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.

- 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 First Submission 28/08/2024 13:29 (SGT) Reported by **Actual Driver** Date of Accident 28/08/2024 09:00 (SGT) Exact Location of Accident Singapore Additional Location Information MCE TOWARDS CHANGI Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PD2202K

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TARA OCEAN (S) PTE LTE Company Reg No 2XXXXX024E Email Address autohub325@gmail.com Mobile Phone No (Phone) +65-87878055 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Toyota Model HIACE HIGH ROOF COMMUTER TURBO AUTO 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 Bus Transmission Auto CC 2755 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5146966944

DRIVER

Name of Driver	PANG JINGREN EDWARD
NRIC No	SXXXX743Z
Date Of Birth	28/12/1990
Occupation	Outdoor
Driving Pass Date	28/09/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience Gender	13 YEARS AND 11 MONTHS
Mobile Number	Male (Phone) LGE 06416492
Alt. Phone Number	(Phone) +65-96416482
Email Address	taraocean.ops@hotmail.com
Address	22 SIN MING ROAD #10-236 S 570022
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	
CENTERN STREET OF THE ASSISTENT	
Type of Accident	Collision - Change/cross lane
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
Translator's name	-
Translator's ID Translator's phone number	-
Translator's email	-
Original language used in the statement	-
Original language used in the statement	-
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	
CINCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED REPORT	
ATTACHMENT(S)	
And additional photos qualified to the characters and	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
	VEUCLE PROPERTY 1
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	PC1991C
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
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.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- 3. Information provided must be as <u>faultful</u> and accurate as possible. Any visful 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.
- 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 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)

) 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 haw firms, the Monetary Authority of Singapore and any relevant government agencylauthority (such as the police), for the purpose(s) of:

(i) processing, handking and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to

- (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")

(S)

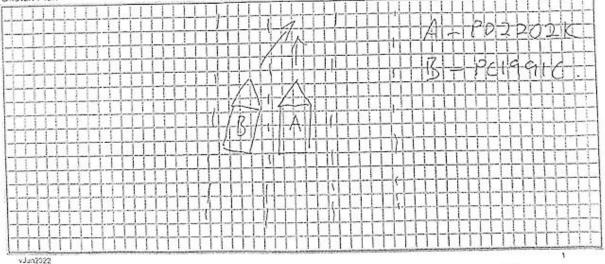
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GtA 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

Actual Driver's Signature (2 driver is not the policyholder) / Date & Time

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

Sketch Plan



PPA	
scribe Gircumstance of the Accident	1
I was travelling along the Hard lan	e from the left on the
MCE when the volute PC1991C swerred in	to my path and 1
I was travelling along the rules law mice when the vehicle PC1991C swerred h could not stop in time. So I swerred to r but he still collected with my vehicle. I notice	my right to avoid him.
care not stop in the same vehicle I notice	I that PC1991C ded
204 KE 2811 SOLIMIN MILE LAND LEGISLE	
not signal before coming into my path.	
	1.
	2
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Declaration

We declare the foregoing particulars are true in every respect.

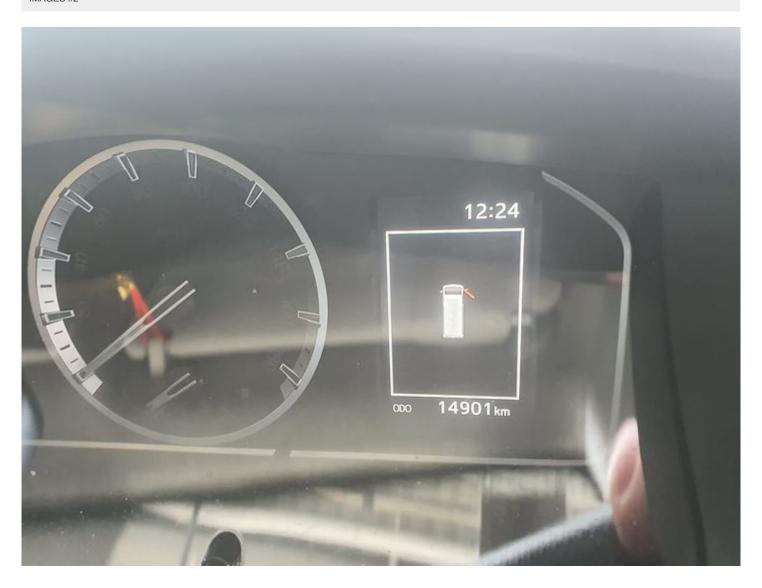
Policyholder's Signature / Date & Time

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

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

vJun2022

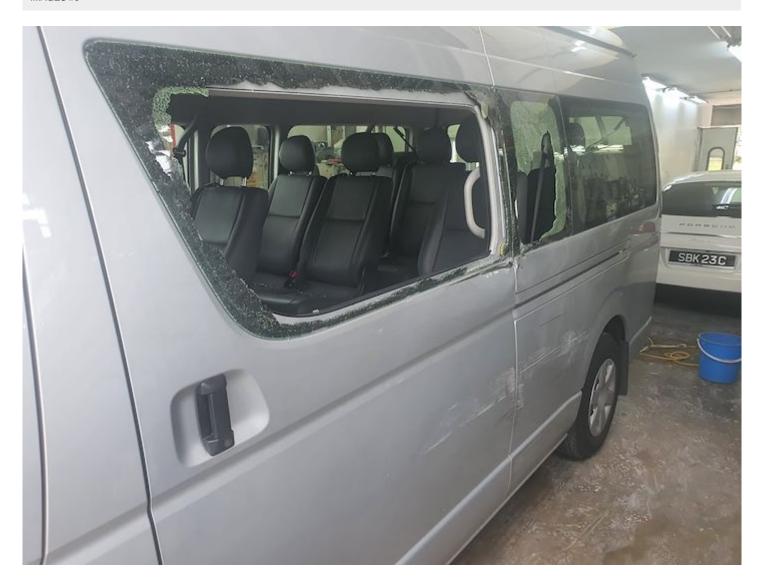


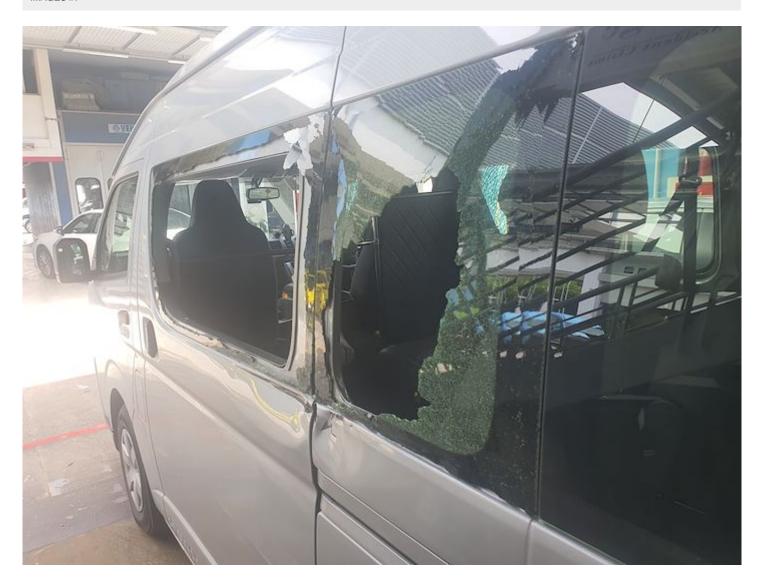






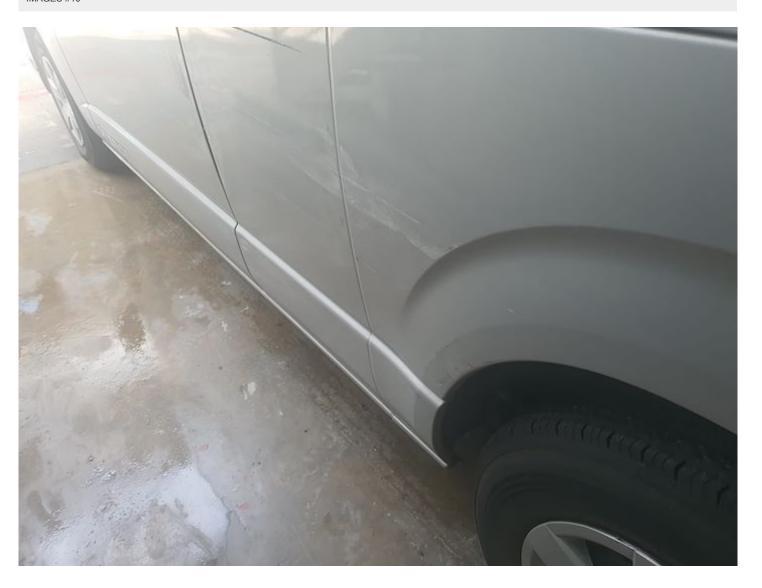
























Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189). MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5146966944

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: To Be Advised

Chassis Number

: JTFSA22P702007230

2. Name of Policyholder

: TARA OCEAN (S) PTE LTD

3. Effective Date of Insurance

01 Jul 2024

4. Expiry Date of Insurance

: 30 Jun 2025

- 5. Persons or Classes of Persons entitled to drive*
 - (a) The Policyholder.
 - (b) Any other person who is driving on the Policyholder's order or with his/her 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. Limitations as to Use*
 - (a) Use for the carriage of passengers in connection with the Policyholder's business.
 - (b) Limited to carry 14 passengers

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.
- Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

GEOGRAPHICAL LIMIT WITHIN THE REPUBLIC OF SINGAPORE ONLY

EXCESS (SECTION I) : \$\$2,000 EXCESS (SECTION II) : 5\$3,000 WINDSCREEN EXCESS : \$\$500 INSURE WITH COE : YES

HIRE PURCHASE COMPANY : UNITED OVERSEAS BANK LIMITED

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

: AUTO WORLD PTE. LTD. (00000573401) Agency

Date of Issue : 28 Jun 2024 19:13 hrs

For INCOME INSURANCE LIMITED

Chief Executive