

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 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 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.
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 Report | 10/07/2018 16:56 |
| Date Of Accident | 09/07/2018 15:15 |
| Exact Location Of Accident | ROUNDAABOUT @ PIONEER CIRCLE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | GW9905B |
| Insured/Policyholder | |
| Name Of Registered Owner | STS SUPPORT PTE LTD |
| Co Reg No | 53163204X |
| Email Address | GINALOW@STS-SUPPORT.COM.SG |
| Mobile Phone No | (LOCAL) +65-91515078 |
| Alternative Phone No | OFFICE-97386461 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE-3.0 D (M) |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL USE |
| 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 | AXA INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | P1963973 |
| Cover Note Number | 19/07/2017 - 18/07/2018 |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ANG KOK LENG DESMOND |
| NRIC No | S7734919G |
| Date Of Birth | 24/11/1977 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 19/06/1999 |
| Driving Experience | 19 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91515078 |
| Fax Number | |
| Contact Number | OTHERS-97386461 |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | 201D COMPASSVALE DRIVE #08-565 |
| Postcode | 544201 |
| 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 | COLLISION - ROUNDABOUT |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | 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

REFER TO THE SKETCH PLAN BY DRIVER

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 | GBH2091H |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

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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 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:
 - (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 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:
 - (i) 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
Date & Time:

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

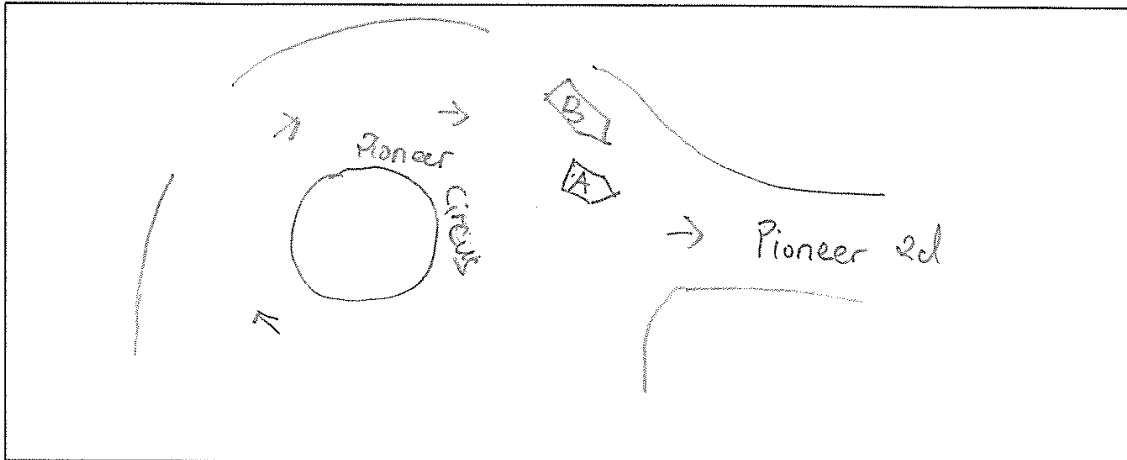
Date & Time:

AN LIA MOTOR CO.
BLK 10, ANG MO KIO INDUSTRIAL PARK 2F
#01-00, ANG AUTOCENTRE
SINGAPORE 600010
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 09/07/18 Time: 3:15pm Location: Rayndakom @ Pioneer Circle
 My Vehicle A: GWAG05B Vehicle B: GBH 2091H Vehicle C: —

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I hit into the round about this car B was
 No where to be seen as when I was signaling to turn
 left into Pioneer rd this B car sudden just came
 toward me and hit the side of my Van (A)

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself : gina@ahlim-motor.com.sg

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

/
 Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

AH LIM MOTOR CO.
 BLK 70, ANG MO KIO INDUSTRIAL PARK 24
 #01-09, AMIK AUTOPoint
 SINGAPORE 600077

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AH LIM MOTOR COMPANY

EQ Insurance Company Limited
 5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
 reg no. 1978-00490-N



EQ Motor Cover Note

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 and Compensation) Rules 1959 (Malaysia)

Whereas the Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

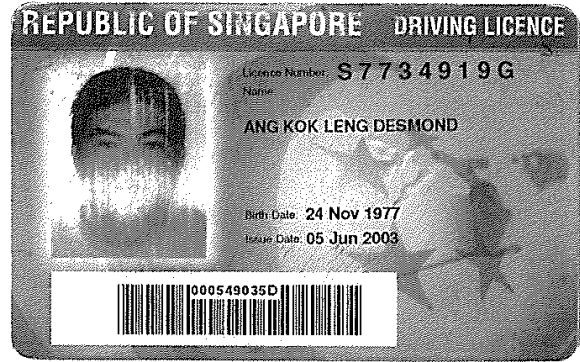
| | | |
|-----------------------|---|-----------------------|
| Agent / Broker Code: | Neo & Company Insurance Agency Pte Ltd A00324 | |
| Policy No. | | Cover Note no.: 41720 |
| Name of Insured | STS Support Pte Ltd | 53163204x |
| Registration Number | GW 9905B | |
| Make / Model | Toyota Hiace | |
| Year of Registration | 2064 | |
| Cubic Capacity | 1.5 tons | |
| Engine Number | 5L5393831 | |
| Chassis Number | UH1621010254 | |
| Cover Type | Third Party, Fire & Theft | |
| Value | Market value at the time of loss | |
| Period of Insurance | From: 19/7/2018 (Time: 00:01 am/pm) | To: 21/12/18 |
| Hire Purchase Company | | |
| Excess | | |
| Type Of Plan | <input type="checkbox"/> Classic <input type="checkbox"/> Premier | |

We hereby certify that this Cover Note is issued in accordance with the provisions of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

| | |
|---|--|
|  Noted and counter-signed by Authorised Agent Signature / Date: <u>21/7/2018</u> | EQ Insurance Company Limited  Authorised Signatory |
|---|--|

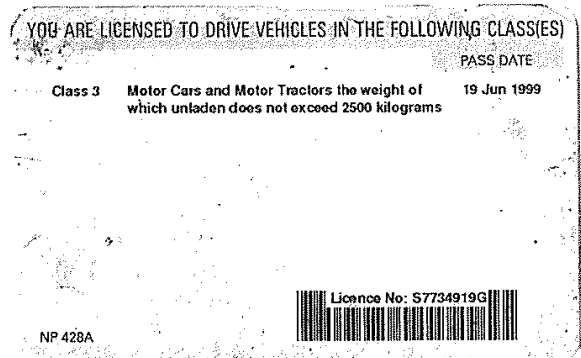
Important Notice:

- This Cover Note is valid for 30 days from the first day of the Policy Period.
- Premium Warranty (for Individual Customers): Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.



97386461
91515079

DLc
NOMING.
NOMIDAO.
1/10/00.



Accident Photo



Accident Photo



SECURE TRANSPORT SERVICES
201D COMPASSVALE DRIVE # 08-565
SINGAPORE 544201
REG. NO: 53163204-X 1 DRIVER 1 OTHERS

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAN 19039030 Vehicle Registration No: GW9905B

Name (as shown in NRIC) : ANG KOK LENG Personal NRIC/FIN/Passport No : S7734994

☒ (*Vehicle Driver) / Vehicle Owner (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : 91525073 Mobile No. : _____

Email Address : _____

Date of Accident : 04/7/18 Time of Accident : 5:15

Place of Accident : ROUNDABOUT @ PIONEER CIRCLE


Insurance Company: AXA Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend the GAI Report. Insurance Company should be AXA INS.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

AXA INSURANCE PTE LTD
 8 Shenton Way, #2401
 AXA Tower, Singapore 068811
 Customer Service Centre #81-01
 Tel: 6563387288 Fax: 6563382522
 Website: www.axa.com.sg
 GST Registration Number: 190903512M
 customer.service@axa.com.sg



Commercial Vehicles TPFT
 TAX INVOICE
 NEW BUSINESS
 Original

Tax Invoice No : F1961273

| POLICY INFORMATION | | Policy No. : VCC/F1961273 |
|------------------------------------|--|---------------------------|
| Source | 06437 ALLINK INSURANCE AGENCY | |
| Insured | STS SUPPORT PTE LTD | |
| Address | 50 EAST COAST ROAD #02-73 ROXY SQUARE SINGAPORE 428769 | |
| Period of Insurance | From 19/07/2017 to 18/07/2018 (Both dates inclusive) | |
| Transaction No | 00001 | |
| Billing Currency | SGD | Exchange Rate : 1.0000 |
| Gross Premium Less Discount SGD | Charges SGD | Total Payable SGD |
| 1,137.51 | GST 7.00% 79.63 | 1,217.14 |

Premium Details (SGD)

Gross Premium : 1,137.51
 Total Discount : 0.00
 Gross Premium less Discount : 1,137.51

Note: Discount is only applicable to limited products.

AXA INSURANCE PTE LTD

Authorized Signature

Important Notice:

For individual Policyholders : Premium due must be paid in full before the inception date of the risk otherwise no benefits whatsoever shall be payable by the Company. Please refer to the Payment Before Cover Warranty in the Policy for further details.

For all other Policyholders : Premium due must be paid in full within 60 days from the inception date of the risk otherwise this Policy/endorsement is automatically terminated immediately. The Company will be entitled to a pro-rata premium for the period they have been on risk subject to the minimum premium as imposed in the policy. Please refer to the Premium Payment Warranty in the Policy for further details.

ALLINK INSURANCE AGENCY
 81K 153 Bukit Batok Street 11
 #02-290 Singapore 650153
 Tel : 6567 4722
 Fax: 6567 4460

Issued by : SGOSP on 03/08/2017

Page 1