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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
- 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 30/03/2023 17:26 (SGT) Reported by **Actual Driver** Date of Accident 29/03/2023 22:00 (SGT) **Exact Location of Accident** Orchard Rd, Singapore Additional Location Information JUNCTION AFTER GRANGE ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Reporting only

Vehicle Registration Number SMH1860G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner DASIN SHIPPING PTE LTD Company Reg No 1XXXXX464G **Email Address** lanshui@dasin.com.sg Mobile Phone No (Phone) +65-62219168 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model 740li Variant Exact purpose for which vehicle was being used at time of Employment

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Commercial vehicle Transmission Auto CC 2998

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1900019086-04

DRIVER

Name of Driver ZHANG LANSHUI NRIC No SXXXX545E Date Of Birth 01/09/1963 Occupation Indoor

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Are accident photos available for attachment? Yes			
Are accident photos available for attachment? Was there any video captured by Car Camera? No	ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera? No			
Was there any video captured by Car Camera? No	Are accident photos available for attachment?		
	Was there any video captured by Car Camera?	No No	
			aper art

Vehicle Registration Number	SLC9829J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-35
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	100
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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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. 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 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 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 & Time

Witnessed by Reporting Centre

Personnel

Sketch Plan

A= SMH 1860G B= SLC 9829 T

Describe Circui	nstances o	of the Accident			1		1 1			,].
	On 2	19.03.2013	about	2200	hrs.	Was	trave 11	ing all	ong.	junction
of Orchard	I Link.	Suddonly,	the J	front v	ehicle	(SLC	983	93)	brzi	-
than I c	anno	followed	it and	colli	ded u	with of	font i	sehicle	`	

Declaration

WWe 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

3

Date of Accident	21-03.70)-3 Accident Time: 22-00 hrs (24-HR-Format)
Who reported the accident?	: Owner / Driver / Both
Accident Place	: junction of Orchard Link (After Grange Rd)
Vehicle No (Car Plate No)	: SMH 1860 G Make/Model: BMW 740L1
Insurance Company	: A1G Policy No: 1900019086-04
Fleet Policy	: YES LNO
Type of Coverage	: Comprehensive / Third Party / Third Party Fire & Theft
Name of Owner / IC No	: Dasin Shipping Pte Ltd (199206464G)
Owner Contact No	: 6221 9168 Owner's Hp Company Tel
Driver Name / IC No	: Zhang LanShui (S2643545E)
Driver's Date of Birth	: 01.09.1963 Driver's License Pass Date: 01.11.1994
Relationship of Driver	: Spouse / Parents / Children / Sibling / Employee / Other:
Driver's Address	:11 Ardmore Park #21-01 Singapore 259957
Driver's Contact No	:1) 96304678 2) -
Driver's Occupation	: INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address	: lanshui @ dasin.com.sg
Weather & Road Surface	: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type	Reporting Only / Claim Third Party / Claim Own Insurance
Number of Passenger(include Driver)	: 3 prson (1 Driver, 2 Passenger)
Was ther any video footage? Exact purpose used at time of accident Any injury (If Yes, Pls State)	: NI
VEH B: SLC 9829 J VEH C: VEH D: VEH E:	Name & Contact No:
*NEW - Passenger's Name & Gene	

M1 = Liu Guan Ji M2 = Mr. Duan





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Dasin Shipping Pte Ltd

Period of Insurance

: 22 Mar 2023 To 21 Mar 2024

Engine No.

: 20299477B58B30A

Chassis No.

: WBA7E22090G523093

Vehicle No.

Issued Date

: SMH1860G

Policy No.

: 1900019086-04

Endorsement No.

: 25 Jan 2023 17:00

ABOUT THE COVER

Make/Model

: BMW 740LI

Engine Capacity/Tonnage: 4,000.00 CC

: 40 years old and above

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction

: NA

Age Condition

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

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

This Policy will indemnify the Policyholder or any authorised driver only if he/she means the specified age condition.

You have to pay an additional sum of \$\$\$3,000 as. "Inexperienced Driver Excess" (1DRT) if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Mileage Condition

: Unlimited Mileage

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving fasten, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, 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 - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscrean: \$100

Named Driver and Excess (where applicable)

234ANG LANSHUI - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims retified repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out, at the Sete Agent's weekshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at 465 (338 6200. Alternatively, You may refer to AIG without www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from Apple App Store or Google Play Store.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hereby certify that the policy to which this Certificate of Inturance relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Roas and Compensation) Act 1960, Part IV of the Boad Transport Act, 1987 (Mataysia). Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Roas) Roads, 1969 (Mataysia).

0693272000

ONG HER CHWEE DONOVAN

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

3 TAMPINES GRANDE #06-01 AIA TAMPINES SINGAPORE 528799 SP-DWEE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

HER CHWEE DONONAN ONG