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.

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 5. Any false reporting may be referred to the Police for investigation.
 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 25/02/2021 14:13 (SGT) Date of Accident 24/02/2021 10:25 (SGT) Exact Location of Accident Pioneer Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG58757

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AQUA INTERNATIONAL PTE LTD Company Reg No 1XXXXX262W **Email Address** SALES@AQUA.SG Mobile Phone No (Phone) +65-62991988 Alternative Phone No (Office) +65-62991988

VEHICLE PARTICULARS

Manufacturer Nissan Model Cabstar Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00079592000 Cover Note Number

DRIVER

Name of Driver ONG HOCK CHUN NRIC No SXXXX056G Date Of Birth 11/01/1964 Occupation Outdoor

Date Of Driving Pass 11/11/1988 Driving experience 32 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-92265151 Alt. Phone Number Email Address SALES@AQUA.SG Address 642 ROWELL ROAD #02-115 Address complement Postcode 200642 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? No 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? Nο Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	XE595P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 6. 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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

AQUA INTERNATIONAL PTE LTDAQUA INTERNATIONAL PTE LTD

BLOCK 642 ROWELL ROAD #02-115 SINGAPORE 200642 BLOCK 642 ROWELL ROAD #02-115 SINGAPORE 200642

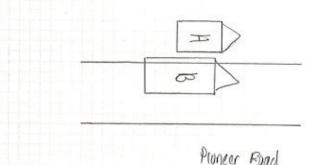
TEL: (65) 6299 1988 FAX: (65) 6299 1957 EMAIL: SALES@AQUA.SG WWW.AQUA.SG CFEL; (65) 6299 1988 FAX: (65) 6299 1957 EMAIL: SALES@AQUA.SG WWW.AQUA.SG

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle B: XE595P (TRD 20818)

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AD - CALCON 1988	JA.SG WWW.AQUA.SG	TEL: (65) 6299 19	988 FAX: (65)	6299 1957	CO *
AIL: SALES@AUL					
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Witnessed by Reporting Centre Personnel









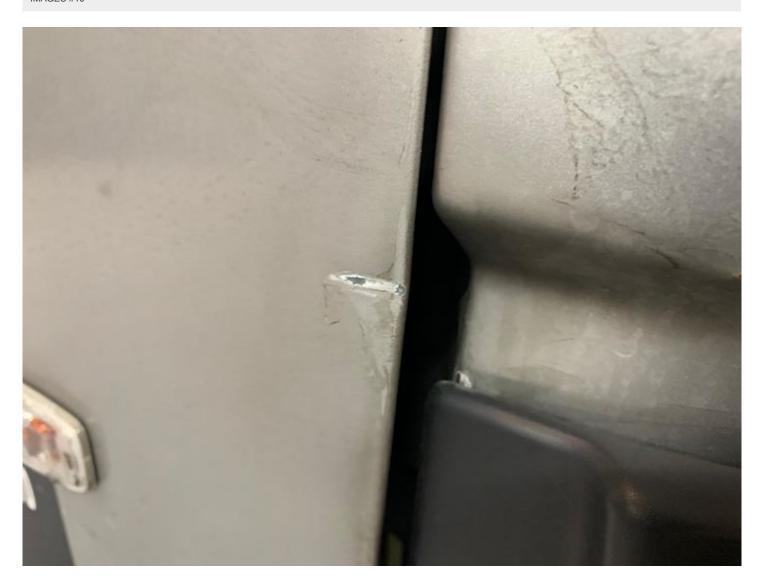


















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore-048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$665500206 / GST Reg. No.: M-00017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : SGUF 212 POON ______Vehicle Registration No: 666 5875 Z Name(as shownin NRIC): One Hock Onun ____NRIC/FIN/Passport No:__ (*Vehicle Driver / Vehicle Owner) (*) Please celete as appropriate 642 Rowell Road #02-115 Address __Singapore(200642) ____Mobile No.: 92265151 Contact (Tel) Email Address _Time of Accident : _____10:25 hrs Date of Accident Pioneer Road Place of Accident : Inswana Insurance Company: __ (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentionec accident and would like to include additional information or make the following amendments: instead of clam AQUA INTERNATIONAL PTE LTD BLOCK 642 ROWELL ROAD #02-115 SINGAPORE 200642 TEL: (65) 6299 1988 FAX: (65) 6299 1957 EMAIL: SALES@AQUA.SG WWW.AQUA.SG Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: 24-03.2021 Name: Catheline Chang NRIC/FINNO .: (14506)W

Date: 36-00.2021