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 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

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	ACCIDENT STATEMENT
Date Of Report	04/05/2019 14:29
Date Of Accident	27/04/2019 06:00
Exact Location Of Accident	OUTSIDE WOODLANDS CENTRE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ8642C
Insured/Policyholder	
Name Of Registered Owner	RS CAR LEASING PTE LTD
Co Reg No	201843098R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87171067
Alternative Phone No	OFFICE-87171067
Vehicle Particulars	
Manufacturer	HONDA
Model	INSIGHT 1.3G A
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5106982526
Cover Note Number	
Driver	
Name of Driver	LIM LAM EK
NRIC No	S6903663E
Date Of Birth	30/01/1969

Date Of Birth Occupation **OUTDOOR Date Of Driving Pass** 25/06/2003

Driving Experience 15 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87171067

Fax Number

Contact Number OFFICE-87171067

EMail Address NOEMAIL

BLK 118 YISHUN RING ROAD Address

#07-669

Postcode 760118

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident Weather Conditions **RAINING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

Was any other material or property damaged?

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

NO

NO

YES

Number of Passengers (Including Driver)

2

Passenger 1

ambulance?

NAME:

GENDER: : MALE

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

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SLC8018P** Vehicle Make/Model/Colour HONDA VEZEL

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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DETAILS OF INJURED PERSON 1

Name LIM LAM EK

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SKZ8642C
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 2. Consent under the Personal Data Protection Act (PDPA)

t understand, acknowledge, agree and consent that:

- (v) My insurer, my workshop and the General Insurance Association of Singapore ("SIA") 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 bransfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all insurer), who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers lawyers/law firms, the Monstery Authority of Singapore and any relevant government agency/suthority (such as the polite), for the purpose(s) of :
 - processing, handling and/or desting with my dates 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 deating 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 invoive 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 few 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' iswigers flaw firths, may/are permitted to codect, u.e., disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) by Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party sorvice providers or agents/including their lawyars/two forms), which may be sized outside of Singaporo, 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 froud detection, investigation and management in present and all future dains.
- (a) the information so collected under (d) above may be stared / 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.

Policyholdor's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRICOTIN No.:

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Accident Sketch Plan

Vehicle A: 5KZ8642C vehide 13: 5LC8018P SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT of woodkind April outside of woodland centre, suddenly plong Side 0+ the Uehicle rollision with Vehicle DECLARATION I/We declare the foregoing particulars are true in every respect. Policyhelder's Signature Oriver's Signature Reporting Centre Remodinel's Signature Date & Time: (If driver is not the policyholder) NRICHIN NO. Date & Timer

BUSINESS PROFILE



REQUEST CRITERIA

(You have requested to search on the following)

Date of Request : 09/11/2018
Name of Requestor : NG ROLLAND
Requested Entity Name : ST CARZ LEASING PTE. LTD:
Requested Entity Number : 201535819E
File Reference Number :

SEARCH RECORD

Entity Name :	1) ST CARZ LEASING PTE, LTD.
Entity Number :	201535819E

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY
BUSINESS PROFILE (COMPANY)



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

DETAILS OF COMPANY

Entity Name:	ST CARZ LEASING PTE. LTD.	
Entity Number:	201535819E	
Date Of Registration (dd/mm/yyyy):	28/09/2015	
Country Of Incorporation:	SINGAPORE	
Date Of Change Of Name:		
Former Name:		
Type Of Company:	EXEMPT PRIVATE COMPANY LIMITED BY SHARES	
Registered Office Address:	210 TURF CLUB ROAD #B48-50 THE GRANDSTAND SINGAPORE 287995	
Date Of Change Of Address:	28/09/2015	
Principal Activity / Activities:	1)PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219) 2)RENTING AND LEASING OF PRIVATE CARS WITHOUT OPERATOR (77101)	
Status:	LIVE COMPANY	
Status Date:	28/09/2015	

CAPITAL STRUCTURE

Capital Structure:	No. Of Shares	Currency	Amount
ISSUED ORDINARY	10,000.00	SINGAPORE, DOLLARS	10,000.00
PAID-UP ORDINARY	-	SINGAPORE, DOLLARS	10,000.00

Note: The number of shares is displayed up to two decimal points.

CHARGE(S)

AUDITOR(S)

Name	Date Of Appointment

OFFICER(S) / AUTHORISED REPRESENTATIVE(S)

Name ID	Address Date Of Change Of Address	Nationality	Date Of Appointment/ Position Held
TAN LYE KANG S7307143G	208 YISHUN STREET 21 #10-105 YISHUN PALM SPRING SINGAPORE 760208 12/09/2018	SINGAPORE CITIZEN	28/09/2015 DIRECTOR
NG SOON TOH ROLLAND S7507722Z	81 CASHEW ROAD CASHEW ESTATE SINGAPORE 679653 04/11/2017	SINGAPORE	28/09/2015 DIRECTOR
NG YENG KAH \$9178624I	457 ANG MO KIO AVENUE 10 #11-1524 SINGAPORE 560457	MALAYSIAN	01/10/2015 SECRETARY

SHAREHOLDER(S)

(Entity Numbers Prefixed with UF Or ACRA are Numbers allotted by ACRA for Purposed of Identification.)

Name ID	Nationality	Address Date Of Change Of Address
TAN LYE KANG 57307143G	SINGAPORE CITIZEN	208 YISHUN STREET 21 #10-105 YISHUN PALM SPRING SINGAPORE 760208 12/09/2018
Туре	No Of Shares	Currency
ORDINARY	5,000.00	SINGAPORE, DOLLARS
Name ID	Nationality	Address Date Of Change Of Address
NG SOON TOH ROLLAND S75077222	SINGAPORE CITIZEN	81 CASHEW ROAD CASHEW ESTATE SINGAPORE 679653 04/11/2017
Туре	No Of Shares	Currency
ORDINARY	5,000.00	SINGAPORE, DOLLARS

Note: The number of shares is displayed up to two decimal points.

COMPLIANCE RECORD

Date Of Last AGM:	27/07/2018
Date Of Last AR:	30/07/2018
Date Of A/C Laid At Last AGM:	31/12/2017

THE ABOVE INFORMATION IS UPDATED TO 01 DAY FROM 09/11/2018
PLEASE NOTE THAT THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS FILED WITH THE AUTHORITY

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