

# PRO-JEX V2D MOTOR PTE LTD

## PRO-JEX V2D MOTOR PTE. LTD.

SYNERGY@KB. 25 KAKI BUKIT ROAD 4, #03-93 SINGAPORE 417800

TEL/FAX : (65) 6841 9698 WEB : [www.v2d.com.sg](http://www.v2d.com.sg)

RECOVERY HOTLINE : (65) 8668 7676

Co. Reg. No.: 201600429G

To.

Mr MARIZAN BIN ZAINAL

(3rd Party SKZ880J = CNTP)

| DATE           | Invoice No.      |
|----------------|------------------|
| 11 May 2020    | MA76424-SKG9209P |
| TERMS          | DUE DATE         |
| Due On Receipt | 18 May 2020      |

| VEHICLE NO. | DATE OF ACCIDENT                                                     | VEHICLE MODEL        |
|-------------|----------------------------------------------------------------------|----------------------|
| SKG 9209 P  | 7 December 2019                                                      | TOYOTA FORTUNER 2.7L |
| No.         | Description / Activity                                               | Total                |
| 1           | To contract lump sum repair as recommended via LKK surveyor - ADRIAN | SGD 1,800.00         |
| Total:      |                                                                      | SGD 1,800.00         |

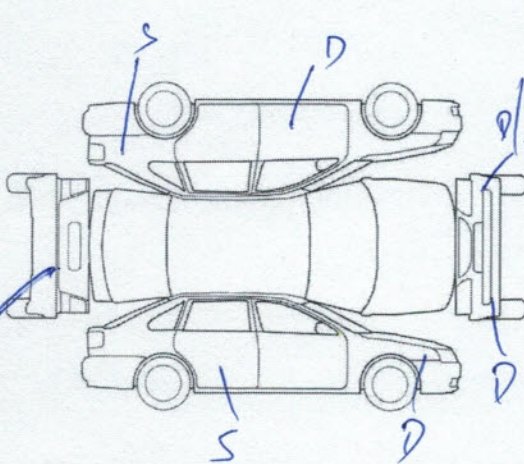


# PRO-JEX V2D MOTOR PTE LTD

PRO-JEX V2D MOTOR PTE. LTD. Co. Reg. No.: 201600429G

SYNERGY@KB. 25 KAKI BUKIT ROAD 4, #03-83 SINGAPORE 417800 TEL/FAX : (65) 6841 9698 WEB : www.v2d.com.sg RECOVERY HOTLINE : (65) 8668 7676

## Vehicle Rental Agreement

|                                                                                                                                                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                                    |                           |          |        |             |            |         |              |     |   |    |              |     |     |     |            |     |     |     |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------|---------------------------|----------|--------|-------------|------------|---------|--------------|-----|---|----|--------------|-----|-----|-----|------------|-----|-----|-----|---|
| <b>Hirer's Particulars</b><br>Name: <u>MARIZAN BIN ZAINAL</u><br>NIRC/ FIN No: <u>S7932494i</u><br>Address: <u>BLK 893B WOODLANDS DRIVE 50</u><br><u>#02-113 STORE 731893</u><br>Singapore Driving Licence No: _____<br>DOB: _____ Driving Exp: <u>14 YRS</u><br>Tel(O): _____ (R) _____ HP: <u>92477270</u> |                         | Vehicle No: <u>SJA6208T</u> Replace Vehicle No: _____<br>Mileage Out: <u>165.894 km</u> Mileage In: _____<br>Make and Model: <u>HONDA FIT 1.3 A</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Auto/Manual</span><br>OUT: Date <u>09 DEC 2019</u> Time: <u>12 00 pm</u><br>Hire/Period Expiry _____ Time: _____<br>NON-Waiver (Accident) Excess=\$ <u>2,500 f</u><br><b>Charges</b><br><table style="width:100%;"> <tr> <td>Daily \$130</td> <td>Per Day \$ 130 X 3 DAYS</td> <td>\$ 390 f</td> </tr> <tr> <td>Weekly</td> <td>Per Week \$</td> <td>\$</td> </tr> <tr> <td>Monthly</td> <td>Per Month \$</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td>Sub Total \$</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | Daily \$130                        | Per Day \$ 130 X 3 DAYS   | \$ 390 f | Weekly | Per Week \$ | \$         | Monthly | Per Month \$ | \$  |   |    | Sub Total \$ |     |     |     |            |     |     |     |   |
| Daily \$130                                                                                                                                                                                                                                                                                                  | Per Day \$ 130 X 3 DAYS | \$ 390 f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                    |                           |          |        |             |            |         |              |     |   |    |              |     |     |     |            |     |     |     |   |
| Weekly                                                                                                                                                                                                                                                                                                       | Per Week \$             | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                    |                           |          |        |             |            |         |              |     |   |    |              |     |     |     |            |     |     |     |   |
| Monthly                                                                                                                                                                                                                                                                                                      | Per Month \$            | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                    |                           |          |        |             |            |         |              |     |   |    |              |     |     |     |            |     |     |     |   |
|                                                                                                                                                                                                                                                                                                              |                         | Sub Total \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                                    |                           |          |        |             |            |         |              |     |   |    |              |     |     |     |            |     |     |     |   |
| <b>Additional Driver Particulars</b><br>Name: _____<br>NIRC/ FIN No: _____<br>Address: _____<br>Singapore Driving Licence No: _____<br>DOB: _____ Driving Exp: _____<br>Tel(O): _____ (R) _____ HP: _____                                                                                                    |                         | <b>Petrol Level</b><br><table style="width:100%; text-align: center;"> <tr> <td>Out</td><td>E</td><td>1/8</td><td>1/4</td><td>3/8</td><td><u>1/2</u></td><td>5/8</td><td>3/4</td><td>7/8</td><td>F</td> </tr> <tr> <td>In</td><td>E</td><td>1/8</td><td>1/4</td><td>3/8</td><td><u>1/2</u></td><td>5/8</td><td>3/4</td><td>7/8</td><td>F</td> </tr> </table> Fuel _____<br>Traffic/Parking Fine _____<br><b>TOTAL CHARGES \$</b> _____<br>Hirer's Signature: <u>[Signature]</u><br>Additional Driver's Signature : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | Out                                | E                         | 1/8      | 1/4    | 3/8         | <u>1/2</u> | 5/8     | 3/4          | 7/8 | F | In | E            | 1/8 | 1/4 | 3/8 | <u>1/2</u> | 5/8 | 3/4 | 7/8 | F |
| Out                                                                                                                                                                                                                                                                                                          | E                       | 1/8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1/4         | 3/8                                | <u>1/2</u>                | 5/8      | 3/4    | 7/8         | F          |         |              |     |   |    |              |     |     |     |            |     |     |     |   |
| In                                                                                                                                                                                                                                                                                                           | E                       | 1/8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1/4         | 3/8                                | <u>1/2</u>                | 5/8      | 3/4    | 7/8         | F          |         |              |     |   |    |              |     |     |     |            |     |     |     |   |
| <b>Vehicle Check List</b><br><br>REMARKS: _____<br>_____<br>_____                                                                                                                                                         |                         | <b>Terms &amp; Condition</b><br>The Hirer herewith agrees to the following Terms and Conditions set Forth:<br>a) Be in possession of a valid class 3 driving license at all times when driving the vehicle.<br>b) Be fully liable for all legal violation including traffic offences, parking fines and the like, incurred during the rent period.<br>c) Be at least 22 years old with at least 2 years driving experience.<br>d) Will only use the car for social domestic and pleasure purposes.<br>e) Will not drive the car under the influence of alcohol, drug or medication<br>f) Will not drive the car with more than its legal seating capacity<br>g) Agree that the vehicle is in roadworthy condition upon taking it<br>h) Only usable in Singapore<br>i) Pay deposit as above which will be offset against excessive dirtiness/damages/reduced fuel found on the vehicle upon return. The hirer further agrees that the deposit shall not absolve him/her from his/her full liabilities against the costs/losses incurred in repairing/making good any damages sustained to the vehicle, except for usual wear and tear.<br>j) Undertake to regularly monitor the vehicle, such as carrying out engine oil level check and coolant level checks during hire period.<br>k) Undertake not to allow anyone else to drive the car except for the named hirer stated.<br>l) In the event of accident or breakdown, notify the company immediately for relevant action to be undertaken. The hirer and passengers must not admit to legal responsibility or make any offer or payment without written permission.<br>m) Return the vehicle at the end of the rental period in the same condition as it was first rented out less reasonable wear and tear, with the same amount of fuel as when it was first rented out.<br>n) Return the vehicle promptly at the prescribed time, failing which additional charges may be imposed.<br>o) Undertaker not to allow any person to smoke, or carry any items that leave behind excessive dirt, stains or odour, in the vehicle. Cleaning fee of \$50 - \$200 will be imposed, at company discretion<br>p) Pre-pay the rental at the rate above in advance, before any extensions of rent period, subject to availability for extension.<br>q) Fully indemnify the Company against all cost, litigation and authority action in the event of any misuse or negligent use of the vehicle during the rental period. |             |                                    |                           |          |        |             |            |         |              |     |   |    |              |     |     |     |            |     |     |     |   |
| Date In                                                                                                                                                                                                                                                                                                      | Time In                 | Mileage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Checked By  | Remarks                            | Signature of Hirer/Driver |          |        |             |            |         |              |     |   |    |              |     |     |     |            |     |     |     |   |
| <u>12 DEC 19</u>                                                                                                                                                                                                                                                                                             | <u>13 50 HRS</u>        | <u>166.104 km</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>E-T.</u> | <u>ACCIDENT</u><br><u>SKG9209P</u> | <u>[Signature]</u>        |          |        |             |            |         |              |     |   |    |              |     |     |     |            |     |     |     |   |

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 09 Dec 2019 / 15:43:34

Receipt Date/Time : 09 Dec 2019 / 15:42:32

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-191209-002543

Previous Receipt No. :

| S/N                                                       | Item Description/<br>Business Transaction Reference<br>No. | Amount<br>Before<br>GST (S\$) | GST<br>Amount<br>(S\$) | Amount<br>After GST<br>(S\$) |
|-----------------------------------------------------------|------------------------------------------------------------|-------------------------------|------------------------|------------------------------|
| Result of Insurance Enquiry - SKZ880J                     |                                                            |                               |                        |                              |
| As at 07 Dec 2019/18:10:00                                |                                                            |                               |                        |                              |
| Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD |                                                            |                               |                        |                              |
| 1                                                         | Insurance Enquiry - SKZ880J                                |                               |                        |                              |
|                                                           | Enquiry Fee                                                | 7.00                          | 0.49                   | 7.49                         |
|                                                           | 20191209154107432020                                       |                               |                        |                              |
|                                                           | <b>Sub-Total</b>                                           | 7.00                          | 0.49                   | 7.49                         |
|                                                           | <b>Total Before Rounding</b>                               | 7.00                          | 0.49                   | 7.49                         |
|                                                           | <b>Rounding Difference</b>                                 |                               |                        | 0.04                         |
|                                                           | <b>Total Amount Payable</b>                                |                               |                        | 7.45                         |
|                                                           | <b>Paid By</b>                                             |                               |                        |                              |
|                                                           | xxxxxxxxxxx3206                                            | Credit Card: Visa /MasterCard |                        | 7.45                         |
|                                                           | <b>Total</b>                                               |                               |                        | 7.45                         |
|                                                           | <b>Cash Change</b>                                         |                               |                        | 0.00                         |
|                                                           | <b>Tendered Amount</b>                                     |                               |                        | 7.45                         |
|                                                           | <b>Excess Refundable Amount</b>                            |                               |                        | 0.00                         |

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

## LETTER OF AUTHORITY

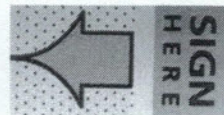
ACCIDENT ON 07 DEC 2019 AT 1810 HRS INVOLVING  
VEHICLES NOS. SKG9209P & SKZ 880J  
AT/ALONG ORCHARD ROAD

I, MARIZAN BIN ZAINAL of NRIC No. S7932494i, owner of vehicle  
Reg. No. SKG9209P insured by CNTA under  
Policy No. DMPCSN/30/0461900 do hereby authorise M/S **PRO-JEX V2D MOTOR PTE LTD**  
as my representative to claim, write, negotiate, act & settle for me to claim for uninsured  
loss to the property damages and/or loss of usage from the owner/driver or the insurer  
of vehicle no. SKZ 880J arising from the above mentioned accident. I/we also authorise  
M/S **PRO-JEX V2D MOTOR PTE LTD** to replace any damaged parts with original, new, oem, used,  
reconditioned, scraped, and/or customised parts.

I also authorise that the agreed settlement sum be made in favour of my representative M/S  
**PRO-JEX V2D MOTOR PTE LTD** and the said payment be forwarded to them as full and final discharge  
of my claim.

Dated this 09 day of DEC, 2019.

Signature : 



Name : MARIZAN BIN ZAINAL

Address : BLK 893B WOODLANDS DRIVE 50  
: # 02-113 S'PORE 731893.

NRIC : S7932494i

Contact No. : 92477270

## CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 139)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

|                                                                                                                |                                   |                                      |                               |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------|-------------------------------|
| CERTIFICATE No                                                                                                 | DMPCSN3010461900                  | Engine No : 2TR6669131               | Chassis No: MR0ZX69G200020760 |
| 1. Index Mark and Registration Number of Vehicle                                                               | SKG9209P                          |                                      |                               |
| 2. Name of Policy Holder                                                                                       | MR MARIZAN BIN ZAINAL             |                                      |                               |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 03 FEBRUARY 2019<br>(06:48 HOURS) | NAMED DRIVERS EX SECT. I.....        | S\$1,900.00                   |
|                                                                                                                | 02 FEBRUARY 2020                  | IN ADDITION TO NAMED DRIVERS EX..... |                               |
| 4. Date of Expiry of Insurance                                                                                 |                                   | EX SECT. I - AGE <= 25.....          | S\$3,000.00                   |
|                                                                                                                |                                   | EX SECT. I - AGE >= 26.....          | S\$500.00                     |
|                                                                                                                |                                   | * AGE AS AT DATE OF ACCIDENT         |                               |
| 5. Persons or Classes of Persons entitled to drive *                                                           |                                   | EX ON WINDSCREEN.....                | S\$100.00                     |

- (A) THE POLICYHOLDER.  
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS 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.

### 6. Limitations as to use: \*

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.  
THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : EFIZZIG CREDIT PTE LTD AS HP OWNER

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 139) and Section 95 of the Road Transport Act, 1987 (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 139) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

**KCB AGENCY**  
Co Reg No 531185520  
200 Jalan Sultan  
#02-368 Textile Centre  
Singapore 199018  
Tel: 6391 3813 Fax: 6391 3810

Countersigned By:

Authorised Officer

Authorised Signatory

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 willful misrepresentation or withholding 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 as stated.

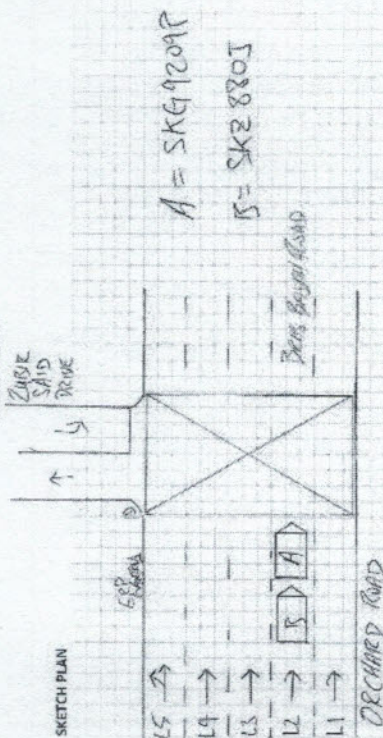
| ACCIDENT STATEMENT                                                           |                                               |
|------------------------------------------------------------------------------|-----------------------------------------------|
| Date Of Report                                                               | 09/12/2019 14:20                              |
| Date Of Accident                                                             | 07/12/2019 18:10                              |
| Exact Location Of Accident                                                   | ORCHARD ROAD                                  |
| Country/State of Loss                                                        | SINGAPORE                                     |
| DETAILS OF OWN VEHICLE                                                       |                                               |
| Vehicle Registration Number                                                  | SKG9209P                                      |
| Insured/Policyholder                                                         |                                               |
| Name Of Registered Owner                                                     | MARIZAN BIN ZAINAL                            |
| NRIC No                                                                      | S79324941                                     |
| Email Address                                                                | ZAN_MARLIN@HOTMAIL.SG                         |
| Mobile Phone No                                                              | (LOCAL) +65-92477270                          |
| Alternative Phone No                                                         | OFFICE-92477270                               |
| Vehicle Particulars                                                          |                                               |
| Manufacturer                                                                 | TOYOTA                                        |
| Model                                                                        | FORTUNER 2.7L                                 |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE USE                                   |
| 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 CAR                                   |
| Insurance Company                                                            |                                               |
| Name of Insurance Company                                                    | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage                                                             | COMPREHENSIVE                                 |
| Fleet Policy                                                                 | NO                                            |
| Policy Number                                                                | DMPCSN3010461900                              |
| Cover Note Number                                                            |                                               |
| Driver                                                                       |                                               |
| Name of Driver                                                               | MARIZAN BIN ZAINAL                            |
| NRIC No                                                                      | S79324941                                     |
| Date Of Birth                                                                | 15/10/1979                                    |
| Occupation                                                                   | INDOOR                                        |
| Date Of Driving Pass                                                         | 23/05/2006                                    |
| Driving Experience                                                           | 13 YEARS AND 6 MONTHS                         |
| Gender                                                                       | MALE                                          |
| Mobile Number                                                                | (LOCAL) +65-92477270                          |
| Fax Number                                                                   |                                               |
| Contact Number                                                               | OFFICE-92477270                               |
| Email Address                                                                | ZAN_MARLIN@HOTMAIL.SG                         |

|                                                     |                                     |
|-----------------------------------------------------|-------------------------------------|
| Address                                             | BLK 893B WOODLANDS DRIVE 50 #02-113 |
| Postcode                                            | 731893                              |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Type Of Accident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | COLLISION - HEAD TO REAR                                      |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2                                                             |
| Was any body injured in the Accident?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | YES                                                           |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | YES                                                           |
| If Yes, Please state which Police Station                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                               |
| Police Station Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10 UBI AVENUE 3                                               |
| Police Station Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TEL NO: - FAX NO:                                             |
| Was notice of Intended Prosecution given?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NO                                                            |
| If Yes, against whom?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               |
| Circumstances of Accident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                               |
| On 07 Dec 2019, at about 1810hrs, I was driving my vehicle SKG9209P along Orchard Road. While approaching the T-Junction of Zubir Said Drive, traffic light was changing to red and I slowed down my vehicle to a complete stop accordingly. I was on Lane 2 of a 5 lane road. A few seconds later while stationary suddenly I felt a forceful impact and loud bang from the rear of my vehicle. I was in shock for a while in my vehicle. After gain awareness, realised the vehicle behind was making a reverse. After alighted from my vehicle realised Vehicle SKZ880J has collided on to my vehicle rear portion. After the accident, I felt some body aching. The next day the pain persist. On Monday the pain became unbearable and I went to consult my doctor and was given 5 days MC. |                                                               |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SKZ880J                                                       |
| Vehicle Make/Model/Colour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                               |
| Details Of Properties                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               |
| Vehicle Category                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PRIVATE CAR                                                   |
| Name of Driver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SHU CHEN                                                      |
| NRIC/Passport Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                               |
| Contact Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 96707264                                                      |



### Sketch Plan #2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report.

PETER POLICE REPORT

## DECLARATION

All we care are the foregoing particulars are true in every respect.

余

Public Health Service, Surgeon General

Data &amp; Trends:

Driver's Signature \_\_\_\_\_  
If driver is not the policyholder

Date &amp; Time:

[illegible]

Reporting Centre Personnel's Signature:  
Name:  
AFIC/FN No.:

NAME: \_\_\_\_\_  
NPIC/FIN No.: \_\_\_\_\_

### Brief Details

On 07 Dec 2019, at about 1810hrs, I was driving my vehicle SKG9209P along Orchard Road. While approaching the T-junction of Zubir Said Drive, traffic light was changing to red and I slowed down my vehicle to a complete stop accordingly. I was on Lane 2 of a 5 lane road.

A few seconds later while stationary suddenly I felt a forceful impact and loud bang from the rear of my vehicle, I was in shock for a while in my vehicle. After gain awareness, realised the vehicle behind was making a reverse. After alighted from my vehicle realised Vehicle SK2890J has collided on to my vehicle rear portion.

After the accident, I felt some body aching. The next day the pain persist. On Monday the pain became unbearable and I went to consult my doctor and was given 5days MC.