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.

- 4. The issue and acceptance of this is form by instrained 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 12/11/2021 18:21 (SGT) Date of Accident 11/11/2021 13:40 (SGT) Exact Location of Accident Upper Thomson Rd, Singapore Additional Location Information Towards SLE (Lentor Ave) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFG9981B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CHONG WAI MENG (ZHONG WEIMING) NRIC No SXXXX348J Email Address ANDY@BESTFORMDESIGN.COM.SG Mobile Phone No (Phone) +65-98522545 Alternative Phone No (Office) +65-98522545

VEHICLE PARTICULARS

Manufacturer Lexus Model Rx270 Variant SUV Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission Auto CC 2672

INSURANCE COMPANY

Name of Insurance Company **ECICS Limited** Type of Coverage Comprehensive Fleet Policy Policy Number MPC20P00200400 Cover Note Number

DRIVER

Name of Driver CHONG WAI MENG (ZHONG WEIMING) NRIC No SXXXX348J

Date Of Birth 01/10/1972 Occupation Indoor Date Of Driving Pass 05/07/1993 Driving experience 28 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-98522545 Alt. Phone Number (Office) +65-98522545 Email Address ANDY@BESTFORMDESIGN.COM.SG Address BLK 238 LORONG 1 TOA PAYOH #18-08 Address complement Postcode 310238 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 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 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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

While driving along Upper Thomson Road towards SLE (Lentor Ave) slip road, vehicle B (SKV6686K) e brake, I follow him behind cannot stop in time, thus, knock into his car back portion.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKV6686K Vehicle Manufacturer Porsche Vehicle Model Panamera Vehicle Variant Vehicle Colour Gray Vehicle Category Private car Name of Driver TAN KIM SIONG NRIC No SXXXX655C Contact Number (Phone) +65-92386686

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR PORTION
Details of property damaged in accident	SKV6686K
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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 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")

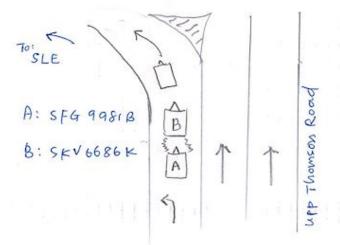
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

TA

Policyholder's Signature / Date & Time / 2 | 11 | 2 |

Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan



WHITE	armin	galong	upp	er	Thom	Son	ROO	d +	owowo	xc 5	LE (I	ente
slip	Road	vehicle	B (SKV	6686	K)	2 6	rake	I 4	ollow	him	beh
canh	ot stop	j along Vehicle in time	thus	ku	nock	into	his	car	back	port	m -	
				-								
V												
			=				_					
			-									
										±1.77		
			5									
V35000										_		
									11-200			

Declaration

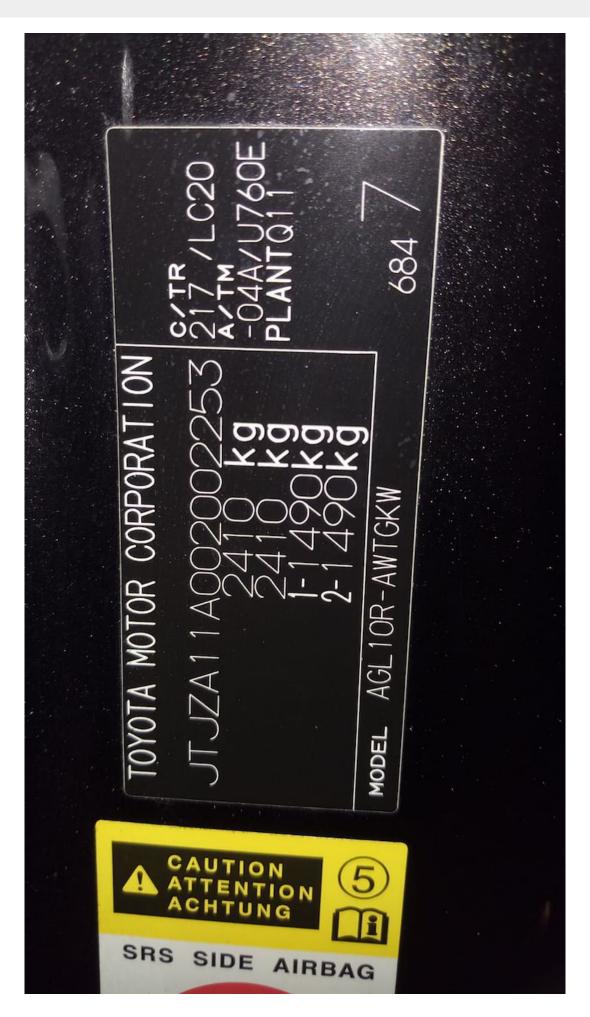
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 12 | 11 | 2 |

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

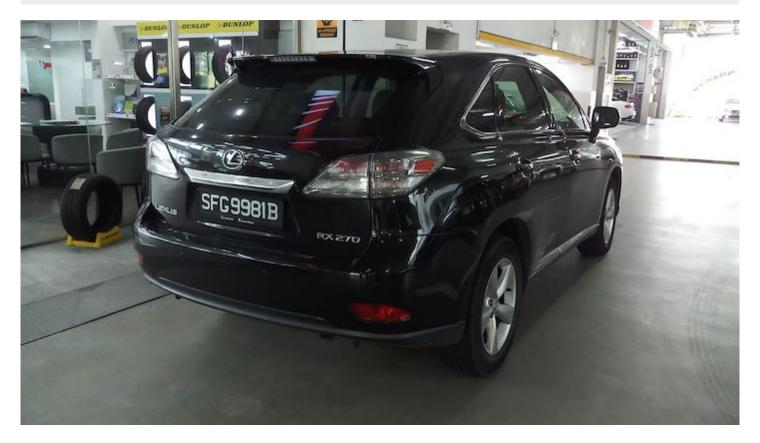
THE BELLES

Witnessed by Reporting Centre Personnel

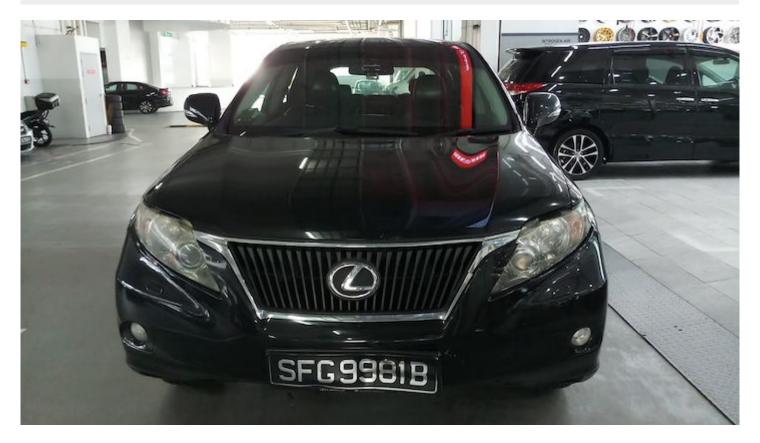


















CERTIFICATE OF INSURANCE

WORKSHOPS

AUTHORISED

Motor Vehicles (Third-Party Risks 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)

COMPREHENSIVE ORIGINAL

CERTIFICATE NO: MPC20P00200400 Chassis No: JTJZA11A002002253 Agency Name: SGDRIVERS PTE LTD Engine No: 1AR0428671

Agency Code: A0000069

1. Index Mark and Registration Number of Vehicle: SFG9981B

2. Name of Policyholder: CHONG WAI MENG

Period of Insurance (both dates inclusive): 30 November 2021 to 17 December 2021

4. Persons or Classes of Persons entitled to drive

a) The Policyholder and all Named Drivers declared under the policy
 b) Any other person who is driving on the Policyholder's order or with his 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.

5. Limitations as to use

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for him or reward, tuition, driving test, race, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

6. EXCESS APPLICABLE

WINDSCREEN SECTION I - INSURED/NAMED DRIVER SGD 100.00 SGD 750.00

ADDITIONAL EXCESS:

SECTION I - UNNAMED DRIVERS SECTION I - AGE <25, AGE >65 OR DRIVING EXP <2 YEARS OLD SGD 500:00

7. Hire Purchase Company: HONG LEONG FINANCE LIMITED

Signed for and on behalf of ECICS Limited

AUTHORISED SIGNATORY

- i) Policyholders are hereby warned that it shall be unlawful for any person to use or eause or permit any other person to use a motor vehicle without a valid insurance under the Act.
- ii) On the sale of a motor vehicle, Policyholders must surrender all insurance papers issued including the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).
- iii) The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
 iv) The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.