SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> 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 Report | 05/12/2018 16:08 |
| Date Of Accident | 03/09/2018 08:50 |
| Exact Location Of Accident | SLIP RD BUKIT BATOK WEST AVE 7 TWDS BUKIT BATOK RD |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GBG4583Y |
| Insured/Policyholder | |
| Name Of Registered Owner | M/S HOMEBUSTERS PTE LTD |
| Co Reg No | 201402310G |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-65623147 |
| Vehicle Particulars | |
| Manufacturer | VOLKSWAGEN |
| Model | CADDY TDI DSG WGDR WIN |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| f No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMCVSN3052751800 |
| Cover Note Number | |
| Driver | |
| Name of Driver | YONG WENG HENG |
| NRIC No | S8541181J |
| Date Of Birth | 15/12/1985 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 01/01/2006 |
| Driving Experience | 12 YEARS AND 8 MONTHS |

MALE

(LOCAL) +65-98314046

OFFICE-98314046

NOEMAIL

BLK 409 BUKIT BATOK WEST AVENUE 4 Address

#06-174

Postcode 650409

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SMD1013G

Vehicle Registration Number

Details Of Properties

Vehicle Make/Model/Colour

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER:

2

Accident Sketch Plan

SKETCH PLAN

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.
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- 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:
 - (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:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Accident Sketch Plan

| KETCH PLAN | | | | |
|---------------------------------------|---|-----------------------|---|-------------------------|
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| CLARATION | | | | |
| We declare the foregoing par | ticulars are true in ev | Yn | - | 10 |
| licyholder's Signature ite & Time: | Driver's Sign (If driver is a Date & Time | not the policyholder) | Reporting Centr Name: NRIC/FIN No.: | e Personnel's Signature |

Accident Sketch Plan

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION.





INFORMATION BESOURCES

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Business Profile (Company) of HOMEBUSTERS PTE. LTD. (201402310G)

Date: 03/04/2018

| The Following Are The Br | ief Particulars of : | | | | | SESTEMBER TO BE | | | | | | |
|--|----------------------|--|-------------|--|---|--------------------|--|----------------------|--|------------|--|-----------------|
| Registration No. Company Name. | | 20140 | 2310G | | | | | | | | | |
| | | HOMEBUSTERS PTE_LTD. | | | | | | | | | | |
| Former Name if any | | The second section of the section of | | | | | | | | | | |
| Incorporation Date Company Type Status Status Date | | 23/01/2014 EXEMPT PRIVATE COMPANY LIMITED BY SHARES Live Company | | | | | | | | | | |
| | | | | | | | | 23/01/2014 | | | | |
| | | | | | | | | Principal Activities | | 2010111 | | SOLEMENT STREET |
| | | Activities (I) | | INTER | IOR DESIGN SEE | PUICES (74101) | | | | | | |
| Description Activities (II) | | INTERIOR DESIGN SERVICES (74191) INTERIOR DESIGN RENOVATION CONTRACTORS (43301) | | | | | | | | | | |
| | | | | | | | | Description | | RENOVATION | | |
| Capital | | TENO | MEZOZ INITO | CO. 180-50 FO | | altre complete and | | | | | | |
| sued Share Capital | Number of Sha | res * | Currency | | A ID SH | Share Type | | | | | | |
| AMOUNT) | TALL BUT DESCRIPTION | | In Walder | ALC: NO. 12 P. LEWIS CO., LANSING, MICH. | NATION IS | | | | | | | |
| 10000 | 10000 | | SINGAPORI | E, DOLLARS | | ORDINARY | | | | | | |
| Number of Shares include: | s number of Treasury | Shares | | | | | | | | | | |
| aid-Up Capital | Number of Sha | res | Currency | | CONTRACTOR OF THE PARTY OF THE | Share Type | | | | | | |
| AMOUNT) | S. Commence | | | | | | | | | | | |
| 10000 | | | SINGAPORI | E, DOLLARS | | ORDINARY | | | | | | |
| COMPANY HAS THE FOLL | OWING ORDINARY S | HARES I | 10.100.000 | | | ORDINARY | | | | | | |
| mher Of Shares | Currency | | | | | | | | | | | |

Authentication No : I18219691E

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Business Profile (Company) of HOMEBUSTERS PTE. LTD. (201402310G) Date: 03/04/2018 Registered Office Address 25 MANDAI ESTATE #04-05 INNOVATION PLACE SINGAPORE (729930) Date of Address 01/09/2015 Date of Last AGM Date of Last AR Date of A/C Laid at Last AGM Date of Lodgment of AR, A/C Audit Firms NAME Charges Charge No. **Date Registered** Currency Amount Secured Chargee(s) Officers/Authorised Representative(s) Name ID Nationality Source of Date of Appointment Address Address Position Held YONG WENG HENG S8541181J SINGAPORE CITIZEN ACRA 23/01/2014 409 BUKIT BATOK WEST AVENUE 4 Director #06-174 SINGAPORE (650409) CHUA PING HAN, EDDIE S8109090D SINGAPORE CITIZEN OSCARS 23/01/2014 90 DAWSON ROAD Director W25-10 SKYTERRACE @ DAWSON SINGAPORE (142090) Shareholder(s) Name ID Nationality/Place of Source of Address Changed incorporation/Origin Address Address CHUA PING HAN, EDDIE SINGAPORE CITIZEN

S8109090D

Authentication No.: I18219691E

08/01/2017

OSCARS

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ACCOUNTING AND CORPORATE REGULATORY AUTHORITY



INFORMATION RESOURCES

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Business Profile (Company) of HOMEBUSTERS PTE. LTD. (201402310G)

Date: 03/04/2018

| Shar | eholder(s) | | | | HELIO MARKETA |
|------|---|-------------------------|----------------------|-----------|-----------------|
| Name | | ID Nationality/Place of | | Source of | Address Changed |
| Adde | 058 | | incorporation/Origin | Address | |
| | 90 DAWSON ROAD #25-10 SKYTERRACE @ DAWSON SINGAPORE (142090) | | | | |
| | Ordinary(Number) | Currency | | | |
| 5000 | | SINGAPORE, | DOLLARS | | |
| 2 | YONG WENG HENG | \$8541181J | SINGAPORE CITIZEN | ACRA | |
| | 409 BUKIT BATOK WEST AVENUE 4 #06-174 SINGAPORE (650409) | | | | |
| | Ordinary(Number) | Currency | | | |
| | 5000 | SINGAPORE, | DOLLARS | | |

Abbreviation

- UL Local Entity not registered with ACRA
- UF Foreign Entity not registered with ACRA
- AR Annual Return
- AGM Annual General Meeting
- A/C Accounts
- OSCARS One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

Note:

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

Authentication No.: I18219691E

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ACCOUNTING AND CORPORATE REGULATORY AUTHORITY (ACRA)



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Business Profile (Company) of HOMEBUSTERS PTE. LTD. (201402310G)

Date: 03/04/2018

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

ACRA180403165689

STAC

03/04/2018

This is computer generated. Hence no signature required



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