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 16/02/2022 15:47 (SGT) Date of Accident 15/02/2022 15:30 (SGT) Exact Location of Accident 725 Pasir Ris Street 72, Singapore Additional Location Information **MULTI-STOREY CAR PARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBL3732P**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **TOPS & HUI BUILDERS PTE LTD** Company Reg No 2XXXXX180H Email Address homeshape@gmail.com Mobile Phone No (Phone) +65-82885709 Alternative Phone No (Office) +65-63686915

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv200 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? Yes Vehicle Category Goods vehicle Transmission Auto CC 1597

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd Type of Coverage Comprehensive Fleet Policy Policy Number DHOM120060922100 Cover Note Number

DRIVER

Name of Driver SU WENJIE Passport No/FIN GXXXX736T Date Of Birth 10/01/1988 Occupation Outdoor Date Of Driving Pass 13/05/2016 Driving experience 5 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-97632295 Alt. Phone Number Email Address anjay0110@gmail.com Address **BLK. 303A PUNGGOL CENTRAL** Address complement #14-780 Postcode 821303 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 Collided into Property 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? Nο 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 ON THE ABOVE MENTION DATE & TIME, I WAS REVERSING MY VAN INTO THE CAR PARK SLOT AT BLK, 725 PASIR RIS ST. 72. I DID NOT NOTICE THE PILLAR BEHIND OF ME AND I HIT ONTO IT. IT CAUSES MY WINDSCREEN TO SHATTERED TOO. ATTACHMENT(S) 25

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.



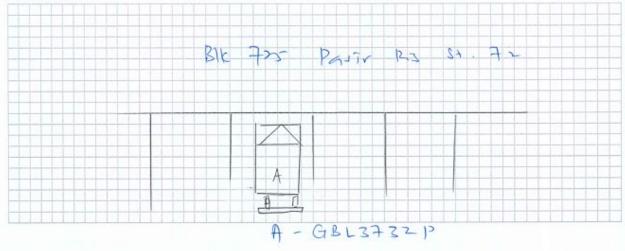
Policyholder's Signature / Date & Time

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

道友成汽车服务从有限公司 CYS Automobile Services Pte Ltd 38 Woodlands Industrial Park East 1 #P7-17 Admically Industrial Park Singapore 767700 Tel: 6219 2098 (3lines) Fax: 6219 2096

Witnessed by Reporting Centre Personnel

Sketch Plan



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Declaration

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

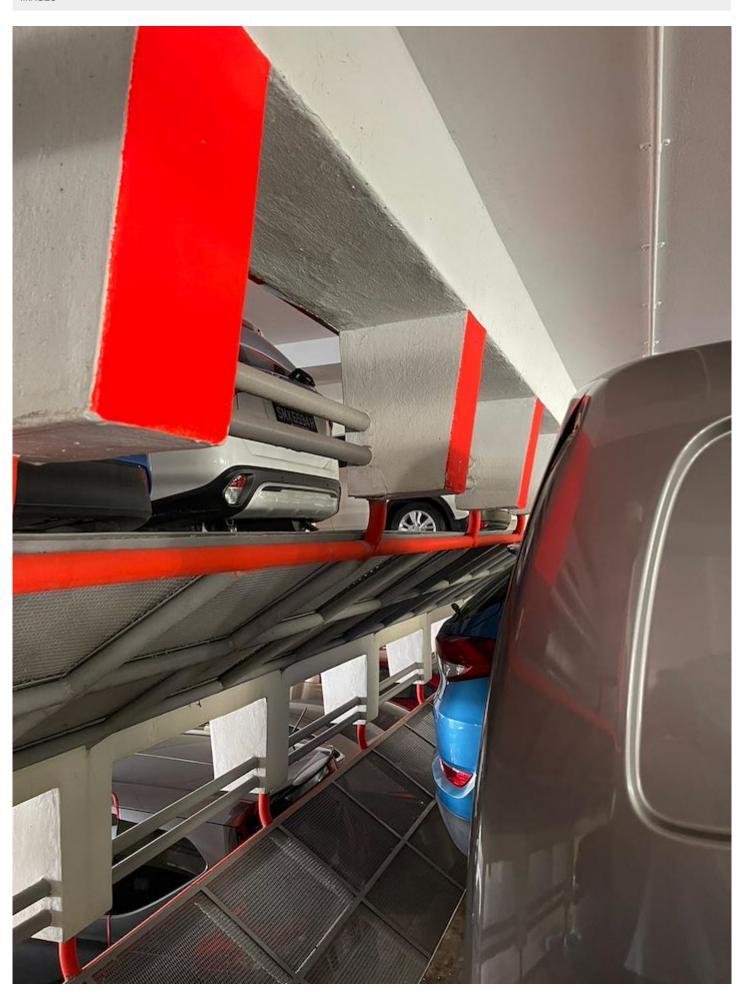
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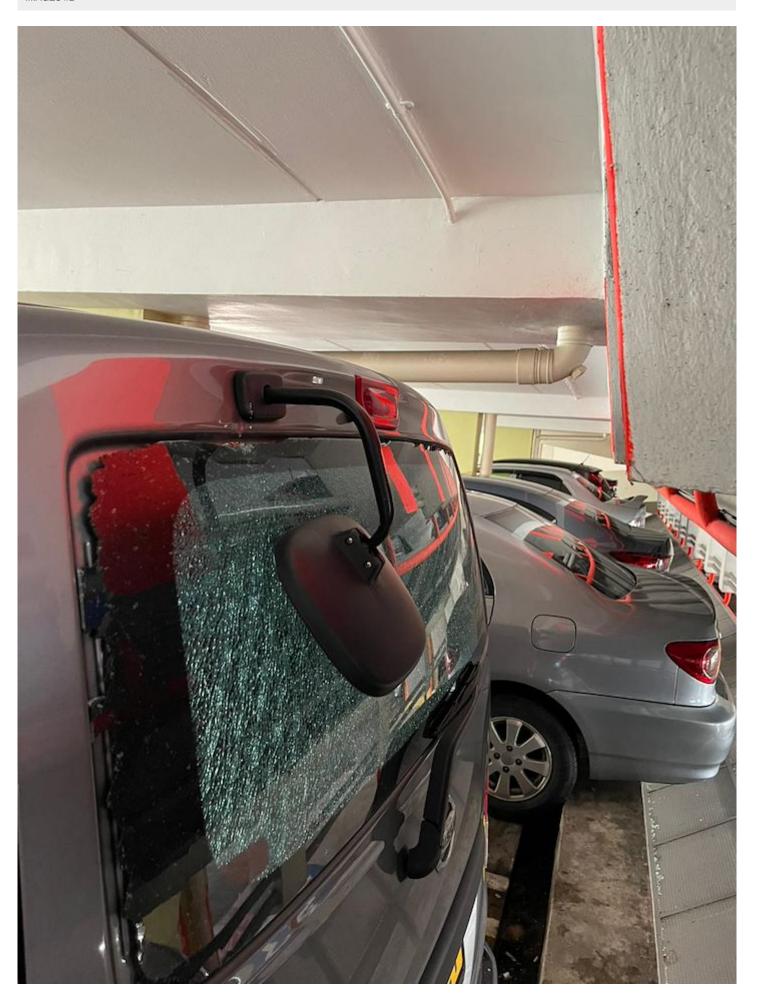
Policyholder's Signature / Date &

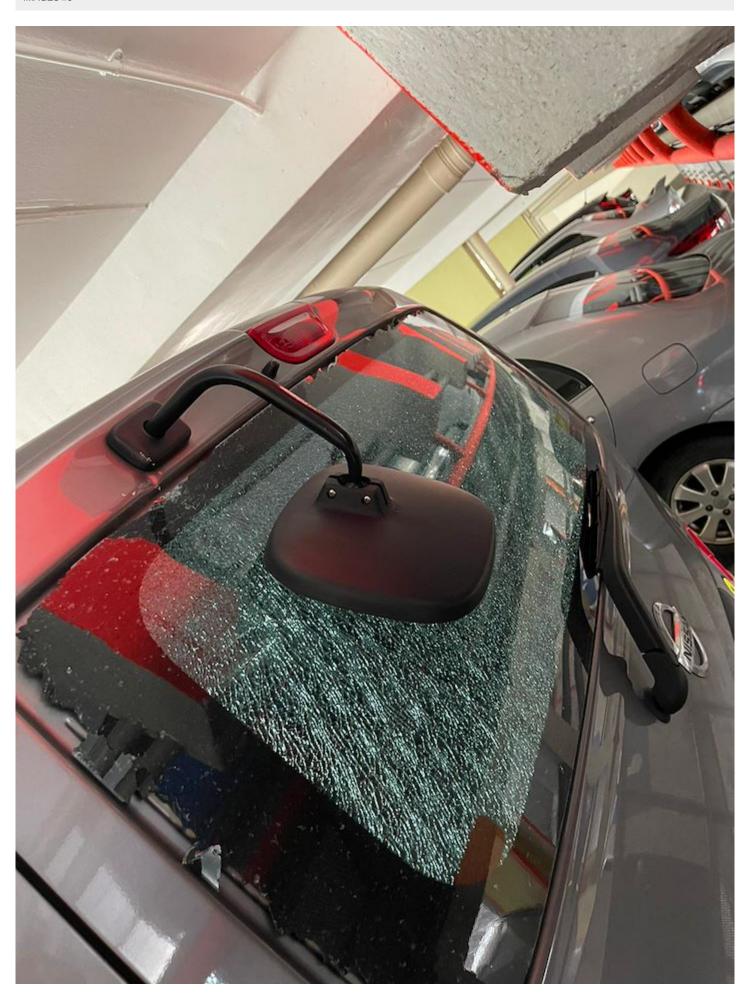
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

選友或汽車服務和人有限公司 CYS Automobile Services Pte Ltd 38 Woodlands Industrial Park East 1 Ind7-17 Admirally Industrial Park Singapore V51700 Tel: 6219 2098 (3lines) Pax: 6219 2096























United Overseas Insurance Limited 3 Anson Road

#28-01 Springleaf Tower Singapore 079909

Tel (65) 6222 7733 Fax (65) 6327 3869 / 6327 3870 Email: ContactUs@uoi.com.sg uoi.com.sg

Co. Reg. No. 197100152R

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)

ORIGINAL

CERTIFICATE NO.

DH0M120060922100

Excess:

\$500/-SECTION 1

Type of Cover

COMPREHENSIVE

\$100/-WINDSCREEN DAMAGE CLAIM \$3000/-APPL TO <25 YRS & OR <3YRS EXP

Vehicle Number

GBL3732P

Name of Insured

TOPS & HUI BUILDERS PTE LTD

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 22 June 2021 to 21 June 2023

Engine#

HR16186888D

Hire Purchase

UNITED OVERSEAS BANK LIMITED

Chassis# JN1YAAM20Z0002040

MZ 801

AUTHORISED DRIVER

Any person provided he is in the Insured's employ and is driving on their order or with their permission

LIMITATIONS AS TO USE

Use in connection with the Insured's business Whilst the Motor Vehicle is being so used the carriage of passengers is permitted

THE POLICY DOES NOT COVER

(1) Use for racing pace-making reliability trial or speed-testing
(2) Use for the carriage of passengers for hire or reward
(3) Use whilst drawing a greater number of trailer in all than is permitted by law

Provided that the person 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.

*Limitation 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.

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 ly of the Road Transport Act, 1987 (Malaysia).

UNITED OVERSEAS INSURANCE LTD

FSGMY

Date: 02/07/2021

For the Company