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SINGAPORE ACCIDENT STATEMENT

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. 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 23/09/2022 16:52 (SGT) Reported by Driver Date of Accident 22/09/2022 14:00 (SGT) Exact Location of Accident Opp Blk 305, Singapore Additional Location Information UBI AVENUE 1 CAR PARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN7763R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

Company Reg No Email Address Mobile Phone No

Alternative Phone No

Yes

STAR ENVIRONMENTAL SERVICES PTE. LTD.

2XXXXX264G

star,envi81@gmail.com (Phone) +65-66831125

VEHICLE PARTICULARS

Manufacturer

Model

Variant

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

Are you claiming under your own insurance policy for repair to vour vehicle?

Vehicle Category

Transmission

CC

UDTrucks PKC8ELN5EP

Employment

No - Reporting only Commercial vehicle

Manual 7013

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Lonpac Insurance Bhd Z22VC05012866

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

MARIMUTHU VARATHARAJ

SXXXX724H 10/08/1969 Outdoor



Date Of Driving Pass 29/09/2017 Driving experience 5 YEARS Gender Male Mobile Number (Phone) +65-98004032 Alt. Phone Number Email Address star.envi81@gmail.com Address BLK 162 JALAN TECK WHYE #16-208 Address complement Postcode 680162 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 Side Swipe Weather Conditions Clear 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) 3 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 ANBU Gender Male PASSENGER 2 Name DELLIP Gender Male 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD2459G
Vehicle Manufacturer	011024000
Vehicle Model	- William S
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Taxi
Name of Driver	NG BOON CHONG
NRIC No	SXXXX898J
Contact Number	***
Address	
Address complement	
Postcode	111 1111 11 1 1 1 1 1 1 1 1 1 1 1 1 1
Insurance Company Name	HII - 10000 - 10 5722
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 Actual Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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 Traffic Police Department for investigation.
- 6. 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.
- 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)

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.

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)

Sketch Plan

Describe Circumstance of the Academt ON 22/09/2022 AT ABOUT 14:00 HRS J WAS AT
PIK 30+ UBI AUGURE 1. TRAFFIC WAS HEAVY BO DURING
AFIAR SCHOOL TIME, I STOP MY WERY YM 7763R
SUDDENLY A TAXI SHO 2459 G BESIDE ME TRY 70.
REVERSE & BRUSH AGAINIST MY LET RIGHT RAPOR TYPE
THAT HOLL

Declaration

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

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: 22109202 LICODIMMITY	Y), TIME: (24: : //) (HH:MM).
LOCATION: BCCK 305 UBI AVE	e' ·
1. DETAILS OF VEHICLE	p
b) INSURANCE COMPANY: LOAL DAC I	VSURANCE
CIPOLICY NUMBER: Z22 VCO F	012266
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PA	RTY / THIRD PARTY FIRE &THEFT)
FITYPE: (SALOON / COUPE / MPV /VAN / LORE	RY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERC	CIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:	URANCE (YES/NO)
IF NO. PLEASE STATE (THIRD PARTY CLAIM / R	REPORTING ONLY)
MBU - 2. INSURED / POLICY HOLDER AINAME! STAR EN VI POMENT	AL SER IMALE / FEMALE!
DINRIC/FIN/PASSPORT	CONTACTE DUSTILLES
c)ADDRESS:	
+ CONTINUE TO 3.4 IF DRIVER ALSO POLICY H	IOLDER
WHO of passanger DRIVER M. VARATHARAT	MALE FEMALES
Chichains diver. binRic/FIN/PASSPORTI G6963 +	TECK WAY
C)ADDRESS: 18C/C - 1671 7ACA/	5(NORAPUTE 680 162
e) OCCUPATION: (INDOOR / OUTOOR)), , , , , , , , , , , , , , , , , , ,
FIDATE OF DRIVING PASS	THE COMPANY? (YES ! NO)
4. WAS DRIVER AN EMPLOYEE OF THE INSU	
5. a) WEATHER CONDITION: (QUAR / RAINING	/ OT-IERS
6. WAS ANYBODY INJURED (YES / NO)	
7 GIREPORTED TO POUCE (YES / NO)	N.
IF YES, PLEASE STATE WHICH POLICE STATIC	10.51
He of passinger of VEHICLE NUMBER: 1151	9 GMODELL
Chichigan diver, c) NRIC/FIN/PASSPORT: 5-1607-85	18 TCONTACT:
9. THIRD PARTY VEHICLE	MODEL:
THE AT PASSANGE . OF DRIVER'S NAME.	CONTACT:
(Induding dislover) f) NRIC/FIN/PASSPORT!	
(

email = STAR ENVISIO GMOIC WY



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).

THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z22VC05012866

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

UD TRUCKS PKC8ELN5EP

YN7763R

2. Name of Policy Holder

STAR ENVIRONMENTAL SERVICES PTE LTD

 Effective Date of the Commencement of Insurance for the purpose of the Act 18/07/2022

4. Date of Expiry of the Insurance

17/07/2023

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR 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.

6. Limitations as to use

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

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.

THE POLICY DOES NOT COVER:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIALOR SPEED TESTING.

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE,

Excess

: S\$ 700.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

ance.

CHIEF EXECUTIVE (Singapore Branch)

User ID: LEROI Date Issued: 18/07/2022