SW0B21BT0001 / Woon Meng Motor Pte Ltd [659578] ENTRY DATE & TIME: 29/11/2021 16:42 (SGT) SUBMITTED BY: Heng Sew Sow VERSION: 1 (29/11/2021 16:42 (SGT))

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.

 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	29/11/2021 16:42 (SGT)
Date of Accident	24/11/2021 13:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Spring St
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK5918M	
INSURED/POLICYHOLDER		

Toyota

is company?	Yes
Name Of Registered Owner	Boba Planet Pte Ltd
Company Reg No	200812226W
Email Address	wilson.lch68@gmail.com
Mobile Phone No	(Phone) +65-91880349
Alternative Phone No	+65-91880349

VEHICLE PARTICULARS

Manufacturer

Model	Hiace
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?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MCV0001784
Cover Note Number	_

DRIVER

Name of Driver	Lee Chin Huat
NRIC No	S6825426D

Date Of Birth 12/07/1968 Occupation Outdoor Date Of Driving Pass 18/05/1999 Driving experience 22 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-91880349 Alt. Phone Number Email Address wilson.lch68@gmail.com Address Blk 296A Bukit Batok Street 22, #12-50 Address complement Postcode 651296 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 Collision - Head to Rear Weather Conditions Raining 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 As I was turning left, infront suddenly traffic light turned red. Vehicle infront all stopped, I also slowly stopped my vehicle, but the shoe on the foot used to step brake had slipped off, hence hitting into vehicle infront. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SKU2627M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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- 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.
- 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.

Policyholder - Bignetture / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Spring of \Rightarrow I TEX TEX A-68x59115M B-5KL2627M

Please note that you might be able to submit an Own Damáge claim under your own policy within 14 days.

() Claim Own Damage (OD) () Claim Third Party (TP) () Reporting Only () Claim OD/TP at other workshop

Describe Circumstances of the Accident
我要转左的时候年一出路3前面不远就红头
前方的车都停下来,我也慢慢的停下来,可是 踩到车气脚的鞋子滑掉了,就撞到前面的车
As I was turning left, infront suddenly traffic light turned red. Vehicle
infront all stopped, I also slowly stopped my chile, but the since on the foot
used to step brake had slipped off, hence hitting into vehicle introut.

Declaration

I/We declare the foregoing particulars are true in every respect.

g fras

nature / Date &

Ar. 29/11/21

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

Witnessed by Reporting Centre

Personnel

















INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 049711

Office (65) 63476160 Email insure@in.com.sg Fax (65) 62244174 Website www.ii.com.sg

COVER: Comprehensive

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.: D21MCV0001784

1. Index Mark and Registration Number of Vehicle : GBK5918M

Chassis No

: JTFHT02P509990442

2. Name of Policyholder

: BOBA PLANET PTE, LTD.

3 Effective date of Insurance

23 Mar 2021

4. Expiry date of Insurance

: 22 Mar 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 I

: SGD600.00

Windscreen Excess : SGD100.00

Hire Purchase Company : N.A

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 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 : A000021/Tan Shi Jack

Date of Issue

: 04/03/2021 15:09:26 M.Z. 300C - GOODS CARRYING(ORGANIZATION) For India International Insurance Pte Ltd

Authorised Signatory

keefeng/04/03/2021

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