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 13/06/2022 16:44 (SGT) Date of Accident 13/06/2022 08:12 (SGT) Exact Location of Accident Singapore Additional Location Information Along Jurong Port Road Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD8604A

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HIN KAH LOGISTICS PTE LTD Company Reg No 200205600N Email Address jason@hinkah.com.sq Mobile Phone No (Phone) +65-62992027 Alternative Phone No (Office) +65-62992027

VEHICLE PARTICULARS

Manufacturer Scania Model P360LA6X4MSZ 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 Auto CC 12742

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number D22MTHCVE000272 Cover Note Number

DRIVER

Name of Driver Lim Yeong Hua NRIC No. S1427576B

Date Of Birth 02/11/1960 Occupation Outdoor Date Of Driving Pass 18/10/1983 Driving experience 38 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-94687022 Alt. Phone Number Email Address jason@hinkah.com.sg Address APT BLK 210A Bukit Batok Street 21 Address complement Postcode 651210 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 Clear Road Surface \/\e_t 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 On 13/6/2022 around 08:12 hours, I was driving company vehicle XD8604A with trailer TRD794H along Jurong Port Road on lane 3 and wished to turn left to the slip road. The bus in front stopped due to traffic light turned red. I cannot brake in time and my vehicle front right side hit onto the bus rear left side. 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
 SG5005S

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Bus

 Name of Driver
 Tan Lee Ming

 Contact Number
 (Phone) +65-97378916

Address	_
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 Form must 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>.
- 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.
- 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 lodgment 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature

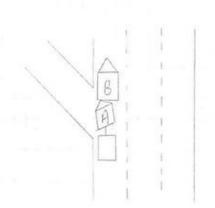
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SK	E	T	CI	4	Þ	L	Δ	N



- (A) XD8604A with TRD794H

ESCRIBE CIRCUMSTANCES C	OF THE ACCIDENT	
on 13161zozz	around of: 12 hours	, I was driving
company vehicl	e XD8604 A with	trailer TRD 794 H
along Jurong	Port Road on lanes and	
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time and	my relicle front right	side hit onto the
bus rear le-	4 side.	
	183	
CLARATION		
e declare the foregon Eparticu	lars are true in every respect.	
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	1 17	
cyrolder's Signal Po HAN MI	Driver's Signature	Reporting Centre Personnel's Signature
e & Mne:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:
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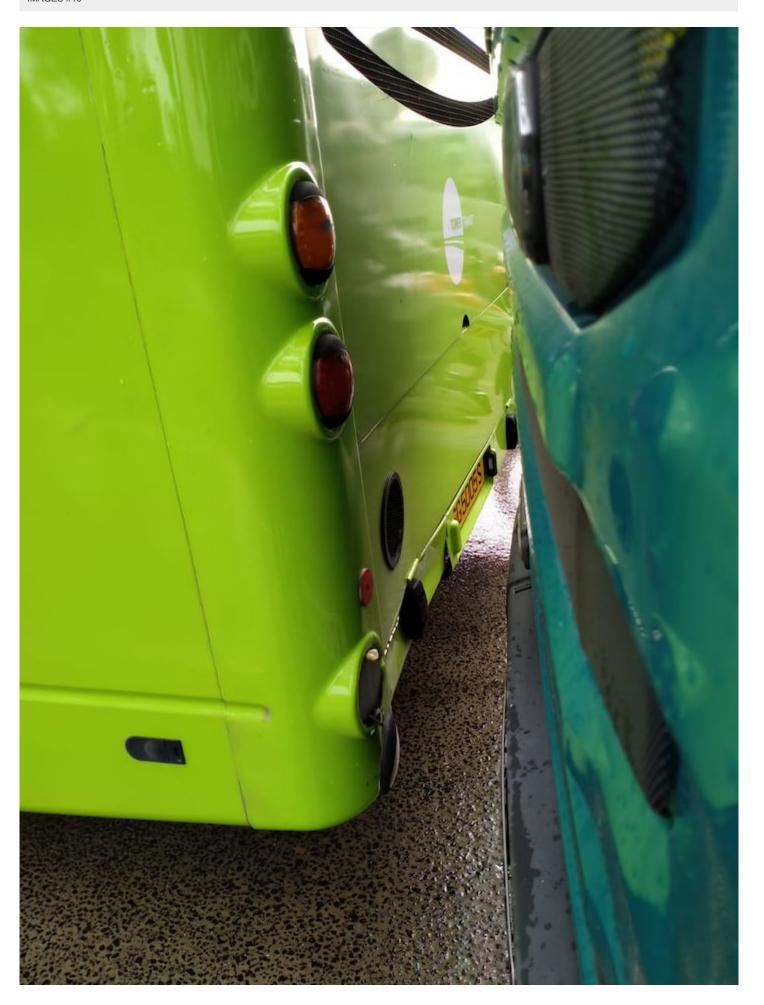


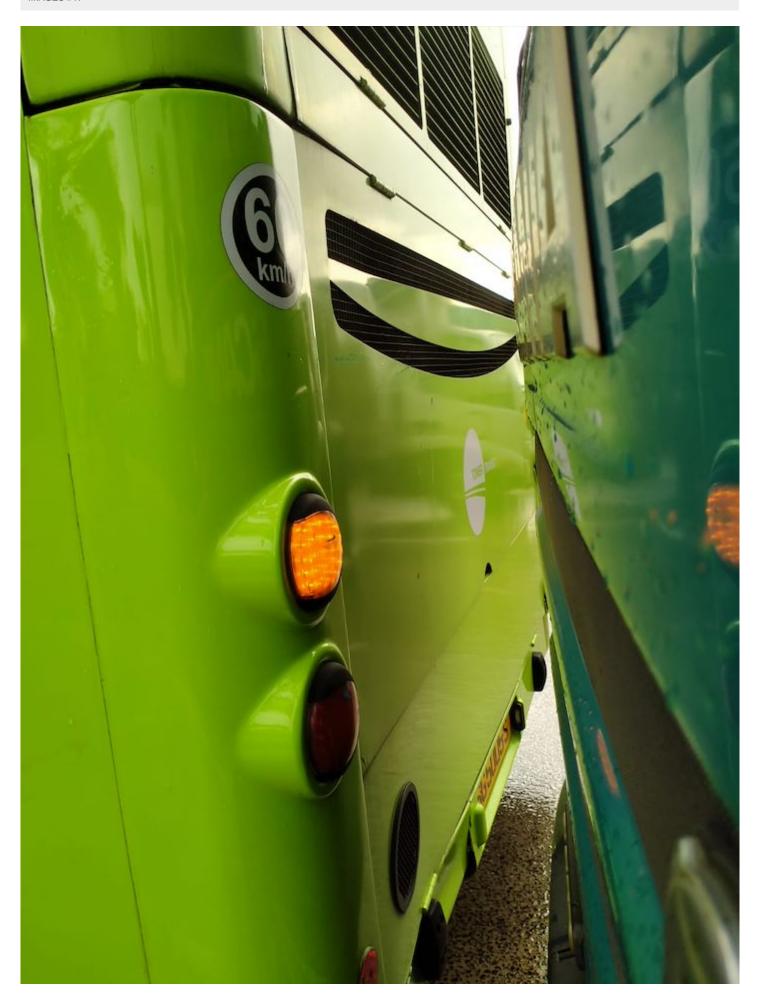


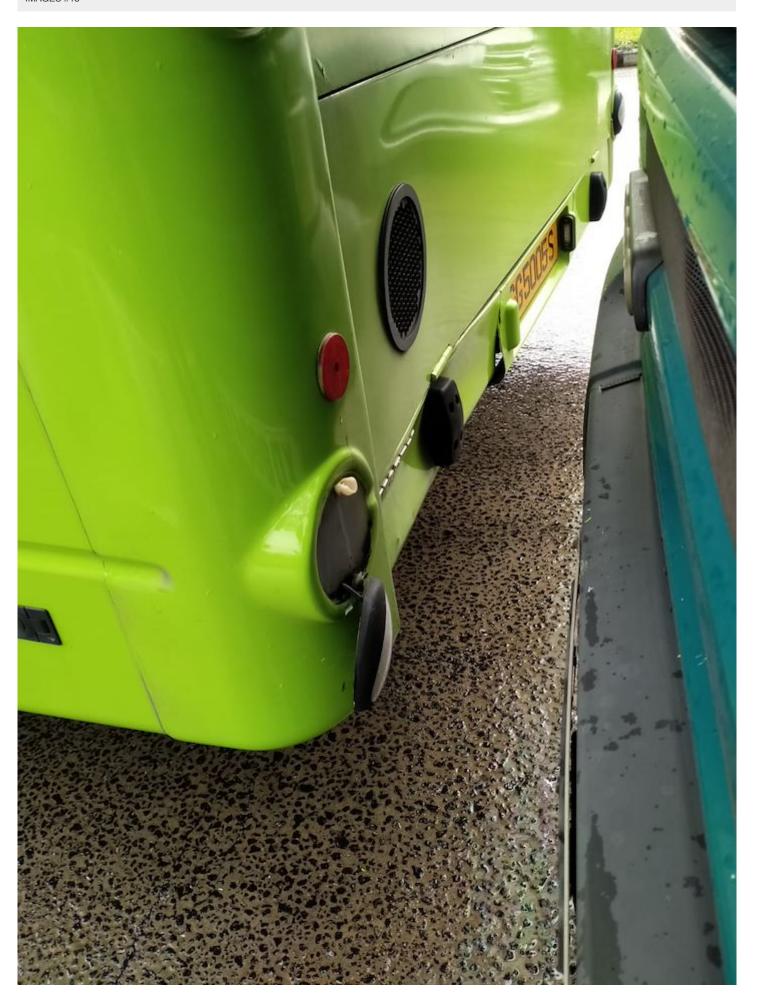


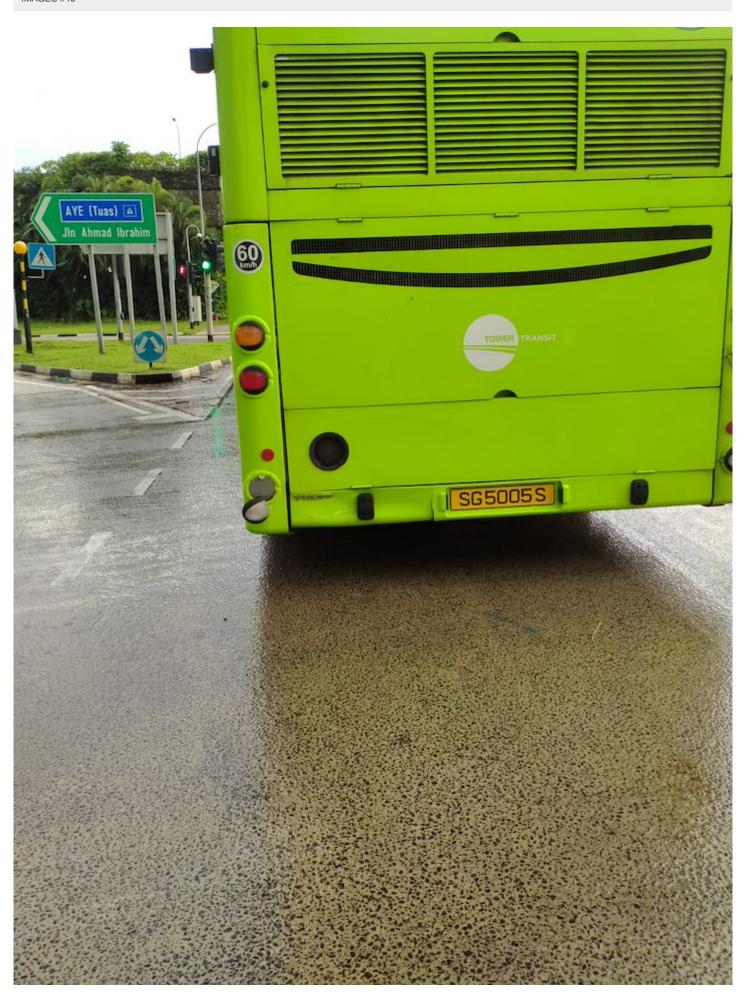


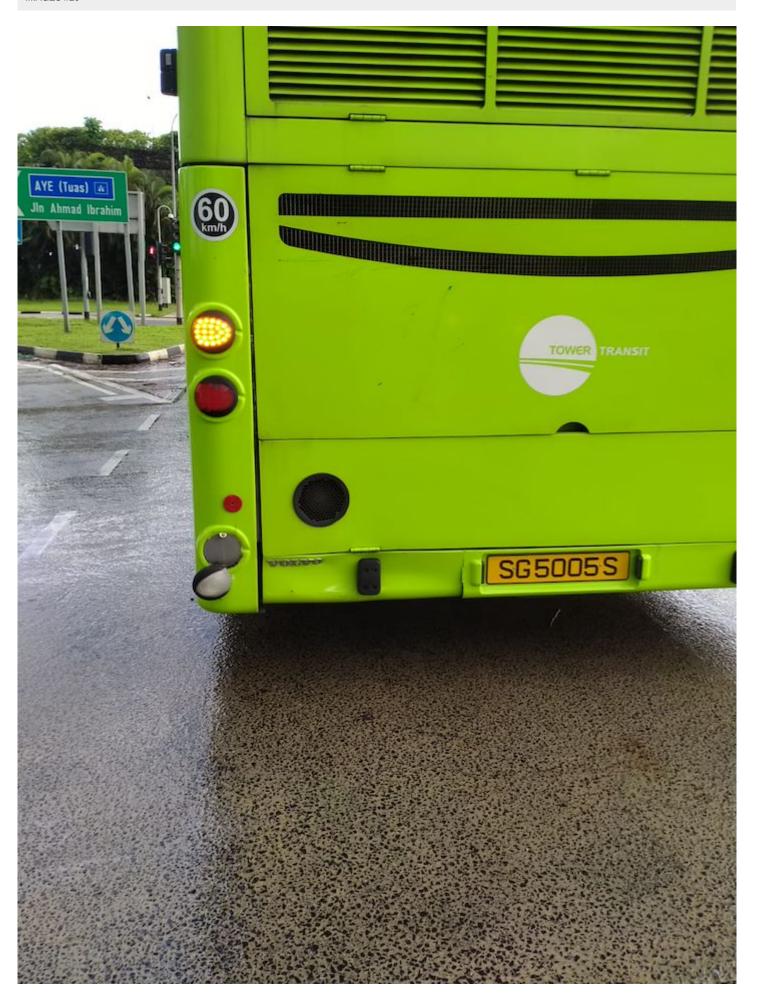
















Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03 Singapore Land Tower, Singapore 048623 Tel: 6461 8555 | Fex: 6221 3302 | www.sompo.com.sg Cc. Reg. No.: 198905490E | GST Reg. No.: M200903196

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) ROAD TRANSPORT ACT 1987 (MALAYSIA) ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Cert No./Policy No.

: D22MTHCVE000272

1. Registration No.

: XD8604A

2. Insured Name

: HIN KAH LOGISTICS PTE LTD

3. Commencement Date : 03 MARCH 2022 00:00

4. Explry Date

: 02 MARCH 2023 23:59

5. Coverage

: Market value at time of loss - Comprehensive

6. Excess

: \$1500 - Section I

: \$2500 - All Claims for Tay Thian Teck

7. Persons or Classes of Persons entitled to drive*

1) Whilst the vehicle is being used in connection with the Insured's business a) The Insured.

- b) Any other person provided he is in the Insured's employ and is driving on his order or with his permission.
- 2) Whilst the vehicle is being used for social, domestic or pleasure purposes -

a) The Insured.

b) Any other person who is driving on the Insured'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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

- 8. Limitations as to use*
 - 1) Use in connection with the Insured's business.
- Use for the carriage of passengers (other than for hire or reward) in in connection with the Insured's business.
- Use for social, domestic or pleasure purposes.

The Policy does not cover

- Use for racing, pacemaking, reliability trial or speed-testing.
 Use whilst drawing a greater number of trailers in all than is permitted by law.
- 3) Use for the carriage of passengers for hire or reward.

 ExcelDrive Workshops & Accident Reporting It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline: (65) 6461 6555

Visit www.sompo.com.sg for list of ExcelDrive Workshops and Accident Reporting Centers.

IWe 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)

Sompo Insurance Singapore Pte. Ltd.

Lui 20

Date/Time of Issue: 07 FEBRUARY 2022 17:02

*Limitation rendered inoperative by section 6 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.

IMPORTANT NOTICE

1. Insureds are hereby warmed that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlessful for any person to use or osuse or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
2. Insureds are further warmed that on the sale of a motor vehicle or if for any reason the insurance is terminated during its currency, they must surrender 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 (Cap.189)
3. The Policy will coast to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the pretrium being peld and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual; or (b) within the period specified in the Primitian Payment Warranty applied to the Policy is all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as atipulated in the Motor Insurance Policy

Intermediary Code & Name: 11S04600 & SIN SEET INSURANCE AGENCY PTE LTD CI Code: 29D _TDPOM4R4KBYMBAJ