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 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 First Submission 11/01/2024 12:05 (SGT) Reported by **Actual Driver** Date of Accident 10/01/2024 10:30 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information TPE TOWARDS SLE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH6873S

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MYCO3 LOGISTIC LLP Company Reg No T13LL1887L Email Address KELVINCHENSG@GMAIL.COM Mobile Phone No (Phone) +65-85006379 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv350 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

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2488

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5141714771

DRIVER

Name of Driver **CHEN KAI QIANG** NRIC No S8336379G Date Of Birth 03/11/1983 Occupation Outdoor

Driving Pass Date 13/08/2015 Driving experience 8 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-85006379 Alt. Phone Number Email Address KELVINCHENSG@GMAIL.COM Address 365C SEMBAWANG CRESCENT Address complement #06-153 Postcode 753365 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 Chain Collision 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? Yes 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACH 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 GBL8336S Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	GBC2704A - -
Vehicle Category	- Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	CHEN KAI QIANG Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH6873S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	_

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SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the socident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
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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:

(f) 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 med
- (iv) administering my claims (including the maiting 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")

& Time

- (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 Purpose

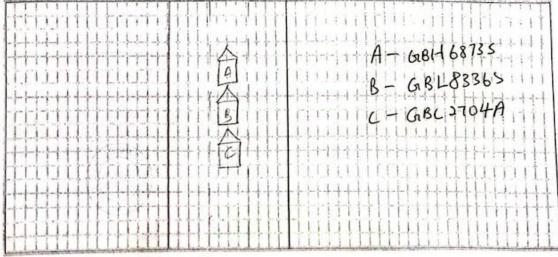


Policyholder's Signature / Date & Time

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

Wilnessed by Reporting Centre Personnal (Name as in NR)C/(D card)

Sketch Plan



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1



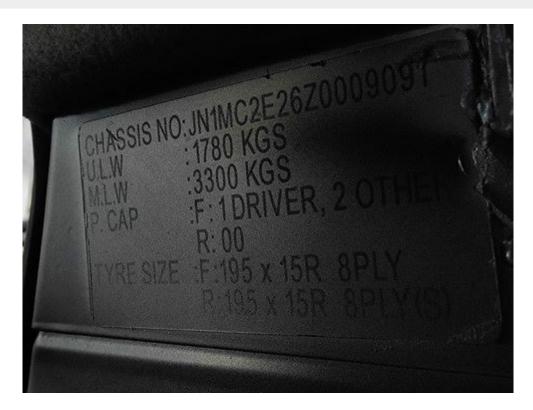




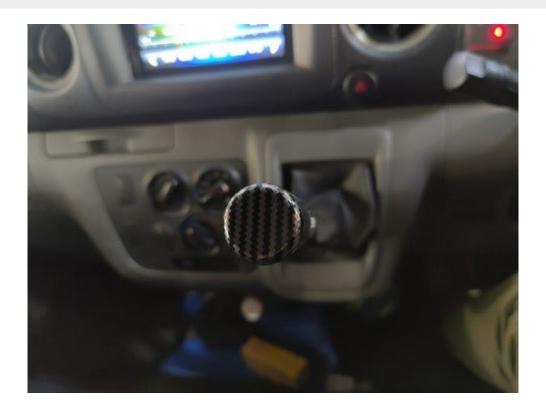














Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



Report No. T/20240110/7118

CONTINUATION OF REPORT

Not applicable Signature Of Interpreter: Not applicable Officer In Charge Of Case: TP/TPIB/

Signature Of Officer Recording The Report:

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time: 10/01/2024 22:34

Classification Of Case:

NP168

LEE GUANG HUI Contact No.: 65476204



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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 4 Report No. T/20240110/7118

CONTINUATION OF REPORT

Brief Details.

On 10/1/2024 at about 1030 Hrs,I was driving my Van GBH6873S along TPE(SLE) Before Jln Kayu Exit at the center lane. Due to the heavy traffic, all vehicle was slowly moving including my Van. While traveling straight and slow moving, out of sudden i felt a great impact from behind. After the impact, i alighted my Van and discover that a Van GBL8336S had rear ended my Van rear portion and i also realize that behind the Van also have a Lorry GBC2704A rear ended the sald Van as is a chain collision accident. After the accident we exchanged particular and leave the scene. My neck and back pain due to the impact of the accident and late night the pain more worse so i consult doctor and was given 5 days MC.







Police Station Of Origin: Traffic Police 10 Ubl Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20240110/7118

CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL8336S	Van	TOYOTA		Blue	Seriously Damaged	

Any Pedestrian I	n Involved	Service of Contract of Contrac	ACTUAL DISCUSSION OF THE PARTY	CALAPATER RADIO	NW 17.830/2-0	
No. of Pedestrian			Use of Pe	destrian	Cross	ing: NA
Driver-	ADDRESS AND DESCRIPTION	DATE SECTION	GENERALISM LENGTH	100000000	20000	
Name	ANG KIAN NAM	CANDO DE COM	ty Visita in Local por Conf	ID No.	2, 4, 20, 10	S7110896A
Related Vehicle	GBC2704A (Lorry)			Contac	t No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Date	NIL	V-11-11-1	Date		NIL	
No. of Days gran	ted Medical Leave	ed Medical Leave NIL Degree of NIL				
Driver.	新的地位的	ESETE SECTION	MERSON	FAMILE N	100	建筑地名的东西特里 加亚巴
Name	CHEN KAIQIANG			ID No.		S8336379G
Related Vehicle	GBH6873S (Van)			Contac	t No.	85006379
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		L	Class of Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL
Date	10/01/2024		Date	1		/2024
No. of Days gran	ted Medical Leave	05	Degree o			
Driver	and the second s	REARRIES	ASSESSED BY SOM	社会社会	CMESS	AUDIO NEW PROPERTY AND THE
Name	TEO KWOK SIANG	3 C V	The state of the s	ID No.	•	S8838870D
Related Vehicle	GBL8336S (Van)	GBL8336S (Van)			ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licene Expln	g ce &	Class: 3 Date of Expiry: NIL
Date	NIL		Date	-	NIL	
	ed Medical Leave	NIL	Degree	of	NIL	







Police Station Of Origin: Traffic Police 10 Ubl Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20240110/711B

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 10/01/20	e Report M 24 22:34	lade:	Vide Report No.:	Station Dlary No.:		
Informa	nt's Particu	ilars	可能是對於國際	共100日1845年8月11日15日15日11日11日		
	Informant: AIQIANG		Address: 365C SEMBAWANG CI 753365	RESCENT #06-153 SINGAPORE		
ID Type	/ ID No.: 0 / S833637	79G	Contact No.: Home/Office:	Mobile: 85006379		
National SINGAP	ty: ORE CITIZ	EN	Email: KELVINCHENSG@GMAIL.COM			
Sex: Male	Age: 40	Date of Birth: 03/11/1983	Type of Informant: Driver			
Race: Chinese			Language: English			
Occupat	ion: /production	planner	Driving Licence Informa Class: 3	tion: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/01/2024 10:3	Type of Location: Straight Road
Location: TPE TOWAR	DS SLE BEFORE	JLN KAYU EXIT	5<	vicini distribución
Weather: Clear		Road Surface: Dry		
		Traffic Control:		Traffic Volume: Heavy
Traffic Flow: One Way		Not Controlled		Heavy

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC2704A	Lorry			Yellow	Seriously Damaged	0
GBH6873S	Van	NISSAN	NV350	Grey	Seriously Damaged	





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: 5141714771

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

Chassis Number

: G8H6873S

2. Name of Policyholder

JN1MC2E2620009091

: MYCO3 LOGISTIC LLP

3. Effective Date of Insurance

: 11 Dec 2023

4. Expiry Date of Insurance

: 10 Dec 2024

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 social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing 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

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

EXCESS (SECTION 1) EXCESS (SECTION 2) : \$\$600 : N/A

WINDSCREEN EXCESS INSURE WITH COE

: S\$100 : YES

HIRE PURCHASE COMPANY

: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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

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)

Agency

: SGML PTE, LTD, (00000573854)

Date of Issue

: 11 Dec 2023 12:54 hrs

FOR INCOME INSURANCE LIMITED

Chief Executive

with CamScanner