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 14/09/2021 10:50 (SGT) Date of Accident 13/09/2021 11:40 (SGT) Exact Location of Accident Near 3 Science Park Dr, Singapore 118223 Additional Location Information SCIENCE PARK DR TOWARDS NORMANTON PARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB5958U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner JAFFAJUICE SINGAPORE PTE LTD Company Reg No 198305074D **Email Address** GENERAL@JAFFAJUICE.NET Mobile Phone No (Phone) +65-67789977 Alternative Phone No (Office) +65-67789977

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna 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 - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number Z21VC05007754 Cover Note Number

DRIVER

Name of Driver KOH BAI YAU NRIC No. S7200621F

Date Of Birth 03/09/1972 Occupation Outdoor Date Of Driving Pass 04/12/1995 Driving experience 25 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-92478210 Alt. Phone Number Email Address DEREK.KOH@JAFFAJUICE.NET Address BLK 663B JURONG WEST ST 65 Address complement #13-263 Postcode 642663 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 **DRIZZLING** Road Surface Wet 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 vehicle 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE SKETCH PLAN FOR ACCIDENT DETAILS. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHD3181A Vehicle Manufacturer

Verificie Model	-	
Vehicle Variant	-	
Vehicle Colour	-	
Vehicle Category	Taxi	
Name of Driver	-	
Contact Number	_	

Address complement

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

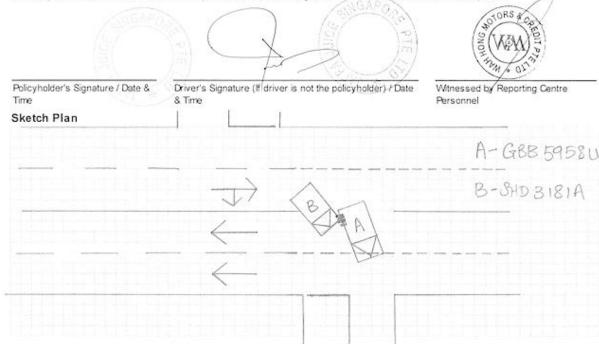
SKETCH PLAN

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.
- 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>.
- 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 GA 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)

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 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.



Describe Circumstances of the Accident
1/10 10 10 11 11 11 11 11 11 11 11 11 11 1
ON GSEPT 2021 AT 11-40 ATT, I WAS TURNING KIGHT TO
16 SCIENCE PARK BRIVE TOWARDS NORMANTON PARK.
I WAS HAIF WAY INTO THE WERN WHEN I SAW A
PEDESTRIAN CROSSING MINOR ROAD PATH. 1 STOPPED
ON BSEPT 2021 AT 11.40 AM, I WAS TURNING RIGHT TO 16 SCIENCE PARK BRIVE TOWARDS NOKMANTON PARK. I WAS HAIF WAY INTO THE TURN WHEN I SAW A PEDESTRIAN CROSSING MINIOR ROAD PATH. I STOPPED MY VEHICLE FOR THE PEDESTRIAN TO CROSS.
I HEARD A VEHICLE HONKING, AFTER THE P BUT
I DID NOT NOTICE ANYTHING AMISS. I PROCEEDED TO ENTER THE MINOR ROAD TO THE SECURITY BOOTH.
ENTER THE MINUR RUBY TO THE SECURITY BOOTH.
I NOTICED DRIVER OF VEHICLE B STOPPED HIS
CAR BEHIND AND ALIGHTED TO APPROACH ME TO INFOR
CAR BEHIND AND ALIGHTED TO APPROACH ME TO INTOK

Declaration

IWe declare the foregoing particulars are true in every respect.

Policy obliger's Signature volate & Time

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

Witnessed by Reporting Centre Personnel











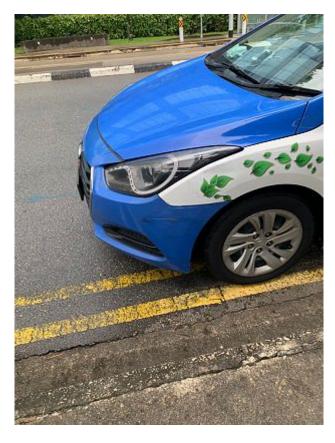






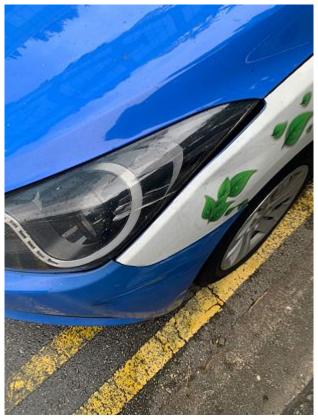














MZ300

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1987 (MALAYSIA). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA). THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z21VC05007754 Type of Cover: THIRD PARTY FIRE & THEFT

1. Index Mark and Vehicle Registration Number TOYOTA DYNA 150 MANUAL 3SEATER

- GBB5958U

2. Name of Policy Holder JAFFAJUICE SINGAPORE PTF. LTD

3. Effective Date of the Commencement of Insurance 18/06/2021

for the purpose of the Act

4. Date of Expiry of the Insurance

17/06/2022

S. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/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

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:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIALOR SPEED TESTING.

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner: GOLDBELL FINANCIAL SERVICES PTE LTD

CHIEF EXECUTIVE (Singapore Branch)

User ID: ELAINELEE Date Issued: 17/06/2021

Certificate of Insurance - Page 1 of 1