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| Preferred Wksp / INC Assign Wksp / QW: (| | v. m. med established | Tol: | Fax | 1 |
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 Police for investigation.

- 6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of b. This report will be forwarded by the insurers of this report will for a fee be made available upon application by interested parties. Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
 3. Put the independent of this report to the insurers upon better to copies of

| aforesaid. | int to the archiving of this report at the centre and to copies of the report being made available |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 15/12/2017 17:12 |
| Date Of Accident | 15/12/2017 12:45 |
| Exact Location Of Accident | ALONG WEST COAST HIGHWAY |
| Country/State of Loss | SINGAPORE |
| Day of the second of the secon | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | XD9722K |
| Insured/Policyholder | |
| Name Of Registered Owner | TOLL LOGISTICS (ASIA)LIMITED |
| Co Reg No | ¥ |
| Email Address | YONGKIN.NONG@GMAIL.COM.SG |
| Mobile Phone No | (LOCAL) +65-82273687 |
| Alternative Phone No | OFFICE-82273687 |
| Vehicle Particulars | |
| Manufacturer | SCANIA |
| Model | TRUCK |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | D-17089241MFCV/12 |
| Cover Note Number | |
| Driver | |
| Name of Driver | NONG YONG KIN |
| NRIC No | S7976342Z |
| Date Of Birth | 05/08/1979 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 05/01/2010 |
| Driving Experience | 7 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82273687 |
| Fax Number | |
| | A THE R. A. |

OTHERS-82273687

YONGKIN, NONG@GMAIL, COM, SG

Address

BLK 422 BUKIT BATOK WEST AVENUE 2

#11-207

Postcode

650422

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBX9968Z

Vehicle Make/Model/Colour

MERCEDES BENZ

Details Of Properties

Name of Driver

STEVEN

NRIC/Passport Number

Contact Number

92715890

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- By the lodgment 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

ANTATER

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

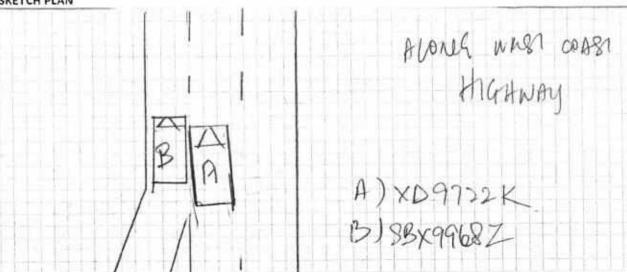
Date & Time: 15 12 2017

12: 45 p.m

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



| At | 12:45 | m | dated | 15/12/2 | on whe | n I | 19 20 | id go | to | left. |
|------|---------|-------|--------|---------|-----------|-------|----------|--------|--------|-------|
| lone | after | a | flyove | (merg | ing lone) | the | ne is | 9 1 | efille | |
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DECLARATION

I/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: 15 11 2017
17:45 P.M.

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: LOS A! WATERS

A CCIDENT STATEMENT

| IV 45 mount |
|--|
| ACCIDENT DATE: 15 / 17 / 20 17 (DD/MM/YYYY), TIME: (17 . 45) (HH:MM) |
| Last coccle larabable U |
| LOCATION: West coach highway |
| |
| ON VEHICLE NUMBER: XD 97>2 C Spital Insurance limited |
| a) VEHICLE NUMBER: XD 9 +>> C EINST CAPITAL MISHRANCE limited |
| BINSURANCE COMPANY - SONT IMECTIVE |
| CIPOLICY NUMBER: D-1708 THIRD PARTY FIRE &THEFT) |
| OPOLICY NUMBER: D-1+08-100 MINO PARTY FIRE &THEFT) |
| e MAKE & MODEL! SCHOOL WAN (LORRY / MOTORCYCLE / OTHERS) |
| ()TYPE: (SALOON / COUPE / MPY / VAIL / COMMERCIAL / MOTORCYCLE) |
| g) VEHICLE CATEGORY (I FRIVATE) |
| HIPURPOSE OF USING AT ACCIDENT TIME: |
| I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) |
| IF INO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) |
| 2. INSURED / POLICY HOLDER STIC (MALE / FEMALE) |
| A)NAME: 1000 J. S. CONTACT: |
| b) NRIC/FIN/P ASSPORT:CONTACT |
| c)ADDRESS: |
| * CONTINUE TO 3,d IF DRIVER ALSO POLICY HOLDER |
| |
| CONTRACT COMM |
| (Including driver) bINRIC/FIN/PASSPORT: \$7976340 2 CONTACT: \$2000 DINRIC/FIN/PASSPORT: \$7976340 PRICTI BATOR WEST AVE |
| CLADDERS BL 422, #11-20+ BULL BATOL |
| 2,650422 SPORE |
| *d) DATE OF BIRTH: (65) 88 / 1979 (DD/MM/YYYY) |
| ejoccupation: (INDOOR / OTITOODE) |
| 1) DOT - OF DRIVING THE INSURED'S COMPANY? (TES / NO) |
| IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED : |
| 1F NO, RELATIONSHIP OF THE DICTIONS OTHERS |
| b)ROAD SURFACE: ORD WET OTHERS |
| 6. WAS ANYBODY INJURED (YES ATO) |
| 7. DIREPORTED TO POLICE (YES / NO) |
| |
| 8. THIRD PARTY VEHICLE CRY AGIO > HODEL NUI CALS DUE |
| A A A A A A A A A A A A A A A A A A A |
| b) DRIVER'S NAME: STEEP |
| C MANAGER STORES |
| () P THIRD PARTY VEHICLE |
| d) VEHICLE NUMBER: |
| # NO OF PREPARET OF DRIVER'S NAMES CONTACTION |
| (Induding driver) 1) NRIC/=N/PASSPORT: |
| |
| |
| |

email = Yong ton nong @gmail.com. Sg fax = -

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7976342Z



NONG YONG KIN





CHINESE Date of birth 05-08-1979

Country/Place of birth MALAYSIA



5553021



21-01-2016

APT BLK 422 BUKIT BATOK WEST AVENUE 2 #11-207 SINGAPORE 650422

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CASSI

Class 2B Motorcycles =< 200 CC
Class 2A Motorcycles between 201 CC and 400 CC
Class 2 Motorcycles > 400 CC
Class 3 Motor cars => 2000 kg wide =< 7 passengers, exclusive of the driver, and noner tracture/rehicles =< 2500 kg
Class 4 Onnihous
Class 4. Motor cars and mone tracture > 2500 kg
Class 5 Motor vehicles => 7250 kg net constructed to carry any had

24 Mar 2001 | 1 for Sep 2009 65 Jan 2010

27 Dec 1999 27 Dec 1999 27 Dec 1999 27 Dec 1999

ST976342Z

5 / No. 9000110710

NF 4ZEA

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C GST Reg. No. M2-0001678-9

CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy.

COMMERCIAL VEHICLE - FLEET

Type of Cover

Comprehensive

Certificate No.

D-17089241MFCV/12

Vehicle No / Chassis No

XD9722K / YS2R6X40005360072

Name of Insured

TOLL LOGISTICS (ASIA) LIMITED

Period Of Insurance

01.12.2017 To 30.11.2018

Insured Estimated Value

Market Value At Time Of Loss

Excess:

SGD5,000 00 SECTION I SGD2,500.00 SECTION II

ADDITIONAL SGD1,500 00 ON ALL CLAIMS IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE

Authorised Driver

ANY AUTHORISED DRIVERS

Persons 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.

Limitations as to use*

(1) Use in connection with the Insured's business.

(2) Whilst the Motor Vehicle is being so used the carriage of passengers is permitted.

The Policy does not cover:-

(1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a greater no. of trailers in all that is permitted by law.

* 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, 1967 (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)

First Capital Insurance Limited (Approved Insurers)

JENNY/B0009/MZ801A1

issued at Singapore on 30.11.2017

Authorised Signature