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 04/11/2022 16:22 (SGT) Reported by Driver Date of Accident 03/11/2022 19:00 (SGT) Exact Location of Accident Bayfront Ave & Sheares Link, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Private hire

Auto

1685

Vehicle Registration Number SLF9006B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner GUSTO ENTERPRISE (S) PTE. LTD. Company Reg No 202018064W Email Address UNDERSIEGE21@GMAIL.COM Mobile Phone No (Phone) +65-91557425 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Kia Model Carens 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? Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5119139262-02

DRIVER

Name of Driver **RUSHIDAH BINTE YUSOFF** NRIC No S8013872E Date Of Birth 13/05/1980 Occupation Outdoor

Date Of Driving Pass 27/09/2007 Driving experience 15 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-91557425 Alt. Phone Number Email Address UNDERSIEGE21@GMAIL.COM Address **472A FERNVALE STREET** Address complement 11-39 Postcode 791472 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 - Change/cross lane Weather Conditions Clear Road Surface Dry 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? 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? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED 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 NumberSKZ1232ZVehicle ManufacturerRenaultVehicle ModelFluenceVehicle 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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	RUSHIDAH BINTE YUSOFF Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SLF9006B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
- 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 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

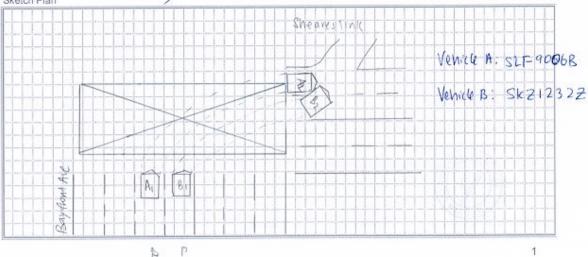


Policyholder's Signature

ire (if driver is not the policyholder) / Date

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

Sketch Plan



Describe Circumstance of the Accident	
REFER TO POI	LICE REPORT
7/2022 1104	/ 7020
,	
	TEN TEN
	416
.54	
Declaration I/We declare the force of the declare the declare the declare the force of the declare the force of the declare the declared the declar	
	(Sagercia)
Policyholder's Signature / Date & Time Oriver's Signature (If driver is not the policy & Time	yholder) / Date Witnessed by Reporting Personnel

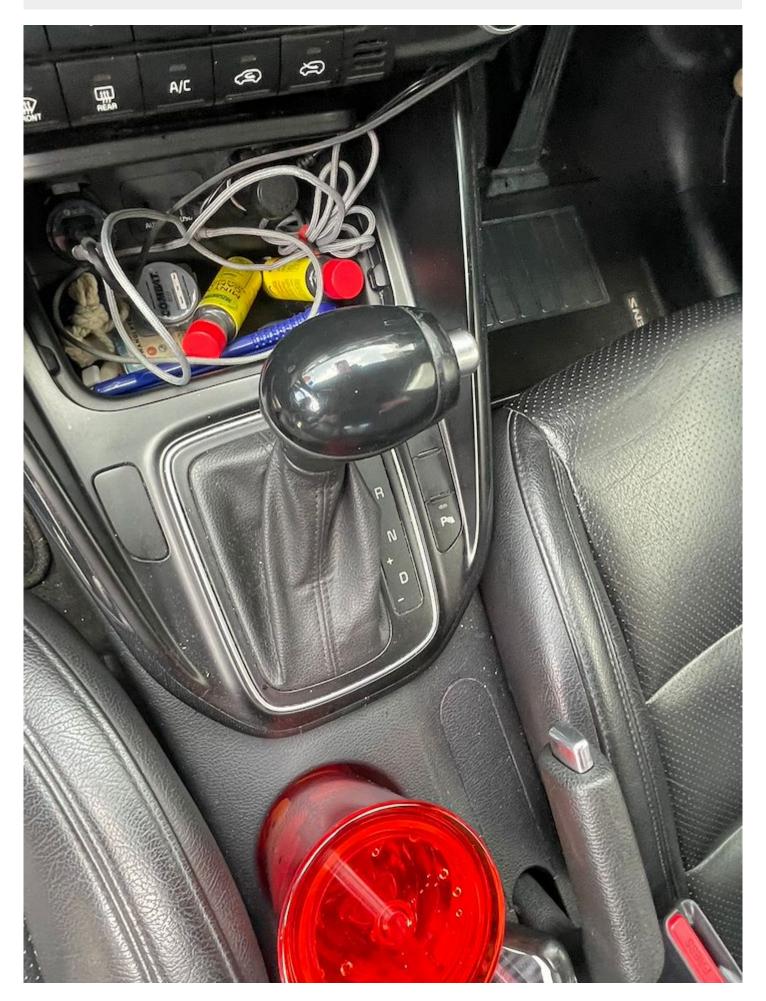




















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20221104/7023

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 14/11/2022 13:08		Vide Report No.:	Station Diary No.:	
Informan	t's Partic	ulars			
Name of Informant: Address: RUSHIDAH BINTE YUSOFF 472A FERNVALE STR				11-39 SINGAPORE 791472	
ID Type / NRIC NO	ID No.: / S80138	72E	Contact No.: Home/Office:	Mobile: 91557425	
Nationalit	y: DRE CITIZ	ΈΝ	Email: UNDERSIEGE21@GMAIL.COM		
Sex: Female	Age: 42	Date of Birth: 13/05/1980	Total Transfer of the Control of the		
Race: Malay			Language: English	Institution / School Name:	
Occupation: delivery			Driving Licence Information: Class: 2B,3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/11/2022 19:00	Type of Location Straight Road
Location: BAYFRONT / Weather: Clear	AVENUE	Road Surface:	F	Road Speed Limit:
Traffia Classe		Traffic Control:	1.0	Fraffic Volume:
Traffic Flow: One Way		Not Controlled	1	.igiit

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SKZ1232Z	Car	RENAULT	FLUENCE 1.5 DCI 110 A/T SR	Grey	Slightly Damaged	0
SLF9006B	Car	KIA	CARENS 1.7(A) DIESEL SUNROOF	Black	Slightly Damaged	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221104/7023

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLF9006B	NTUC Income Insurance Co-Operative Limited	5119139262-02	15/09/2022	14/09/2023	

Details of Perso	n Involved						
Any Pedestrian I	nvolved: No		-2-				
No. of Pedestriar	ns Injured: NIL		Use of Ped	destriar	estrian Crossing: NA		
Driver							
Name	JOHN TAY ENG CHYE			ID No		S0225986I	
Related Vehicle	SKZ1232Z (Car)			Conta	ct No.	96706701	
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL		
Date	NIL Date		Date		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		
Driver			7.1		1,12		
Name	RUSHIDAH BINTE Y	USOFF		ID No	10	S8013872E	
Related Vehicle	SLF9006B (Car)			Conta	ct No.	91557425	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			Class Drivin Licent Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL	
Date	04/11/2022		Date		04/11	/2022	
No. of Days gran	ted Medical Leave	05	Degree of		Slight	l .	

Brief Details.

At the stated date and time, I turned right from Lane 2 Bayfront Avenue T-Junction to Lane 2 Sheares Link. Vehicle B was on Lane 1 Bayfront Avenue and turned to Lane 1 Sheares Link. As i proceeded straight on lane 2, vehicle B suddenly swerved from lane 1 into my lane to turn into Marina Bay Sands Tower 1 and collided into the right portion of my vehicle. My vehicle was dragged for a distance as vehicle B did not stop immediately after the collision.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221104/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	04/11/2022 13:08
Officer In Charge Of Case: TP / TPIB /	Classification Of Case:
ANG YI TING, STEPHANIE	
Contact No.: 65476414	
NP168	





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5119139262-02 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SLF9006B

Chassis Number : KNAHU815VG7161762

Name of Policyholder : GUSTO ENTERPRISE (S) PTE. LTD.

 3. Effective Date of Insurance
 : 15 Sep 2022

 4. Expiry Date of Insurance
 : 14 Sep 2023

5. 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 his/her 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#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1) : \$\$2,000 EXCESS (SECTION 2) : SS1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : \$\$1,500 REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO ROADSIDE ASSISTANCE AND WELLNESS COVER : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : TAI THONG LEE TRADING (PRIVATE) LIMITED

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : TAI THONG LEE TRADING (PRIVATE) LIMITED (00000612744)

Date of Issue : 16 Sep 2022 15:04 hrs

For INCOME INSURANCE LIMITED

Chief Executive



GUSTO ENTERPRISE (S) PTE LTD

"Forging Forward with Fortitude"

Office: 213 Ubi Avenue 4, Singapore 408808 | Contact: +65 9337 1048 / +65 8767 5136 UEN NO: 202018064W

I FACE ACDEEMENT (CADC)

NAME	Rushidah binne Yusoff	en the said
D.O.B	13 -05 -1980	
ADDRESS	BIK 1208 Edgedaie Plains #05-281 S(822120)	
VRIC / PASSPORT NO.	38013872E	
CONTACT NO.	9155 7425	
PURPOSE	PHY rental.	
EMAIL ADDRESS		

MOTOR VEHICLE DETAILS	Contract to the second test		
LICENSE PLATE NO.	SLF90068	MAKE/MODEL	KIA DIESEL
EASE AMOUNT (PER DAY)	-1F0R	TOTAL LEASE AMOUNT	#4701-
COMMENCEMENT DATE &TIME	15 August 22	RETURN DATE & TIME	15 MOV 32
AMOUNT OF FUEL UPON COLLECTION		AMOUNT OF FUEL UPON RETURN	

GUSTO ENTERPRISE (S) PIE 110

Name: Murry

Designation: General manager

Date: 15/08/22

LESSEE'S SIGNATURE

Name: Rushidh Justiff NRIC/Passport No.: 580138726

Date: 15/8/2022