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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
- 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 aforesaid.

ACCIDENT STATEMENT

Date of Submission 23/08/2021 15:19 (SGT) Date of Accident 20/08/2021 08:20 (SGT) Exact Location of Accident Airport Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD9869G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SAFETECH DEVICES PTE. LTD. Company Reg No 2XXXXX277H Email Address jenny@safetech.com.sg Mobile Phone No (Phone) +65-90225247 Alternative Phone No. (Office) +65-67455455

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv350 Variant Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual CC 2488

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number D21MCV0005034 Cover Note Number

DRIVER

Name of Driver CHUAH KY JOON Passport No/FIN GXXXX915U

Date Of Birth	09/02/1992
Occupation	Outdoor
Date Of Driving Pass	05/05/2018
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90225247
Alt. Phone Number	÷
Email Address	andrewchuah92@gmail.com
Address	BLK 667 HOUGANG AVENUE 4 #06-331
Address complement	
Postcode	530667
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	
Indiana Commission of Color William Commission of Color William Color	
Insurance Company of Other Vehicle Owned by Driver	*
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet
	7700
OTHER INFORMATION	
Was services and bid in the state of	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident	No
	2
	No
Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?	•
Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	2
soliciting/offering accident claims assistance?	No
	NO
PASSENGER 1	
Name	LEE SHEAU MIN
Gender	Female
	i enidie
DETAILS OF POLICE ACTION	
DETAILS OF FOLICE ACTION	
Weether estimate the transfer of	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are assident photos quallable for extractive and	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
was there any addio recorded?	No
Control of the contro	
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	GBF8436T
Vehicle Manufacturer	E
Vehicle Model	÷
Vehicle Variant	•
Vehicle Colour	÷
Vehicle Category	Commercial vehicle

Name of Driver	VIE AINAINI
Passport No/FIN	XIE AIMIN
Contract N	GXXXX730X
	(Phone) +65-83685263
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

- Pease report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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 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. 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.
- 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.
- 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 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
- (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 GA 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.



Policyholder's Signature / Date & Time

20/8/2021 ·

Driver's Signature (# driver is not the policyholder) / Date

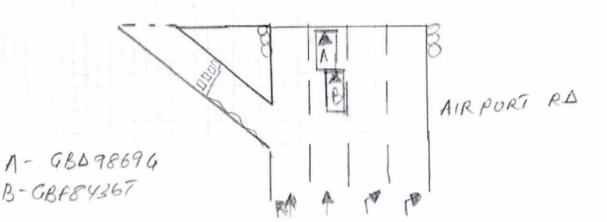
Wanessed by Reporting Centre

Personnel

Sketch Plan

KPE

MACAHERGOH



Describe Circumstan	nces of the Accident				
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ard lane e	of A4-lanes,	road. Wh	en apprage	ching	the haff
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 10 1081 21 1(DD/MM/YYYY), TIME: (08: 20)(HH:MM)
LOCATION: AIRPORT RD	
1 DETAILS OF VEHICLE	
a) VEHICLE NUMBER: GBD 98699	
DINSURANCE COMPANY: /NOIA	
CIPOLICY NUMBER:	2000
DIPOLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIR	D B A DTV GIDE & THEETI
a)POLICY TYPE: LOMPREFIENSIVE / TRIKLI PARTY / THIR	Con Charles alleri
eJMAKE & MODEL: NISSAN NU350	The last to the best
I)TYPE: (SALOON / COUPE / MPV / LORRY / MOTO	
g) VEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MO	
h)PURPOSE OF USING AT ACCIDENT TIME:	- Control of the Cont
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE	
IF NO, PLEASE STATE (THIRD PARTY CLAIMY, REPORTING	G ONLY)
2. INSURED / POLICY HOLDER	
AINAME: SAFETECH DECICES PIE	(MALE / FEMALE)
DINRIC/FIN/PASSPORT: 200405277 CON	TACT: 6/43 3 433
c) ADDRESS:	
<u></u>	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
(Including driver) DRIVER (Including driver) DINRIC/FIN/PASSPORT: G2/69915U CON	
(Including driver) DINAME: CHUAH RY JOOM CON	(MALE) FEMALE)
	TACT: 9622324
EE SHEAU MIN * CUDATE OF BIRTH: (09 / 02 / 1992 LIDDIMM/YYY	
, CIDITE OF BIGHT.	
(P) e/OCCUPATION: (INDOOR / OUTDOOR) 1) YEARS OF DRIVING EXPRERIENCE: 05/05/	1100
1) YEARS OF DRIVING EXPRERIENCE:	ALL AND OVER AND
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S CO	IMPANY/ (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSUIT	
5. GIWEATHER CONDITION: (CLEAR RAINING / OTHERS_	/
b)ROAD SURFACE: (DRYV WEL) OTHERS	
6. WAS ANYBODY INJURED (YES (NO)	
7. a) REPORTED TO POLICE (YES (NO))	
IF YES, PLEASE STATE WHICH POLICE STATION:	
# Me of passager a) VEHICLE NUMBER: 98/84367 MOD	
The of passager a) VEHICLE NUMBER: 4078 4367 MOD	EL:
Linduding driver) b) DRIVER'S NAME: X/E AIMIN C) NRIC/FIN/PASSPORT: G8265 730x CON	TACT: 83685363
9. THIRD PARTY VEHICLE	
	EI ·
of the all nucleanage	CL
(Industing deliver) fl NRIC/FIN/PASSPORT:CON	ITACT:
(_) , enry @safete	ch. com. 59
Jenig Esige	
fax = Camoton @ 9	92 Q guartice.
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Calmotor a	mail com
10X =	
VIDEO = NO	8



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711

COVER: Comprehensive

Office (65) 63476100 Email insure@tii.com.sg Fax (65) 62244174 Website www.ii.com.sg

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D21MCV0005034

GBD9869G

1. Index Mark and Registration Number of Vehicle Chassis No.

JN1MC2E26Z0004798

2. Name of Policyholder

: SAFETECH DEVICES PTE. LTD.

3 Effective date of Insurance

08 Aug 2021

4. Expiry date of Insurance

: 07 Aug 2022

5. Persons or Classes 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 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 in connection with the Policyholder's business.

b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

c) Use for social, domestic and pleasure purposes.

The Policy does not cover

a) Use for hire or reward.

b) Use for racing, pace-making, reliability trial or speed-testing.

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

*Limitations rendered inoperative 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.

Excess Sect 1

: SGD600.00

Windscreen Excess : SGD100.00

Hire Purchase Company : N.A.

FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE. ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.

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).

Agent Broker

: A000077/HM PTE LTD

Date of Issue

: 13/07/2021 16:23:19

M.Z. 300C - GOODS CARRYING(ORGANIZATION)

For India International Insurance Pte Ltd

Authorised Signatory