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 <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

| aforesaid. | |
|--|---------------------------------------|
| | ACCIDENT STATEMENT |
| Date Of Report | 14/03/2019 11:24 |
| Date Of Accident | 13/03/2019 14:40 |
| Exact Location Of Accident | EAST COAST RD OPP ESSO PETROL STATION |
| Country/State of Loss | SINGAPORE |
| D | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SMF8531X |
| Insured/Policyholder | |
| Name Of Registered Owner | JIA LEONG TRADING ENTERPRISE PTE LTD |
| Co Reg No | 199101181K |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96863331 |
| Alternative Phone No | OFFICE-96863331 |
| Vehicle Particulars | |
| Manufacturer | MERCEDES-BENZ |
| Model | ML400 4MATIC (R19 BI) |
| 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 |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 999994534 |
| Cover Note Number | |
| Driver | |

Name of Driver LEE THIONG NAM
NRIC No S0168428J
Date Of Birth 30/10/1953

Occupation OUTDOOR
Date Of Driving Pass 03/04/1972

Driving Experience 46 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96863331

Fax Number

Contact Number OFFICE-96863331

EMail Address NOEMAIL

BLK 24 SIMEI STREET 1 Address

#01-02

Postcode 529946

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

2

NO

0

NO

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

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) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

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)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLC5543J Vehicle Make/Model/Colour MAZDA 3

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 94793749

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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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.
- 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>repudlate 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.
- 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 Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Accident Sketch Plan

| SKETCH PLAN | | | |
|--|--|--------------|--|
| | | 7 9. | A: SMESSTIF B: SLCSSYTJ |
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| DESCRIBE CIRCUMSTANCE | ES OF THE ACCIDENT | | |
| Refer to Hate | mmd. | | |
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| DECLARATION /We declare the foregoing par | ticulars are true in every resp | ect. | |
| | May | | Kind |
| olicyholder's Signature Date & Time: | Driver's Signature (If driver is not the po Date & Time: | olicyholder) | Reporting Centre Personnel's Signature Name: NRIC/FIN No.: |

Accident Sketch Plan

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ON THE PARKING LOT. WHEN I COME BACK WITH MY CUSTOMER WHO WANT TO BUY MY VEHICLE, UPON THAT TIME WE REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

Acra



Date: 29/11/2018

INFORMATION RESOURCES

Number Of Shares

Currency

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of JIA LEONG TRADING ENTERPRISE PTE LTD

(199101181K) The Following Are The Brief Particulars of : Registration No. 199101181K Company Name. JIA LEONG TRADING ENTERPRISE PTE LTD (w.e.f.16/06/1994) Former Name if any JIA LEONG TRADING ENTERPRISES PTE LTD Incorporation Date. 18/03/1991 Company Type EXEMPT PRIVATE COMPANY LIMITED BY SHARES Status Live Company Status Date 18/03/1991 **Principal Activities** Activities (I) WHOLESALE TRADE OF A VARIETY OF GOODS WITHOUT A DOMINANT PRODUCT (46900)Description Activities (II) RENTING AND LEASING OF PRIVATE CARS WITHOUT OPERATOR (77101) Description Capital Issued Share Capital Number of Shares * Currency Share Type (AMOUNT) 500000 500000 SINGAPORE, DOLLARS ORDINARY * Number of Shares includes number of Treasury Shares Paid-Up Capital Number of Shares Share Type Currency (AMOUNT) ORDINARY 500000 SINGAPORE, DOLLARS COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Authentication No.: S18839119F

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Date: 29/11/2018

INFORMATION RESOURCES

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Business Profile (Company) of JIA LEONG TRADING ENTERPRISE PTE LTD (199101181K)

Audit Firms

NAME

RAFFLES PAC

| Charges | | | | |
|------------|-----------------|----------|----------------|------------------------|
| Charge No. | Date Registered | Currency | Amount Secured | Chargee(s) |
| 9503699 | 21/06/1995 | | All Monies | MALAYAN BANKING BERHAD |
| 200104197 | 30/08/2001 | | All Monies | MALAYAN BANKING BERHAD |
| C201711861 | 20/11/2017 | | All Monies | UNITED OVERSEAS BANK |

| Name | ID | Nationality | Source of Address | Date of Appointment |
|--|------------|------------------------------|-------------------|---------------------|
| Address | | Position Held | | |
| LEE THIONG NAM | S0168428J | SINGAPORE CITIZEN | ACRA | 18/03/1991 |
| 24 SIMEI STREET 1 #01-02 MELVILLE PARK SINGAPORE (529946) | | Director | | |
| | | | | |
| SALMIAH BINTE SARPIAI | S1794643I | SINGAPORE CITIZEN | ACRA | 08/05/2017 |
| SALMIAH BINTE SARPIAI 643 HOUGANG AVENUE 8 #10-279 SINGAPORE (530643) | \$1794643I | SINGAPORE CITIZEN Secretary | ACRA | 08/05/2017 |

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INFORMATION RESOURCES

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Business Profile (Company) of JIA LEONG TRADING ENTERPRISE PTE LTD (199101181K)

Date: 29/11/2018

| Office | ers/Authorised Representative(s) | | | | |
|-----------------|--|------------------------|--|----------------------|---------------------|
| Name Address | | ID | Nationality | Source of Address | Date of Appointment |
| | | | Position Held | Address | |
| #19- PRU | CECIL STREET 08 IDENTIAL TOWER GAPORE (049712) | | Secretary | | |
| Shan | eholder(s) | CONTRACTOR DESIGNATION | TO THE PARTY OF TH | | |
| Name | | ID | Nationality/Place of incorporation/Origin | Source of Address | Address Changed |
| Addr | ess | | incorporations origin | Address | |
| 1 | LEE THIONG NAM | S0168428J | SINGAPORE CITIZEN | ACRA | 15/01/2003 |
| | 24 SIMEI STREET 1 #01-02 MELVILLE PARK SINGAPORE (529946) | | | | |
| | Ordinary(Number) | Currency | A CONTRACTOR OF THE PARTY OF TH | 0.00 | |
| | 500000 | SINGAPORE | DOLLARS | | |

Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

FS - Financial Statements

FYE - Financial Year End

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.

Authentication No.: \$18839119F

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Acra



INFORMATION RESOURCES

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Business Profile (Company) of JIA LEONG TRADING ENTERPRISE PTE LTD (199101181K)

Date: 29/11/2018

- 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.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

ACRA181128056199 (Free Business Profile by ACRA)

DATE

29/11/2018

This is computer generated. Hence no signature required.

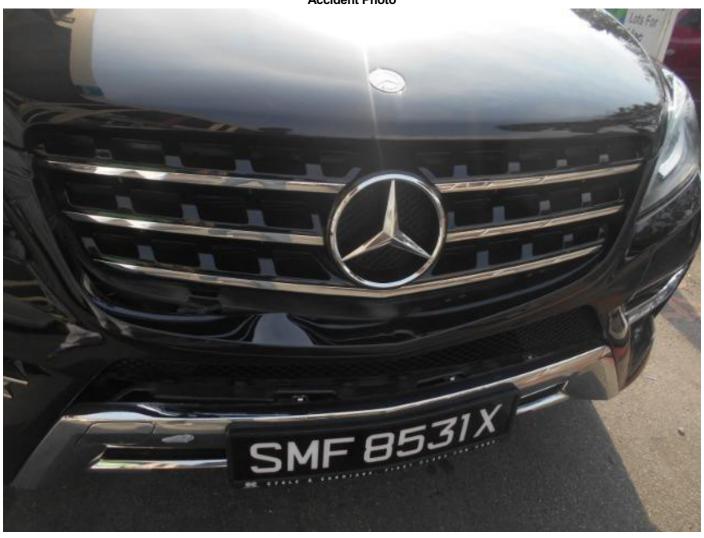


Authentication No.: \$18839119F

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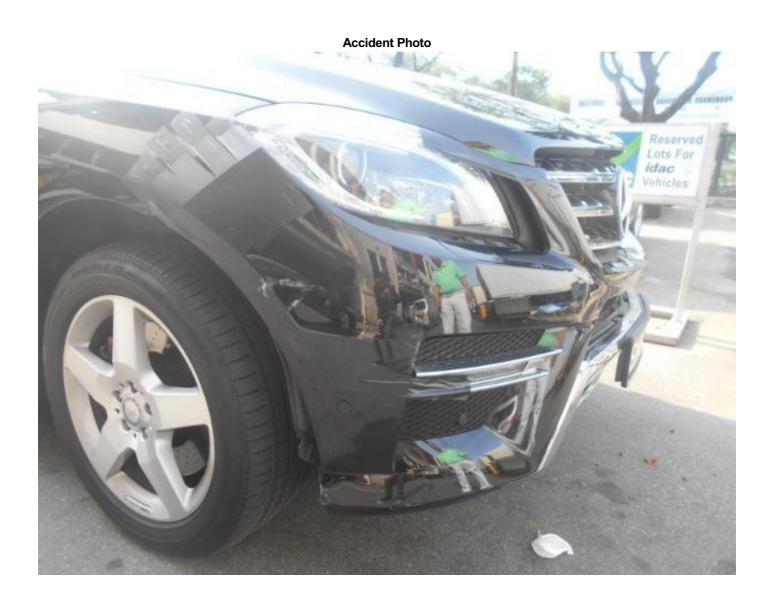


















Addendum Sheet



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: \$665500206 / 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

| | Original Report No | MNA119034159 | Vehicle Registration No: | SMF8531X | | |
|-----|--|----------------------------------|--|------------------|--|--|
| | Name(as shown in NRIC) | LEE THIONG NAM | NRIC/FIN/Passport No: | S0168428J | | |
| | (*Vehicle Driver / Ve | hicle Owner) (*) Please delete a | s appropriate | | | |
| | Address | BLK 24 SIMEI STREET 1 | #01-02 | Singapore(529946 | | |
| | Contact (Tel) | | Mobile No. : 96863331 | | | |
| | Email Address | | | | | |
| | Date of Accident | 13/03/2019 | Time of Accident : 14:40 | :40 | | |
| | Place of Accident : | | | | | |
| | Insurance Company:AIG Asia Pacific Insurance Pte. Ltd. | | | | | |
| 1 | ADDITIONALINFORM | MATION / AMENDMENTS: | | | | |
| | Amend vehicle regi | | | | | |
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| (8) | | | | | | |
| | | | ^ | 16 | | |
| | Policyholder / Driver's Date: | Signature | Reporting Centre Person Name: NRIC/FIN No.: Date: | nel's Signature | | |