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TP Insurer:	Ass't Report by Fax /		KSD.	
Preferred Wksp/INC Assign Wksp/QW:(†*el:		Fax:
TP Particulars: Veh No:	9 DUEU.	INC(,)/Non-	IŅC().	
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SN08228A0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 10/08/2022 11:16 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (10/08/2022 11:16 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 Actual 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 10/08/2022 11:16 (SGT) Reported by Driver Date of Accident 07/08/2022 10:20 (SGT) Exact Location of Accident Serangoon Garden Way, Singapore Additional Location Information SERVICE ROAD CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH764H

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner

HONG SEH MOTORS PTE LTD Company Reg No 1XXXXX320D

Email Address kenlow@hongseh.com.sg

Mobile Phone No (Phone) +65-62030303 Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer Lexus Model Nx300h

Variant

Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party

Vehicle Category Commercial vehicle

Transmission Auto CC 2494

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.

Policy Number / Cover Note Number 7990000073/1220001048

DRIVER

Name of Driver YONG YIN YIN NRIC No. SXXXX997I Date Of Birth 22/10/1979

Occupation Indoor Date Of Driving Pass 25/11/2009 Driving experience 12 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-88557379 Alt. Phone Number Email Address kenlow@hongseh.com.sg Address BLK 373 HOUGANG STREET 31 #16-55 Address complement Postcode 530373 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 Hit and run / Vandalism / Damaged whilst parked Type of Accident Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SGZ7245U Vehicle Manufacturer

Private car

Cor	ntact Number
E	Accident report SN08228A0001

Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver

Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passanger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease 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 Actual Driver.
- 3. 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>.
- 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. The report will be forwarded by the insurers of the GIA Records IVIanagement 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 (POPA)

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:
- (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' 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.

Policyholder's Signature / Date & Time

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

Sketch Plan

A SMH 764 H

R SG Z 7245 U

Describe Circumstances of the Accident
I was the direct of vehicle bearing car plate number
SMH 764 M, on the States dates and times; I parked my
Vehicle (SMH764H7 OF) a designated lot at serangan garden way
Service road carpark (50064), at around 12pm when 1
went back to collect my vehicle I realized that my vehicle
front Portion was seriously damaged, I then sound a nute
(10 10 10 10 10 10 10 10 10 10 10 10 10 1
On my windscreen and I could and realized that is
Vehicle & (SG2 125+U) collided on my parked vehicle.
that all.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



OPERATING LEASE AGREEMENT - SCHEDULE (Lease-To-Own)

Parties		Rental Details			
Contract No	: 100	Commencement of Lease : End of of Lease Period :	11-Jan-19 10-Jan-26		
Agreement Date	: 11-Jan-19	Lease Period :	84 months		
Owner/Lessor (inc	cludes its assigns and successors)	First rental due on	11-Jan-19 and the		
HONG SEH N	MOTORS PTE LTD		he same day of each successive uarter half-year year		
Lessee:	Mr Lim Por Soon Henry S7330620E	Rental Amount (SST TOTAL Rentals		
	(Co Begin No NEIC)	S 2,984.00 S	208.88 \$ 3,192.88 84		
Address:	Blk 373 Hougang Street 31 #16-55 Singapore 530373	Total rent payable	\$ 250.656.00		
Principal Driver:	Hp: 91462404 Ms Yong Yin Yin	Total GST	\$17,545.92		
Address: Blk 373 Hougang Street 31 #16-55 Singapore 530373 Hp: 90676025		Total due over full term	\$		
Alternate Driver:	N.A.	Additional kilometres (refer " charged at S\$ 0	Additional kilometres (refer "Terms and Conditions") will be charged at S\$ 0 per kilometre.		
·/************************************		fu	200 (To drivers age 23 & above and holds		
Vehicle Descript	lon		opropriate class) ong Seh Motors Pte Ltd reserves the right to		
New	Used	in	crease the excess in the event of more than own damage claim per year.		
Make / Model:	Lexus NX 300 Executive	Refundable Deposit			
Year of Manufact	***************************************	Refundable Deposit:	SO		
Engine No:	8ARW955075	Optional Services			
Chassis No:	JTJBARBZ902197337		ncluded Not Included		
Vehicle Regn No.	: SMH764H	***			
Accessories:	Dual Channel Dasheam with SD card	Replacement Car:	ncluded Not Included		
Signatures					
this Operating Lo	owledges, agrees and declares that the provisions a ease Agreement. The Lessee acknowledges rec- ivery of the Vehicle.				
Signed by the Le For and behalf o		Accepted by :	HONG SEH MOTORS PTE LTD		
	(Affix Company Stamp if applicable)	M.	Who SEA		
Name :	MENRY LIM		ame KEN LOW 31d 50		
Designation :	Cl ₂ ,		Designation: HEAD. CAR LEASING		
Witness By Name	IAN CHUA				
Deve	Lish January 2010	D	N. I		

Email: sm@idac.com.sg Tel no: 6555 6888

Preferred Workshop Name:

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week. Personal Particulars of Owner & Driver (Vehicle A) Date of Accident: 07/08/22 (dd/mm/yy) Time of Accident: 10 Vehicle No.: SMH 764 1-1 Vehicle Make & Model / Engine (cc): Lexus Exact location of Accident: Serangoon Garden Way Service Road Car park (S 0064) Policyholder's Name / IC No.: Hong Seh Motors Pte Ltd 198203320D Driver's Name / IC No. : YONG YIN YIN (As Above) Driver's Contact No.: 88557379 Company Contact No / Owner Contact No: 62030303 Driver's Address: Apt Blk 373 Hougang Street 31 #16-55 (S530373) Owner Email address : Kenlow@HongSeh.comsg Insurance Company : * AIG Driver Email address: Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: What do you wish to claim? (Please TICK one only) Own Insurance / V Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose) Exact purpose for which the vehicle Occupation (nature of job) / Indoor/ Outdoor Was being used at time of accident? *No. of Passengers (Including Driver): Private use / Work purpose *Passanger Name: Gender: *Passanger Name: Gender: Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Ves / No Any Injuries: Yes / V No (If YES) Injured Person' Name: _____Injured Person in Which Vehicle: Injuries Sustain: ___ Police Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details: _____ Vehicle No: SGZ 7245 U 1. Driver's Name / IC No: Insurance Company: Driver's Contact No: 2. Driver's Name / IC No (If Any): Vehicle No: Insurance Company: Driver's Contact No: ____ *Independent Witness (If Any): ___ Contact No: Contact No:



CERTIFICATE OF INSURANCE

COMMERCIAL AUTO COMPREHENSIVE

Name of Individual Policyholder : HONG SEH MOTORS PTE LTD

: 7990000073 / 1220001048 Master Policy No./Policy No. Period of Insurance : 28 Jan 2022 To 27 Jan 2023

: 8ARW955075 Engine No.

: JTJBARBZ902197337 Chassis No.

Vehicle No.

: SMH764H

Endorsement No.

Issued Date

: 15 Feb 2022 00:03

ABOUT THE COVER

: LEXUS NX300H Make/Model

First Year of Registration : 2018 Sum Insured : Market Value Engine Capacity/Tonnage: 2494 CC Insuring with COE/PARF : Yes Off Peak Car : No Driver Restriction : NA

Person or Classes of Persons Entitled to Drive* :

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

: Driver Restriction applies-Refer to T&C Mileage Condition

Limitation as to use*

Age Condition

Use for social, domestic, pleasure purposes and business purposes of the Policyholders
Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired
te for the carriage of passengers or goods (other than for reward) by any person to whom the Vehicle is hired

s Policy does not cover
1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing.

2) use whilst drawing a trailer

2) use for the towing of any one disabled mechanically propelled vehicle;
4) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; and
5) use for any purpose in connection with Motor Trade.

* 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 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Named Driver and Excess (where applicable)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.
For list of Approved Reporting Centres/AlG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AlG website www.aig.sg or AlG SG Mobile App. Simply search and download "AlG SG" from iTunes or Google Play.

IMPORTANT NOTES

This policy covers driver's age who is between 23 to 65 years old with minimum 2 years driving experience

Excess (All Claims) applies. Refer to Policy Terms and Conditions

Accident claim repair arising under own damage claim only are allowed to be carried out at Hong Seh Motors Pte Ltd.

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

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).

0000064000

DIRECT CLIENTS 01.4.95

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.