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 17/12/2021 17:28 (SGT) Date of Accident 16/12/2021 18:10 (SGT) Exact Location of Accident BKE, Singapore Additional Location Information **BKE towards SLE** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH7835X

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Evergreen Landscape & Construction Pte Ltd Company Reg No 200414529M Email Address sales@evergreenlandscape.com.sq Mobile Phone No (Phone) +65-98202311 Alternative Phone No (Office) +65-6553611

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? Vehicle Category Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2070132421-01 Cover Note Number

DRIVER

Name of Driver Teng Siong Hwa NRIC No. S7535919E

Date Of Birth 30/11/1975 Occupation Outdoor Date Of Driving Pass 28/07/1993 Driving experience 28 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-98202311 Alt. Phone Number Email Address sales@evergreenlandscape.com.sg Address Blk 613 Woodlands Avenue 4 #06-483 Address complement Postcode 730613 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver SDF8081J Insurance Company of Other Vehicle Owned by Driver **EQ Insurance Company Ltd** 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? Nο 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. 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 SKU715E Vehicle Manufacturer Mazda Vehicle Model Cx-5 Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Vesonadan Vasu NRIC No S0589784Z Contact Number (Phone) +65-96156397

Address complement	-
Postcode	_
nsurance Company Name	_
lature Of Damage	_
Details of property damaged in accident	_
lo. 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.
- 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.
- 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 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's Signature / Date & 17 DEC 2021

& Time

Driver's agnature (If driver is not the policyholder) / Date 1 7 DEC 2021

Personnel

Witnessed by Reporting Centre Jenny Lim

Sketch Plan

UEHICLE Sku 715 F

JEHICLE GBH 783CX



SKU FICE, AS BOTH VEHICLE WITH TRAFFIC CONDITION WAS HEAVY AND THE DENTE ROAD CONDITION WAS DY NOBODY WAS INJURY AT
SKU FICE, AS BOTH VEHICLE WITH TRAVELLING FROM BIRE TOWARD BKIT TO SLE AT THAT TIME TRAFFIC CONDITION WAS HEAVY AND THE DELICLE ROAD CONDITION WAS DRY. NOBODY WAS INJURY AT THAT POINT OF TIME.
Exil To SLE AT THAT TIME TRAFFIC CONDITION WAS HEAVY AND THE DEMOLE ROAD CONDITION WAS DRY NOBODY WAS INJURY AT THAT POINT OF TIME.
THE DENTE ROAD CONDITION WAS DRY NOBODY WAS INJURY AT
THAT POINT OF TIME.
((P))
No. of the second secon
File File File File File File File File

Declaration

IWe declare the foregoing particulars are true in every respect.

Policy tolder's Signature / Date & Time 1.7 DEC 2

ure / Date & Driver's Strature (If driver is not the policyholder) / Date 17 DEC 2021

Witnessed by Reporting Centre Personnel

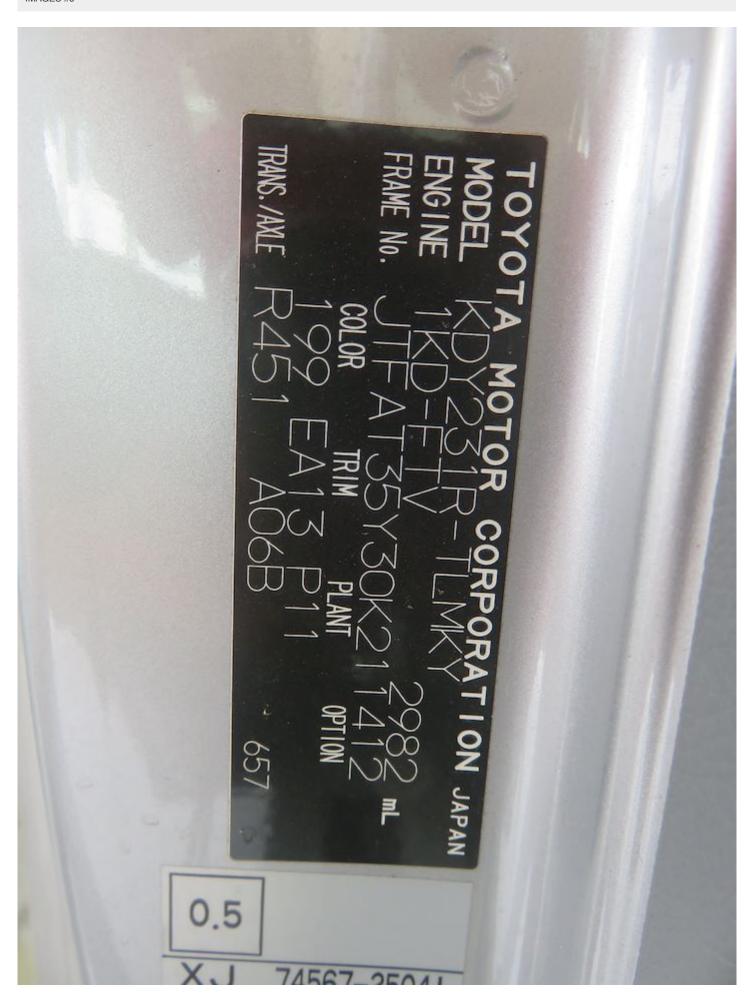
Jenny Lim













CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : EVERGREEN LANDSCAPE & CONSTRUCTION PTE. L1 Vehicle No.

: 26 Sep 2021 To 25 Sep 2022 Period of Insurance

Policy No. Endorsement No.

: GBH7835X : 2070132421-01

Engine No. : 1KD2820461 : JTFAT35Y30K211412 Chassis No.

Issued Date

: 06 Sep 2021

ABOUT THE COVER

: TOYOTA DYNA 150 1.7 ton [Lorry] Make/Model

: NA

Engine Capacity/Tonnage : 1.7 Tonnage

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2018

Insuring with COE/PARF : Yes

Driver Restriction Person or Classes of Persons Entitled to Drive*:

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

Limitation as to use*

: All Age Condition

1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tutton, driving test, racing, pace-making, reliability trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; and c) use for any purpose in connection with Motor Trade. bility trial or speed-testing; b) use whilst drawing a

Loss Of Use (7 Days) Commercial Auto

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Melaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at 465 6338 6200. Alternatively, You may refer to AIG website www.aig.sg.or AIG SG Mobile App. Simply search and download." AIG SG from Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: ABWIN PTE LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189). Part IV of the Road Transport Act. 1987 (Malaysia). Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules. 1959 (Malaysia)

INSMART (INSURANCE) AGENCY PTE

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

NO 1 KAKI BUKIT ROAD 1 #02-27 ENTERPRISE ONE SINGAPORE 415934

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Jing Chyr Sandy Fang