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 5. Intribution provided must be as truthful and accurate as possible. Any white misteries entailed to withouting of material accidence of the 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 12/09/2022 14:29 (SGT) Reported by Date of Accident 09/09/2022 10:45 (SGT) Exact Location of Accident Singapore Additional Location Information PIE EXPRESSWAY (NEAR EXIT 15) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR962L

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner KINETIC HOLDINGS PTE LTD Company Reg No 201618392N Email Address support@kinetic-alliance.com Mobile Phone No (Phone) +65-97849075 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model PRIUS HYBRID 1.8S CVT Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto 1797

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNA00009432202

DRIVER

Name of Driver LIM DE MAI, RON NRIC No S9125077B Date Of Birth 10/07/1991 Occupation Indoor

Date Of Driving Pass 10/04/2013 Driving experience 9 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-91817256 Alt. Phone Number Email Address Idmron@gmail.com Address BLK 676 CHOA CHU KANG CRESCENT #05-451 Address complement Postcode 680676 Is the driver the policyholder? Nο 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 Type of Accident Chain Collision Weather Conditions Drizzling 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? No 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 PASSENGER 1 Name **PASSENGER** Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Choa Chu Kang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007659999 Alt. Police Station Phone No (Fax) +65-67644104 Police Station Address No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER POLICE REPORT (REPAIR BY OPTIMA WERKZ) 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	SMN9496R
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SKP8990A -
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBL5918H
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	GBJ1956J
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 Address Complement	LIM DE MAI, RON Male (Phone) +65-91817256 -
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	REFER POLICE REPORT
Injured person in which vehicle?	SLR962L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

ap962L 1. VEHICLE NO .: CAINA TATPING 2.INSURER CO

3.ACCIDENT DATE & TIME

09/09/22 @ 10:45HES

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or will holding of material facts may allow insurance companies to repudiate policy fiability.
- 4. The issue and acceptance of this Formitry 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.
- 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)

lunderstand, 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 at insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) and yes-flaw firms, the Monetary Authority of Singapore and any relevant experiment approximation (such as the policy). (or the purposents) of 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 mo, 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/mell 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Symptone (if driver is not the policyholder) / Date

(AMK) may 12 12 9 22 Witnessed by Repo Personnet

Sketch Plan TURN OVER

SI	setch Plan			(A) - SUR9621 (B) - SWN9496R (C) - SKP8990A (D) - GBU5918H
				(NEAR EXIT IS
	SCRIBE CIRCUMSTANCES O PEFER TO POLICE REPORT			
. elitions	freeze 2			
				submit an Own Damage Claim
	LARATION e declare the foregoing particular	ehensive policy. Please of	12/09/22	
	cyholder's Signature 8. Time: () Claim () Claim	Driver's Signature (if driver is not the policyh Date & Time: Own Policy () Claim ODT P at other workshop	older) Nan NRI Third Party () Report	orting Centre Personnel's Signature ne: C/FIN No.: ting Only



DATED THIS Day of Jul 2022

BETWEEN

(1) Company Name

UEN No.

Address Contact

KINETIC HOLDINGS PTE, LTD.

201618392N

9 Tagore Lane #03-21 S787472

9752 2779 / 9784 9075

(2) Name

LIM DE MAI, RON

NRIC / PP No.

S9125077B

Address

BLK 676 CHOA CHU KANG CRESCENT #05-451 SG680676

Date Of Birth

10/07/1991

License Passed Date

10/04/2013

Contact Number

91817256

VEHICLE RENTAL AGREEMENT

(3) Vehicles Reg. Number

SLR962L

Make

TOYOTA

Model

PRIUS HYBRID

Colour

SLIVER

COE Expiry

Contract Start Date

30/7/2027 28/7/2022

Rental Start On

Contract End Date

3/8/2022

29/7/2022

Rental Rate/Week

\$476.00 + \$36

HO WONG LAW PRACTICE LLC MS. WONG SOO CHIH/MR. WARREN HO Advocates & Solicitors 133 New Bridge Road #23-06 China Singapore 059413

Page 1 of 13





This Vehicle Rental Agreement (this "Agreement") is made and entered into on this 28 DAY OF Jul 2022

 KINETIC HOLDINGS PTE, LTD. (REGISTRATION NO. 201618392N), a company incorporated under the laws of Singapore and having its registered office at 9 Tagore Lane #03-21 9@Tagore Singapore 787472 (hereinafter referred to as "Owner")

AND

 LIM DE MAI, RON , Nric No./PP No.: S9125077B) of BLK 676 CHOA CHU KANG CRESCENT #05-451 SG680676 DOB10/07/1991(Each individually a "Party" and collectively, the "Parties")

WHEREAS

- A. The Owner is in the business of renting and leasing of private motor vehicles ("Vehicles") in the Republic of Singapore.
- B. The Hirer wishes to lease from the Owner Vehicles and operate as a licensed motor vehicle driver under any ride-hailing application or program used on mobile phone devices, or to operate a limousine driver or for the Hirer's own personal use.
- C. In consideration of the promises and mutual covenants contained herein, the Owner and Hirer agree to enter into this Agreement to explicitly set out the terms of the Hirer's leasing of the motor vehicles with the Owner.

NOW THEREFORE, in consideration and subject to the terms and conditions contained in this Agreement, the Parties agree as follows: -

1 AGREEMENT TO RENT

1.1. Rental Terms: The Owner agrees to rent to the Hirer the Vehicle described in Schedule 1 of this Agreement in accordance with the terms and conditions stated in this Agreement herein.

2 COMMENNCEMENT AND DURATION OF RENTAL

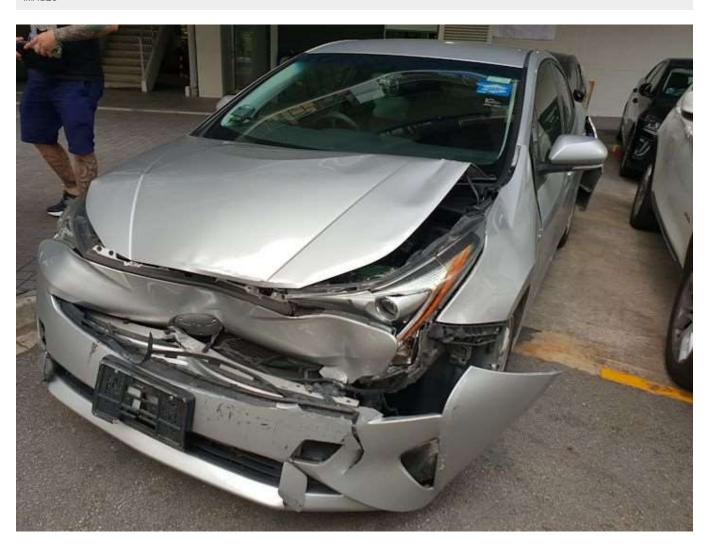
- 2.1. Rental Period: The Hirer shall rent the Vehicle from the owner from the date indicated in Clause 2.1 of Schedule 1 of this Agreement (the "Commencement Date") and this shall automatically renew on a weekly basis until it is terminated in accordance with this Agreement (the entire duration comprising the "Rental Period").
- 2.2. Minimum Rental Period: The Hirer shall rent the Vehicle from the Owner for the minimum length of time as specified in Schedule 1. Accordingly, in the event that the Hirer returns the Vehicle prior to the end of the Minimum Rental Period, the Hirer will be required to pay the full Rental Fee applicable for the remaining period up to the end of the Minimum Rental Period and the deposit will be forfeited. 7 days notice can only given after the contract end date.

3 RENTAL

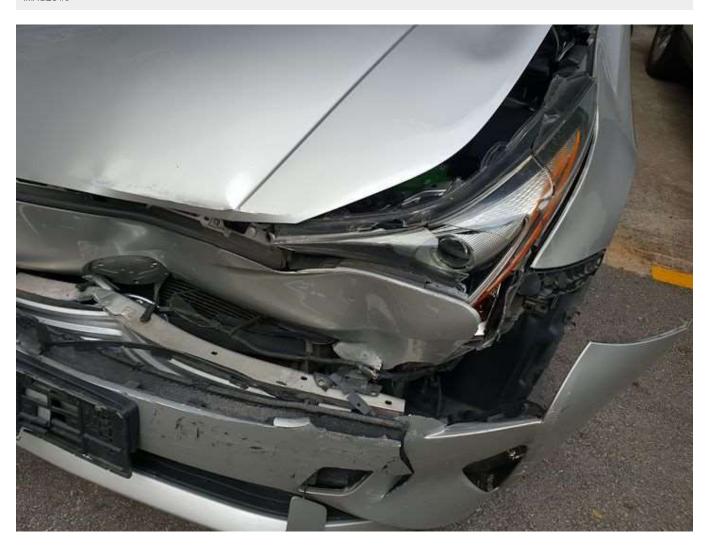
- 3.1. Rental Fee: Pursuant to Collection, the Hirer shall pay to the Owner a fee calculated on a weekly basis for the rental of the Vehicle (a "Rental Fee") as stated in Clause 4.1 of Schedule 1. The Rental Fee shall be calculated on a weekly basis, and shall include the following:
 - 3.2.1.1. Unlimited mileage;
 - 3.2.1.2. Service and maintenance;
 - 3.2.1.3. Road tax;
 - 3.2.1.4. Motor insurance coverage (excess payment) subject to the terms stated below; and
 - 3.2.1.5. 24 hours breakdown and emergency service (in Singapore only);
 Collection: The first week's Rental Fee is payable immediately after the week from
- 3.2. Collection: The first week's Rental Fee is payable immediately after the week from the commencement of the Rental Period.
- 3.3. Additional Driver Fee: The Hirer shall incur additional charges should there be more than one designated Driver (as defined below) to the Vehicle as detailed below in Clause 4 of the Agreement, and each Additional Driver (as defined below) shall be charged a weekly fee of \$25 per additional driver, inclusive of GST. This fee for the Additional Driver shall be in addition to the Rental Fee, as is reflected in Clause 4.2 of Schedule 1.
- 3.4. Rental Payment Date: The Hirer shall pay to the Owner the Rental Fee on the Rental Payment Date as stated in Clause 4.3 of Schedule 1. The date of receipt of any payment made by the Hirer to the Owner shall be the actual date of receipt by the Owner.

Page 2 of 13

JA.



















Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

Lof4 Report No. T/20220909/2071

REPORT OF A TRAFFIC ACCIDENT

Taxi driver

Date/Time Report Made: 09/09/2022 17:33			Vide Report No.:	Station Diary No. 93	
Informa	nt's Particu	ulars			
	f Informant: MAI, RON		Address: APT BLK 676 CHOA CHU SINGAPORE 680676	KANG CRESCENT #05-451	
ID Type / ID No.: NRIC NO / S9125077B			Contact No.: Home/Office: Mobile: 91817256		
Nationality: SINGAPORE CITIZEN		EN	Email: LDMRON@GMAIL.COM		
Sex: Male	Age:	Date of Birth: 10/07/1991	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information Class: 2B,2A,2,3,4,5	n: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/09/2022 10:45	Type of Location: Straight Road
Location: PAN-ISLAND Weather: Drizzling	EXPRESSWAY	Road Surface: Wet		Road Speed Limit: 80 Km/h
Traffic Flow: Traffic Control: One Way Not Controlled			Traffic Volume: Heavy	
Type of Collis Between Mov	sion: ring Vehicles - Head T	o Rear		Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GBJ1956J	Lorry	MITSUBISHI	CANTER FEA01BR1S DEK (CBU)	Orange	No Damage	0
GBL5918H	Van	ТОУОТА	HIACE VAN TURBO 4 DR AUTO	White	Slightly Damaged	0



T/20220909/2071

Report No. T/20220909/2071

2 of 4

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT

Details of V	ehicle Invo	lved			To en	No of December
Vehicle No.	Type	Make	Model	Color	Charles Street Street Street Street Street	No of Passenger
SKP8990A	Car	BMW	116I A/T ABS D/AIRBAG 2WD 5DR HID DSC	White	Slightly Damaged	0
SLR962L	Car	TOYOTA	PRIUS HYBRID 1.8S CVT	Silver	Seriously Damaged	1
SMN9496R	Car	RENAULT	GRAND SCENIC IV 1.5 DCI AT EU6	Brown	Slightly Damaged	0

Details of Perso	n Involved			Marie S	OF MEET	SERVICE STATE	
Any Pedestrian Ir	rvolved: No						
No. of Pedestrians Injured: NIL Use of Pedes				strian	Cross	ing: NA	
Driver			N 27 1914		0000	3000	
Name	LIM DE MAI, RON			ID No.		S9125077B	
Related Vehicle	SLR962L (Car)				Contact No.		91817256
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL			Class Drivin Licend Expiry	g	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL	
Date Treatment	09/09/2022	09/09/2022 Date I		e Disch	arge	NIL	
No. of Days granted Medical Leave 07 Degree of			gree of I	njury	Sligh	t	

Brief Details.

On 09/09/2022, at about 1046hrs, at PIE toward Changi Airport, beside upper serangoon exit. I was a gojek driver with one passenger in my Vehicle (Order No: RB-120688-5918623). I was travelling at the second right lane and the traffic was very heavy with wet surface as it was drizzling. It was a Chain Collision which involve First vehicle GBJ1956J then SKP8990A then my vehicle (SLR962L) then followed by the fourth Vehicle SMN9496R then last vehicle GBL5918H. The accident started when first 2 vehicle had completely stop and I also completely stop my vehicle at stationary, suddenly the fifth vehicle collided with fourth vehicle then came collided with the rear of my vehicle which then I collided with the second follow by first vehicle. Only my vehicle was tow away and my passenger was not injury. I felt unwell on my lower back after the collision and went to hospital for X-RAY at 1300hrs by myself without ambulance conveyed, and was given MC 7 days. I did not have the other parties particular as they refused to exchange the particulars.

I am lodging this report for recording and for insurance purposes.



Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999



3 of 4

Report No. T/20220909/2071

CONTINUATION OF REPORT





4 of 4

Report No. T/20220909/2071

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT

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: J / SCSGT(1) YAP JIA QIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/09/2022 17:33
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:
NP168	

