SS2Z228U0009 / SNG AH TEE MOTOR & PANEL SERVICE PTE LTD ENTRY DATE & TIME: 30/08/2022 14:43 (SGT) SUBMITTED BY: JANICE CHANG VERSION: 1 (30/08/2022 14:43 (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 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.

- 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 30/08/2022 14:43 (SGT) Reported by Date of Accident 26/08/2022 10:30 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TWDS JURONG NEAR TO JALAN BAHAR EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ4291Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner VCOOLTECH REFRIGERATION PTE LTD Company Reg No 2XXXXX408H Email Address xiong@vcool.biz Mobile Phone No (Phone) +65-96218851 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant

Exact purpose for which vehicle was being used at time of accident **Employment**

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2001493863-01

DRIVER

Name of Driver LOI WEN YIK NRIC No SXXXX536G Date Of Birth 06/03/1997 Occupation Outdoor

Date Of Driving Pass 23/03/2019 Driving experience 3 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-88871450 Alt. Phone Number Email Address xiong@vcool.biz Address BLK 108 WOODLANDS ST 13 #05-162 Address complement Postcode 730108 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Type of Accident Collision - Head to Rear Weather Conditions **HEAVY RAIN** 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? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

Nο

PASSENGER 1

Translator's ID

Name PANG TUI HANG
Gender Male

soliciting/offering accident claims assistance?

Translator's name

Translator's phone number

Translator's email

Original language used in the statement

PASSENGER 2

Name THIRUVENGADAM SIVAKASI Gender Male

PASSENGER 3

Name MIAH MD LOVELU Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Phone No

(Phone) +65-18003639999

(Fax) +65-63640997

Police Station Address

1 Woodlands St 12 Singapore 738622

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Woodlands West Neighbourhood Police Centre

(Phone) +65-18003639999

(Fax) +65-63640997

1 Woodlands St 12 Singapore 738622

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20220829/2139 & SKETCH PLAN. REMARK: THE IMPACT CAUSING MY ANOTHER 2 PASSENGER ALSO INJURED & CONVEYED TO HOSPITAL BY AMBULANCE. DUE TO THE IMPACT WAS HUGE, MY LORRY FRT DASHBOARD DROPPED.

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 XD4439L Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle 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)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address	LOI WEN YIK - (Phone) +65-88871450
Address Complement Post Code	-
Approximate Age Years Old Injuries Sustained	-
Injured person in which vehicle? Were seat belts worn?	GBJ4291Z -
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person Gender	THIRUVENGADAM SIVAKASI
Phone No Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	
Injuries Sustained	-
Injured person in which vehicle?	GBJ4291Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes
INJURED 3	

INJUNED 3	
Name of injured person	MIAH MD LOVELU
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	_

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Yes

SKETCH PLAN

IMPORTANT NOTICE

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5. Any false reporting may be referred to the Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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' 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

- (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

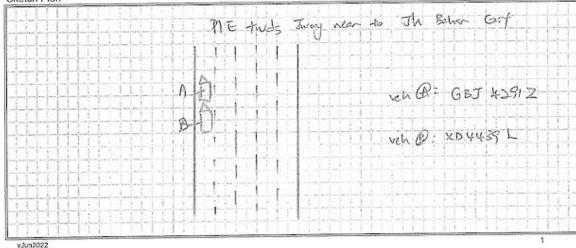
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)





Describe Circumstance of the Accident	
As per polar report no. 7/2002-08-29/2159.	
Remark: The impart causing my another 2 hospital by ambulance. The to the inject destroyed.	passenger also convayed to passenger also convayed to
	D Claim own policy P Ctalm third party Claim OD / TP at other workshop For record purpose Policy No. SP >>> 1 42 3 8 (3 - 0) Insurer Al Viaz () Veh.No. GB J 1/2 9 1 Z
I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME T POLICY, I WILL CHECK MY POLICY FOR MORE DETAILS.	O SUBMIT MY OWN DAMAGE CLAIM UNDER MY
Declaration I/We declare the foregoing particulars are true in every respect. Policyholder's Signature / Daile & Time Driver's Signature (Edriver is not the policyholder)	SNG AH TEE MOTOR & PANEL SVC PTE LTD () / Date Witnessed by Reporting Centre Personnel

2



















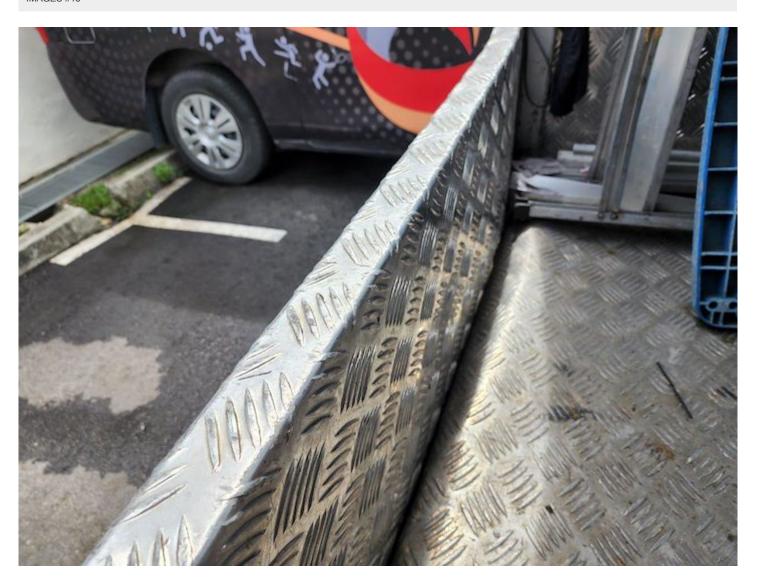














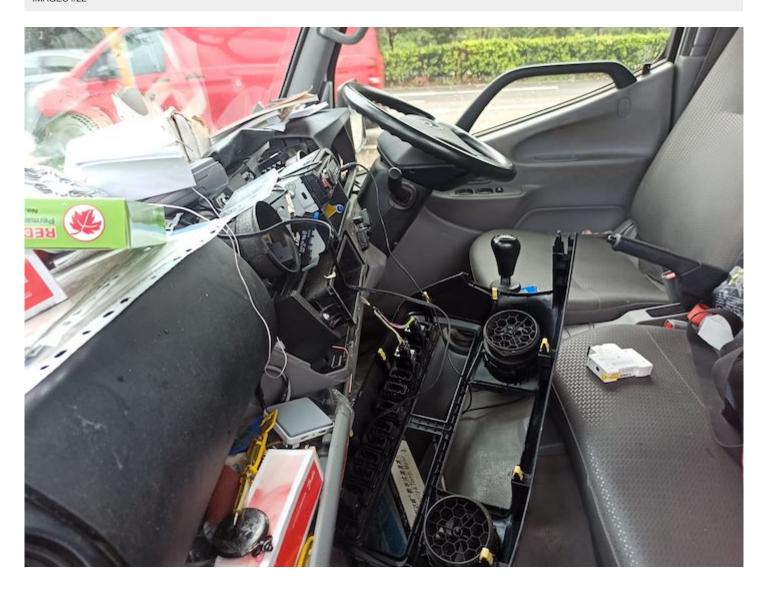




















Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999 l of 3 Report No. T/20220829/2139

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 22 15:00	Made:	Vide Report No.:	Station Diary No.: 65	
Informa	nt's Partic	ulars	200		
Name of Informant: LOI WEN YIK			Address: APT BLK 108 WOODLANDS STREET 13 #05-162 SINGAPORE 730108		
ID Type NRIC NO	/ ID No.:) / S97765	36G	Contact No.: Home/Office: Mobile: 88871450		
Nationali MALAYS	*		Email:		
Sex: Male	Age: 25	Date of Birth: 06/03/1997	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: Air-conditioning/Refrigeration engineering technician		Driving Licence Informa Class: 3	tion: Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambulance		nk ve:	Date/Time of Accident: 26/08/2022 10:30		Type of Location: Straight Road
Location: PAN-ISLAND Weather:	EXPRESSWAY	Road Surfa	ace;		Road	I Speed Limit:
Heavy rain Wet		Wet			90 Km/h	
Traffic Flow: One Way			fic Control: Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear					Anvo	ne conveyed by

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBJ4291Z	Lorry	TOYOTA		Silver	Slightly Damaged	0
XD4439L	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA -





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 2 of 3 Report No. T/20220829/2139

Tel No: 1800-363 9999 CONTINUATION OF REPORT

Driver						
Name	LOI WEN YIK			ID No		S9776536G
Related Vehicle	GBJ4291Z (Lorry)			Conta	ict No.	88871450
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	26/08/2022 Date Di			charge	26/08	/2022
No. of Days gran	ted Medical Leave	Degree o	of Injury	Slight		

Brief Details.

On the 26/08/2022 about 1030hrs, I was driving my vehicle "GBJ4291Z" along PIE towards the Jalan Bahar. When my vehicle was stationary due to heavy traffic ahead, a Singapore registered registered lorry known as V2 bearing "XD4439L" suddenly collided onto the rear of my vehicle.

As a result, the impact of the collision made my back suffered extreme pain. Subsequently, ambulance came to scene and conveyed me to Ng Teng Fong Hospital where I consulted doctor and given 5 days MC. Traffic Police was also at scene and advised me to lodge accident report after I discharge from hospital.

I did not managed to secure V2 driver particulars. I would like to inform that there is in-car camera inside my vehicle but the CCTV is faulty.

During the time of accident, there was 2 passengers sitting at the front passenger seats and 1 passengers sitting at the rear of the lorry.





Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999 CONTINUATION OF REPORT

3 of 3 Report No. T/20220829/2139

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: L / SR STAFF SGT GOH JIE HENG	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	29/08/2022 15:00
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
SGT 3 MUHAMMAD SYAKIR BIN ADANAN	
Contact No.: 65476236	
NP168	J L



Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.188 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1980
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2001493853-01 Date of Issue : 04 April 2022

Coverage : COMPREHENSIVE – AUTHORISED WORKSHOP
Policyholder Name : VCOOLTECH REFRIGERATION PTE, LTD.

Period of Insurance : 17 April 2022 to 16 April 2023

Finance Company : ABWIN PTE LTD

Registration No. : GBJ4291Z

Chassis Number of Vehicle : JTFAT35Y70K213017

Persons or Classes of Persons Entitled to Drive*:

- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with the his/her permission.
- * Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act. (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

Limitation 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.
- Use for social, domestic and pleasure purposes
- ^ Limitation rendered inoperative by Section 8 of 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.

Policy does not cover:

- (a) Use for racing, pace-making, reliability trials or speed-testing.
- (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

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).

12 April 2022

Issue Date

Hicham Raissi Chief Executive Officer

600

100

Chief Executive Officer Allianz Insurance Singapore Pte. Ltd.

SGD

SGD

SGD

Intermediary Code: 0000103 FINANCIAL ALLIANCE PTE LTD

Excess : Section 1 : Own Damage

: Section 1 : Windscreen : Section 2 : Liabilities to Third Parties

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C 79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg