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| | MR 81140. | , INC(|)/Non-INC (|) | |
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| Insured/Driver Liability: (%) [1 | Note-Est. Status (WO |): N: 0-20 | %; P: 21-79% | P: 80-10070] | |
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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
- 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.
- 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

| presaid. | CCIDENT STATEMENT | |
|--|---|--------|
| 0.0 | 03/02/2020 16:15 | |
| ate Of Report | 01/02/2020 18:30 | |
| ate Of Accident | PIE TWDS CHANGI B4 LOR 6 TOA PAYOH EXIT | |
| xact Location Of Accident | SINGAPORE | |
| Country/State of Loss | TAILS OF OWN VEHICLE | |
| | SJZ409A | |
| enicle Registration Number | | |
| nsured/Policyholder | JACOB'S CAR LEASING PTE LTD | |
| Name Of Registered Owner | 2XXXXX207N | |
| So Reg No | NOEMAIL | |
| Email Address | TV In the | |
| Mobile Phone No. | OFFICE-90303074 | |
| Alternative Phone No | OFFIGE-9000007 | |
| Vehicle Particulars | | |
| Manufacturer | TOYOTA | |
| Model | COROLLA ALTIS | |
| time of accident | PRIVATE USE | |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO NO | |
| If No. Please state action to be taken | REPORTING ONLY | |
| Vehicle Category | PRIVATE HIRE | |
| Insurance Company | | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD | |
| Type Of Coverage | THIRD PARTY | |
| Fleet Policy | NO | |
| Policy Number | 5110439289 | |
| Cover Note Number | | |
| Driver | | |
| Name of Driver | LIM YU SHUN | |
| NRIC No | SXXXX931C | |
| Date Of Birth | 01/08/1994 | |
| Occupation | OUTDOOR | |
| Date Of Driving Pass | 07/03/2017 | |
| Driving Experience | 2 YEARS AND 10 MONTHS | |
| Gender | MALE | |
| Mobile Number | (LOCAL) +65-82187611 | |
| Fax Number | | |
| Contact Number | | |
| EMail Address | NOEMAIL | Page 1 |

BLK 642 CHOA CHU KANG ST 64 #07-79 Address

680642 Postcode

Was driver an employee of the Insured's Company

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

NO COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2

involved in the accident Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

: UNKNOWN Passenger 1 NAME:

GENDER: : FEMALE

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG PIE TWDS CHANGI B4 LOR 6 TOA PAYOH EXIT ON THE FIRST LANE, SUDDENLY VEH B FROM THE SECOND LANE ABRUPTLY CUT INTO MY LANE AND JAMMED BRAKE HIS VEH, I SOUNDED MY HORN AND MANAGE TO BRAKE AND STOP IN TIME, NO CONTACT BETWEEN OUR VEH. THE DRIVER OF VEH B FILTER BACK TO SECOND LANE AND GIVE HAND SIGNAL TO ME, THEN WE MOVE TO LOR 6 EXIT, WE STOP AT A CARPARK, THE DRIVER COME DOWN AND CHECK ON HIS VEH AND FOUND A SMALL SCRATCHED ON THE REAR RIGHT BUMPER, THE DRIVER CLAIMS I HIT ONTO HIS VEH, HE TAKE SOME PHOTO ON MY VEH AND HE ALSO MENTIONED HIS VEH GOT CAR CAMERA CAPTURE THE WHOLE INCIDENT, THEN HE LEAVE THE SCENE, I MANAGE TO CAPTURE A PHOTO BEFORE HE LEAVING. MY VEH WAS NO DAMAGE AT ALL.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SMR8114D Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that;

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

UEN: 201734207N

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

| | | A = 572409A |
|-----------------|--------------|--------------------------------------|
| | B | B: SMR 8114 D |
| | | PIE Awds Changi B4 Lor 6 Toa Exit |
| CIRCUMSTANCES C | F THE ACCIDE | NT |
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| Defer | 1000 | 1 1-11-01-01-01 |
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| | 40 | Statement |

E (201734207N)

Policyholder's Signature Date & Time:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



Name: LIM YU SHUN

Serial No. A 26890

| TEMPORARY PRIVATE HIRE CAR | DRIVER'S VOCATIONAL LICENCE |
|---|---|
| 1. You have passed the vocational licence competen 2 0 5 | ncy test and have been granted a Private Hire Car Driver's Vocational Licence (PDVL). SEP 2019 |
| PDVL Commencement Date: | |
| 2. You must display this Temporary PDVL in you | r car at all times while driving a chauffeured private hire car. |
| LTA will subsequently inform you to collect your You must collect your Vocational Licence Card we thereafter. Otherwise, your PDVL may be revol | r Vocational Licence Card that will replace this Temporary PDVL. vithin 6 months of the PDVL Commencement Date and display it in your car oked. |
| Kwan Mei Fong Assistant Registrar of Vehicles Land Transport Authority of Singapore | LEON ** OFFICER ** |
| This Temporary PDVL is handed to you by | (centre officer name), |



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5110439289-000013

Cover : Third Party

Index mark and Registration Number of Vehicle

: SJZ409A

Chassis Number

: MR053REE104103054

2. Name of Policyholder

: JACOB'S CAR LEASING PTE LTD

: 14 Oct 2019

Effective Date of Insurance

Expiry Date of Insurance

: 13 Oct 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her 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#
- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

| headings. | |
|--|--|
| EXCESS (SECTION 1) EXCESS (SECTION 2) ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION PRIMARY DRIVER NAMED DRIVER (1) NAMED DRIVER (2) HIRE PURCHASE COMPANY SUM INSURED | : N/A : S\$1,500 : N/A : N/A : N/A : NO : N/A : NO : N/A |

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 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: CITY INSURANCE AGENCY PTE, LTD. (00000573566)

Date of Issue

: 14 Jun 2019 14:36 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

| Claim Handling | | | | | | | | |
|--|--|-----------------------------------|--|---|----------------|--------------|----------------------|----------------------|
| ccident MT/1082716 | | | S)Z409A | | GST Registra | ition No. | | |
| olicy No. | 5130439289 | Vehicle No. | SIZAUNA | | | | | |
| ortificate No. | 5110439289-000013 | | | | Policyholder | NRIC | 201734207N | |
| olicyhalder Name | JACOB'S CAR LEASING PTE LTD | 8/21/14/5/2014 | Third Party | | Loading | | 0 | |
| roduct Code | FLEET MASTER INSURANCE | Cover Type Contact No.(Office) | | | Contact No. | (Home) | | |
| Contact No.(Mobile) | 90303074 | Special Remark | | | eCode | | No T | |
| mail Address | No. Ver | TCA | » No Yes | | eCode Reas | an. | | |
| CFIC | . No Yes | NCD Entitlement(%) | 0 | | Private Hire | | Yes | |
| NCD Protection | No | new Emblement, my | - | | | | | |
| → Accident Details | | Accident Report Within 24 hrs | Yes | | Accident Typ | se . | No collision | |
| laport Date | 03/02/2020 19:11 | Time of Accident hh:mm | 18:30 | | Country of A | Vecident | Singapore | |
| Date of Accident | 01/02/2020 | Grange Force | 2011/201 | | ICM No. | | | |
| Reporting Centra | | Charge raice | | | | | | |
| Accident Location | PIE TWDS CHANGE 94 LOR 6 TOA PAYOR EXIT | | | | | | | |
| ▼ Total Excess Applicable | | | | | | | | |
| Excess Type | Per Accident | Windscreen Excess | | | | | | |
| OD Standard Excess | | TP Standard Excess | | 1,500.00 | Driver is Co | Vinentia. | Covered | |
| VIED OD Excess | 0,00 | VIED TP Excess | | 0.00 | Driver is Co | Venedy | Contract | |
| Additional Excess | | | | CONTRACTOR OF THE PARTY OF THE | | | | |
| Total OD Excess Applicable | 0.00 | Total TP Excess Applicable | | 1,500.00 | | | | |
| ♥ Benefits | | | | | | | | |
| GST Registered Information | tion | | | | | | | |
| GST Registered | No | | GST Registra | | 90 | 225 | | |
| GST Registration No. | | | GST Status | Verified | | es | | |
| Modification History | | | | | | | | |
| DE TRANSPORTE VIA COMPANION A | Civinia (Civinia) | | | | | | | |
| Policyholder Mailing Add | 10 UB1 CRESCENT | Address 2 | #05-16 UBI TECHPA | RK | Address 3 | | SINGAPORE | 408564 |
| Address 1 | TO USI CKESCENT | Address Type | Singapore address | | Post Code | | 408564 | |
| Address 4 | 05-16 | Related Policy Number | 5110439289 | | | | | |
| ₩ OI Driver Info | 03-16 | | | | | | | |
| | Unnamed Driver | Driver Type | Unnamed Driver | | | | | |
| Driver Name Unnamed driver Name | LIM YU SHUN | Driver NRJC | \$XXXX931C | | Driver DOS | š | 01/08/1994 | |
| Register Date of Driver License | 07/03/2017 | Driver Age | 25 | | Driving Ex | | 98 | |
| Contact No.(Mobile) | 82187613 | Cornect No.(Office) | | | Contact No | L(Hame) | | |
| Address 1 | BLK 642 #07-79 | Address 2 | CHOA CHU KANG 57 | TREET 64 | Address 3 | | SINGAPORE | 680642 |
| Address 4 | | Address Type | Singapore address | | Post Code | | 680642 | |
| Unit No. | 07-79 | | | | | | | |
| Does he own a Singapore | Yes = No | Driver Vehicle No. | | | Driver Ins | urer Company | <i>P</i> | |
| Registered car? | 165 1 100 | | | | | | | |
| Declaration | | | | | | | | |
| Breathalyser or Blood Test | 9 mg | Any injury? | Yes + No | | | | | |
| Reading? | | | | | | | | |
| | | | | | | | | |
| Modification History | | | | | | | | |
| Claim 001 New | | | | | | | | |
| | | | | | | | | |
| Claim Type * | | | | OD-MX | Insured Name | DACOB'S CA | R LEASING FIE LID NR | |
| Calm type | | | | 00202024 | Contact No. | | No. | ntact |
| Contact No.(Mobile) | | | | 90303074 | (Home) | | (01 | ffice) |
| | | | | | Vehicle | S32409A | TP | hicle SMF |
| Email Address | | | | | Number | | | imber ime of |
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Claim Handling(accident reporting Claim Task)

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