINE 1KD-FTV 2982 mL
FRAME No. KDY231-8022902
COLOR TRIM PLANT OPTION
058 FB13 P11
TRANS./AXLE R451 A01B 402

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9


LMG DESIGN & BUILD PTE LTD
16 HAMILTON ROAD
#01-03 S'209186
REG. NO: 201202322Z
PAX: 1 DRIVER 2 OTHERS

IMAGES #10

IMAGES #11

IMAGES #12