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G SINGAPORE ACCIDENT STATEMENT

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
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

Beautiful and the same

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 aforesaid.

ACCIDENT STATEMENT

Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

02/09/2021 11:55 (SGT) West Coast Rd, Singapore SLIP ROAD TOWARDS CLEMENTI AVENUE 2

Singapore

03/09/2021 17:11 (SGT)

DETAILS OF OWN VEHICLE

Yes

Vehicle Registration Number

GBJ2257L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address**

HA LI FA PTE LTD 1XXXXX541G sales@halifa-bobo.com Mobile Phone No (Phone) +65-96923933 Alternative Phone No (Office) +65-64326009

VEHICLE PARTICULARS

Manufacturer Model

Variant Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission CC

Employment

Suzuki

Every

No - Claiming third party Commercial vehicle

Auto 658

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

Policy Number Cover Note Number MSIG Insurance (Singapore) Pte. Ltd.

Comprehensive

P 904889611 MKC

DRIVER

Name of Driver NRIC No

LOW CHIN CHYE SXXXX649B



Accident report SN0821930006

Page 1 of 11

Date Of Birth	02/10/1968
Occupation	Outdoor
Date Of Driving Pass	02/01/1992
Driving experience	29 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	(Phone) +65-96923933
Email Address	sales@halifa-bobo.com
Address	BLK 161 MEILING STREET #06-325
Address complement	■ 11 00000 AM X
Postcode	140161
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	
EADERAND ROLL STANDARD STANDAR	*
Insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
PART AND	
Type of Accident	Callisian Lland to Door
	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	
	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Production of the state of the	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	NO
ii yes, against wiloili!	•
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	THE TOP OF THE PERSON OF THE P
	No
Was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SGV1817E
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
	- Private ear
Vehicle Category	Private car
Name of Driver	•
Contact Number	€
Address	*
Address complement	

Postcode	**********************	_
Insurance Company Name		-
Nature Of Damage		-
Details of property damaged	I in accident	
No. Of Passenger (Including		

INJURED PERSONS DETAILS

INJURED 1

INJUNED	
Name of injured person	LOW CHIN CHYE
Gender	Male
Phone No	(Phone) +65-96923933
Address	=
Address Complement	-
Post Code	5 1.
Approximate Age Years Old	2 5
Injuries Sustained	PLEASE REFER TO SKETCH PLAN
Injured person in which vehicle?	GBJ2257L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly 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 GW 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)

Lunderstand, 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/authorky (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.

7 Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Policyholder's Signature / Date & Personnel & Time Time West 10 rond Sketch Plan

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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Date of Accident	: 2 9 2 Accident Time: 1 \$ 5 HK. (24-HR-Format)
Accident Place	: West court had stop for to Commit in 12.
Vehicle, No. (Car Plate No.)	: GBJ2257L Make/Model: SUZUKI EVERY
Insurace Company	:M516Policy No:90489611 MKC
Owner or Company Name /IC No.	: HALIFA PIELTO (1993065416)
Owner or Company Contact No.	: 64326009 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: LOW CHIN CHYE 56839649B
DRIVER'S Date Of Birth	: 02/10/1968 DRIVER'S License Pass Date 02/01/1992
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employed Others:
DRIVER'S Address	: BLK 161 MEILING STREET #06-325 5140161
DRIVER'S Contact No./ Alt No.	:1) 96923933 2)
DRIVER'S Occupation	: INDOOR \ (UTDOOR (e.g. working inside or outside office)
Email Address	: SALES@HALIFA-BOBO.com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river):O
Was there any video Captured by ca Exact purpose for which vehicle wa Anylinjury (If YES, Pls state): YES	s being used at the time of accident; Private use (Work purpose)
Other 1	Party Driver's Particular (if any)
Vehicle. No: 39v 1817	Vehicle, No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co.Reg No. 200412212G GST Reg. No. 20-0412212G
A Member of MS&AD INSURANCE GROUP

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

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

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)

(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

COMMERCIAL VEHICLE Comprehensive

Certificate No.

P 90489611 MKC

Excess: SGD1,500

Windscreen Excess: SGD100

Index Mark and Registration Number of Vehicle
 CRIANTAL

Name of Policyholder

Ha Li Fa Pte Ltd

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 18/02/2021
- Date of Expiry of Insurance 17/02/2022
- Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

- *Provided that the person driving is permitted in accordance with the licensing or other laws or 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.
- 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 Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover

- (1) 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 inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

Craig Ellis
Chief Executive Officer

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	541G
Vehicle No.:	GBJ2257L
Vehicle to be Exported:	No
ntended Deregistration Date:	09 Oct 2021
Vehicle Make:	SUZUKI
/ehicle Model:	EVERY JOIN TURBO 660 AUTO
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	R06A2435948
Chassis No.:	DA17V831961
laximum Power Output:	-
)pen Market Value:	\$14,832.00
Original Registration Date:	18 Feb 2019
irst Registration Date:	18 Feb 2019
ransfer Count:	0
Actual ARF Paid: ntended PARF Rebate Details	\$742.00
ARF Eligibility:	No
ARF Eligibility Expiry Date:	F
ARF Rebate Amount: ntended COE Rebate Details	\$0.00
OE Expiry Date:	17 Feb 2029
OE Category:	C - Goods Vehicle & Bus
OE Period(Years):	10
QP Paid:	\$13,136.00
OE Rebate Amount:	\$9,664.00
otal Rebate Amount:	\$9,664.00

The information contained herein is correct as at 03 Sep 2021