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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.

By the lodgement of this report to the insurers, year aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
一般共和国企业的企业	ACCIDENT STATEMENT
Date Of Report	14/02/2020 17:01
Date Of Accident	07/07/2019 22:00
Exact Location Of Accident	MOUNTBATTEN RD / EAST COAST ROAD JUNCTION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GT9245M
Insured/Policyholder	
Name Of Registered Owner	RENOPLAN MAINTENANCE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	Toronto (New)
Alternative Phone No	OFFICE-98941723
	THE SECTION

Vehicle	Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken REPORTING ONLY Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD Type Of Coverage

THIRD PARTY Fleet Policy NO

Policy Number MT106036

Cover Note Number

Driver

Name of Driver LIM SU NAI NRIC No SXXXX823G Date Of Birth 03/11/1950 Occupation OUTDOOR Date Of Driving Pass 12/01/2004

Driving Experience 15 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98941723

Fax Number Contact Number

EMail Address NOEMAIL Address

BLK 8 NORTH BRIDGE ROAD #05-4112

Postcode

190008

Was driver an employee of the Insured's Company YES

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

Type Of Accident

NO COLLISION

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?

NO

Was any injured conveyed to hospital by

NO

ambulance?

NU

Was any other material or property damaged?

NO

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

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

SKL2813P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>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.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature

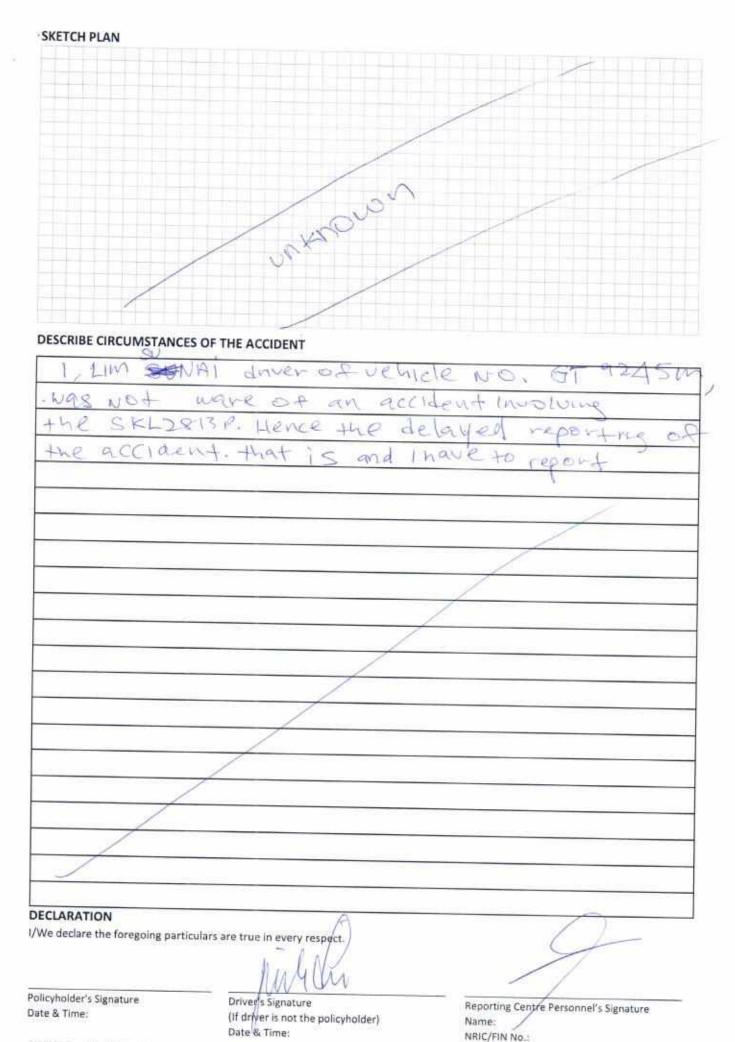
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



GULLINIC STUDENTUNE VS.

ACCIDENT DATE OF THE INSURED'S COMPANY? ACCIDENT DATE OF DRIVER LOCATION: MOUNT between RD REST COAST ROAD JUMBER: OF CONTINUE TO 3 d IF DRIVER ALSO POUCY HOLDER CIPOLICY HOLDER A) NAME OF BIRTH: O) OCCUPATION: INDOOR OUTDOOR CIPOLOGY INDOOR CIPOLOGY TYPE: COMPREHENSIVE / THIRD PARTY FIRE ATHEFTI A) MAKE & MODE: O) MA	*	. AGCIDEN	T STATEMENT
DETAILS OF VEHICLE GT a) VEHICLE HUMBER: GB 9245 M b) INSURANCE COMPANY: C POLICY NUMBER: WT 106036 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE ATHEFT) e) MAKE & MODEL: I) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE, / OTHERS) e) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: POLICY HOLDER A) NAME: POLICY HOLDER C) ADDRESS: BY SHOW ALSO POLICY HOLDER C) ADDRESS: BY SHOW ALSO POLICY HOLDER C) MAME: W W W W W O) DRIVER C) MAME: W W W W W O) DRIVER C) DRIVER OF BIRTH: (ĄCC	DENT DATE! 7 7 2019	Din
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2. INSURED / POLICY HOLDER A) NAME: PENDAM MAINTENANCE CONTACT, ALEX FEMALES DINRIC/FIN/PASSPORT: C) ADDRESS: BY S HOLD FOR CONTACT: YEAR ALEX CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER (Induding dinver) DINRIC/FIN/PASSPORT: DINRIC/F	9	IF NO. PLEASE STATE (THIS DE TE	OWN HISURANCE (YES/NO)
DINRIG/FIN/PASSPORTI C) ADDRESS: BLES HOLL PART 92 CONTACT: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CINCLODING SINVER C) HAME: LIM AL MALE FEMALE 23 NITACT: GONTACT:	2.,	INSURED / POLICY HOLDER	COMM / REPORTING PHLY
CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER CINCLOSIS BY SHORT OF THE INSURED'S COMPANY? (VESTINO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIVERS OF DRIVER OF THE DRIVER WITH INSURED: DIVERS OF THE DRIVERS DIVERS OF THE DRIVERS DIVERS OF THE DRIVERS DIVERS OF THE DRIVERS DIVERS OF THE DRIVERS OF THE DRIVERS DIVERS OF THE DRIVERS OF THE DRIVERS DIVERS OF THE DRIVERS OF THE DRIVER		A NAME COUPICITY MAKE	terance + contack
CONTINUE TO 3. d IP DRIVER ALSO POUCY HOLDER (Iniducting diviver.) DINRIC/PIN/PASSPORT JOJJE CONTACT: GRANGE 23 CI) DATE OF BIRTH: ((DO)/MM/YYYY) B) OCCUPATION: (INDOOR OUTDOOR) I) DATE OF DRIVING PACE 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) D) ROAD SURFACE: (DRY / WET / OTHERS) 6. WAS ANYDODY INJURED (YES)		DINRIC/FIN/PASSPORTI	CONTRACTOR OF THE PROPERTY OF
CONTINUE TO SIDE BRIVER ALSO POLICY HOLDER (Inducting deliver) CI) DATE OF BIRTH: (CONTINUE OF THE INSURED'S COMPANY? (YES! NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: (A) WAS ANYDODY HURED (YES! NO) (B) ROAD SURFACE: (ORY / WET / OTHERS) (C) WAS ANYDODY HURED (YES! NO)	/(*		
(1) DATE OF BIRTH: ((DD/MM/YYYY) D) OCCUPATION: (INDOOR OUTDOOR) 1) DATE OF BRITH: ((DD/MM/YYYY) D) OCCUPATION: (INDOOR OUTDOOR) 1) DATE OF BRITH: ((DD/MM/YYYY) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D) WEATHER CONDITION: (CLEAR / RAINING / OTHERS D) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYDOOY INJURED (YES / AD)		· CONTINUE TO	210092
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7. O) REPORTED TO POUGE (YES / ROLL	6	A TO A SAME VOR IDEA A MEL YOUR	HERS
	7.	9) REPORTED TO POLICE IVES / KAI	
IF YES, PLEASE STATE WHICH POLICE STATIONS		IF YES, PLEASE STATE WHICH POLICE	ESTATION
	The of presentation		
The of Phistimber Of VEHICLE NUMBER: SVL 2813 P MODEL	Charles of Lacastanians	O) VEHICLE NUMBER: SLL 2	812 V MODELL
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(,) PARIC/FIN/PASSPORTICONTACTI	() 9	ETELLIS AND TOTAL STATE AND THE PARTY OF THE PER YEAR OF THE YEAR OF THE PER Y	
	the of passenger	d) VEHICLE NUMBER	274-1
Industrial delivery & DRIVER'S NAME:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

email =

tolota son

CONTACTIL

Shipper ALLOY AUTOMOBILE SPARES & TRADING BLK 5032 ANG MO KIO INDUSTRIAL PARK 2 #01-299/301 SINGAPORE 569535

TEL: 64812023 FAX: 64811633

Consignee or order

46



Hermes Logistics Pte Ltd

Ocean Bill of Lading

		7.5		
0.1	-11	Sec.	n-	rtv
-00	oи	aw:	r-a	LLV.

SAME AS CONSIGNEE

Ocean Vessel Voy No. EVER DYNAMIC V.131W

Port of Loading SINGAPORE

Place of Delivery

RECEIVED in apparent good order and condition except as otherwise noted the total number of Containers of Packages or units enumerated below for transportation from the place of receipt to the place of delivery subject to the terms detailed on the reserve side of this Bill of Lading. One of the signed original bills of Lading must be surrendered duly endorsed in exchange for the goods of Delivery Order. On presentation of this document (stay endorsed) to the Cernier by or on behalf of the Holder the rights and liabilities edising in accordance with the terms hereof shall (without prejudice to any rule of common law or statute rendering them binding on the Marchant) become binding in all respects between the Carrier and the Holder as though the contract evidenced haraby had been made between them.

IN WITHESS whereof the number of original Bills of Luding stated below have been signed, one of which being accomplised, the other(s) if any, to be void. If required by the Camer one (1) Original Bill of Lading surrendered duly endorsed in exchange for Goods or Delivery Order.

NUBLECT FURTHER TO THE CONDITIONS OF THE VESSEL'S BILL OF LADING COVERING THIS SHIPMENT

Port of Discharge DURBAN

DURBAN CY

Final Destination (for the Merchant's reference) DURBAN, SOUTH AFRICA

PARTICULAR FURNISHED BY SHIPPER

Container No. / Seal No. Marks and Nos

No. of Pkgs or Containers

UNITS

Description of Packages and Goods

USED SPARE PARTS

NO REG NO

GV3406U

GT9245M SGK8929C

GT335X SJX2854U

GR6681S

CHASSIS NO SGA1613L KMHJN81BR6U287474 JN1MC4E24Z060613

KMFGD27BPYU472083 LVVDB11B48D194656 LH1620013005

JMYSTCS3A7U000511 RZH1030028489

Gross Weight (KGS)

Measurement

3,500.00

G4GC5396074 TD27679543 D4BBY954095 SQR481FFF8F00639

ENGINE NO

5L5011539 4G18HL4049 2RZ2289986

OOLU6777187/12545875



Certified True Copy

TOH YOON TECK 5 1426498 A HP: 9631 9271

or Packages (In Words)

ONE FORTY FOOTER CONTAINER(S) ONLY

Freight and Charges FREIGHT PREPAID Revenue Tons

Rate

Par

Prepald

Collect

For delivery of goods please apply to:

Payable at

Place and date of Issue

SINGAPORE

Prepaid at

SINGAPORE

No of Original B/L

Laden On Board the vessel

16/Aug/2019

As Agent for Carrier Hermes

16/Aug/2019

agistics Pte Ltd

CARGO CLEARANCE PERMIT (CONTINUATION PAGE)

PG 1 2 OF 2

PERMIT NO : OD9H546267V

CONSIGNMENT DETAILS

HS CODE CURRENT LOT NO PREVIOUS LOT NO CTY OF ORIGIN BRAND NAME MODEL

IN HAWB/HUCR/HBL

MARKING CTY OF ORIGIN BRAND NAME

OUT HAWB/HUCR/HBL HS QUANTITY & UNIT

PACKING/GOODS DESCRIPTION

CIF/FOB VALUE (S\$)

01 87032361 JP UNBRANDED

OE1908119-00-DURB

USED SPARE PARTS

7.0000 NMB 2450.00

NO REG NO CHASSIS NO ENGINE NO 1 SGA1613L KMHJN81BR6U287474 G4GC5396074

2 GV3406U JN1MC4E24Z060613 TD27679543 3 GT335X KMFGD27BPYU472083 D4BBY954095

4 SJX2854U LVVDB11B48D194656 SQR481FFF8F00639

5 GT9245M LH1620013005 6 SGK8929C JMYSTCS3A7U000511 4G18HL4049

5L5011539

7 GR6681S RZH1030028489 2RZ2289986

CONTAINER IDENTIFIERS

01) OOLU6777187 FCL 40 003 12545875

NO UNAUTHORISED ADDITION/AMENDMENT TO THIS PERMIT MAY BE MADE AFTER APPROVAL

NAME OF COMPANY: HERMES LOGISTICS PTE. LTD.

DECLARANT NAME : HENG WEE GEE

DECLARANT CODE : XXXX1024G

TEL NO : 62205201

CONTROLLING AGENCY/CUSTOMS CONDITIONS

196 - APPLICATION IS APPROVED ON THE CONDITION THAT THE DECLARANT/ EXPORTER HAS SATISFIED HIMSELF/EXERCISED DUE DILIGENCE TO DETERMINE THAT THE GOODS ARE NOT CONTROLLED UNDER THE STRATEGIC GOODS (CONTROL) ACT & A STRATEGIC GOODS PERMIT IS NOT REQUIRED.

FOR ALL ITEMS.

Z01 - APPROVED BY SINGAPORE CUSTOMS.

- PLS CHECK AGAIN THE DECLARED 1) HS CODES/DESCRIPTION, 2) ITEM QUANTITY OR VALUE, OR 3) ITEM VALUE WHICH EXCEEDED \$1 MILLION. IF WRONG, PLEASE AMEND OR CANCEL THIS UNUSED PERMIT WITHIN 48 HOURS. IN PARTICULAR, FOR UNUSED GST PAYMENT PERMITS, CANCELLATION OF PERMITS OR AMENDMENTS TO FIELDS AFFECTING GST SHOULD BE SUBMITTED WITHIN 23:59:59 HOURS OF THE DATE OF PERMIT APPROVAL. EEE - END OF CARGO CLEARANCE PERMIT.

> TOH YOON TECK S 1426498 A HP: 9631 9271

UNIQUE REF : 201209539G 20190816 0007



PERMIT NO : OD9H546267V

CARGO CLEARANCE PERMIT PG : 1 OF 2

MESSAGE TYPE : OUT (WITH OR WITHOUT CERTIFICATE OF ORIGIN) PERMIT

DECLARATION TYPE : DIRECT (INCLUDING STORAGE IN FTZ)

IMPORTER:

VALIDITY PERIOD

: 16/08/2019 -20/08/2019

EXPORTER: ALLOY AUTOMOBILE SPARES & TRADING

52989173E

HANDLING AGENT:

TOTAL GROSS WT/UNIT :	3.500/TNE
TOTAL OUTER PACK/UNIT:	1/UNT
TOT EXCISE DUT PAYABLE : SS	0.00
TOT CUSTOMS DUT PAYABLE: S\$	0.00
TOT OTHER TAX PAYABLE : S\$	0.00
TOTAL GST AMT : S\$	0.00
TOTAL AMOUNT PAYABLE : S\$	0.00

CARGO PACKING TYPE: CONTAINERIZED

IN TRANSPORT IDENTIFIER:

PORT OF LOADING/NEXT PORT OF CALL:

PORT OF DISCHARGE/FINAL PORT OF CALL:

DURBAN

COUNTRY OF FINAL DESTINATION:

SOUTH AFRICA

INWARD CARRIER AGENT:

CONVEYANCE REFERENCE NO: OBL/MAWB NO:

ARRIVAL DATE

OUTWARD CARRIER AGENT: COSCO SHIPPING LINES (SINGAPORE)

PTE. LTD.

OU TRANSPORT IDENTIFIER: EVER DYNAMIC

CONVEYANCE REFERENCE NO: 131W

OBL/MAWB/UCR NO: CCSU6165089120

DEPARTURE DATE

: 16/08/2019

CERTIFICATE NO:

PLACE OF RELEASE:

OTHERS

0

LICENCE NO:

PLACE OF RECEIPT:

KEPPEL FTZ

KZ

CUSTOMS PROCEDURE CODE (CPC):



Tokio Marine Insurance Singapore Ltd.

ii. ompany Reg. No. 192300014Mat6ST Reg.No. M2-0000024-40

20 McCallum Street #09-01 Tokio Manne Centre Singapore 069046

F (65) 6221-6111 ± (65) 6221-4355 / (65) 6224-0895 ± timis# tokiomarine.com.sg. W. www.tokiomarine.com

a method of the the ri Marrier Group.



Certificate of Insurance

FORM MZ300

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)

Policy No.: MT106036 (Commercial Vehicle)

1. Index Mark and Registration Number of Vehicle

GT9245M

Chassis No.: LH1620013005

2. Name of Policyholder

RENOPLAN MAINTENANCE & CONTRACTS

Effective date of the Commencement of Insurance for the purposes of the Act

15/08/2018 (16:07:04)

4. Date of Explry of Insurance

14/08/2019

Persons or Class of Persons entitled to drive"

Any person who is driving on the policyholder's order or with their 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 Count of Law or by reason of any ensorment or regulation in that benefit from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act and its registration.

6. Limitations as to use*

Use in connection with the policyholder's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
 Use for social domestic and pleasure purposes.

The policy does not cover:

Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inaperative by Section 8 of the Motor Vehicles (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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles. (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its ourrency, if the insurance is canceled for whatsoever reason, you must return the Certificate to Tokio. Manne insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation

ADDITIONAL INFORMATION

Insurance Plan:

Third Party Only

Financial Interest

NIL

Account No: 2364DDA

TOKIO MARINE INSURANCE SINGAPORE LTD

Authorised Signature