SA1822710003 / Abwin Service Pte Ltd ENTRY DATE & TIME: 01/07/2022 16:19 (SGT) SUBMITTED BY: Gerine Cheng VERSION: 1 (01/07/2022 16:19 (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 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 01/07/2022 16:19 (SGT) Reported by Driver Date of Accident 29/06/2022 19:45 (SGT) Exact Location of Accident 42 Dawson Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBK9537C**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner A-TEC AUTOHUB PTE. LTD. Company Reg No 201942954Z Email Address DREAMCARZLEASING@GMAIL.COM Mobile Phone No (Phone) +65-97103383 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace 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 Auto CC 2982

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5120801055-01

DRIVER

Name of Driver TAN YU XIN, JEANNETTE NRIC No T0111263A Date Of Birth 17/04/2001 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	28/01/2022 5 MONTHS Female (Phone) +65-92710398 - JNETTETAN@GMAIL.COM 688 JURONG WEST CENTRAL 1 10-245 640688 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Major/Minor Rd Clear Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN ATTACHED	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SHC1504X

Vehicle Model
Vehicle Variant

Vehicle Colour	_
Vehicle Category	Taxi
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)	1

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 touthful 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 ladgement 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 rejevant government agency/authority (such as the police), for the purpose(s) of:

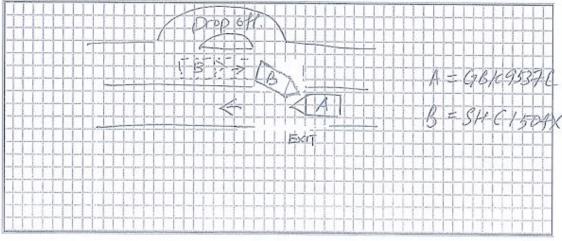
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the malling 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 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

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





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Declaration

I/We declare the forego

Policyholder's Signature / Date & Time

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



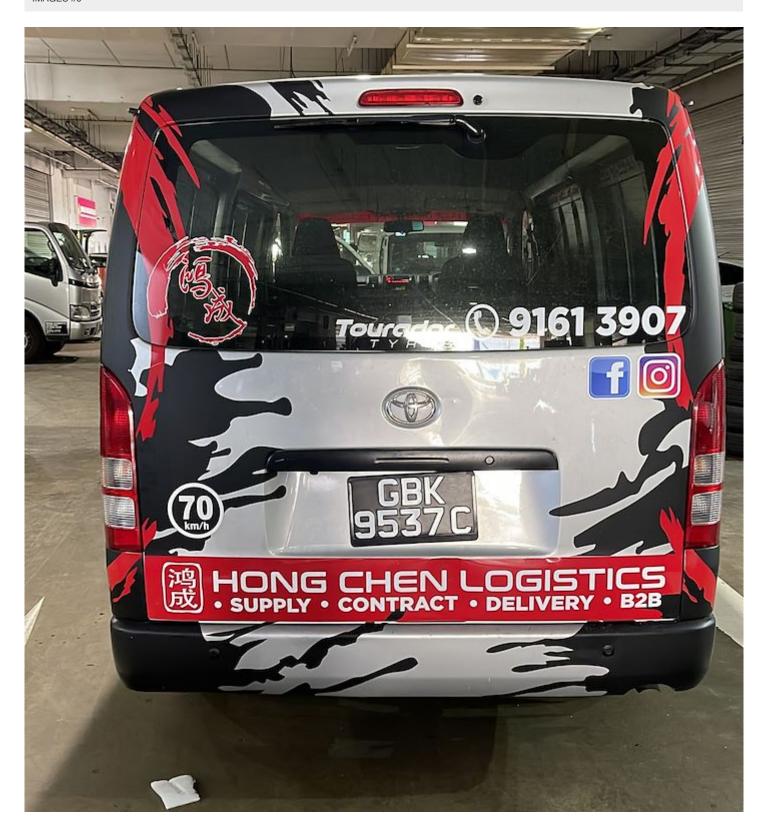


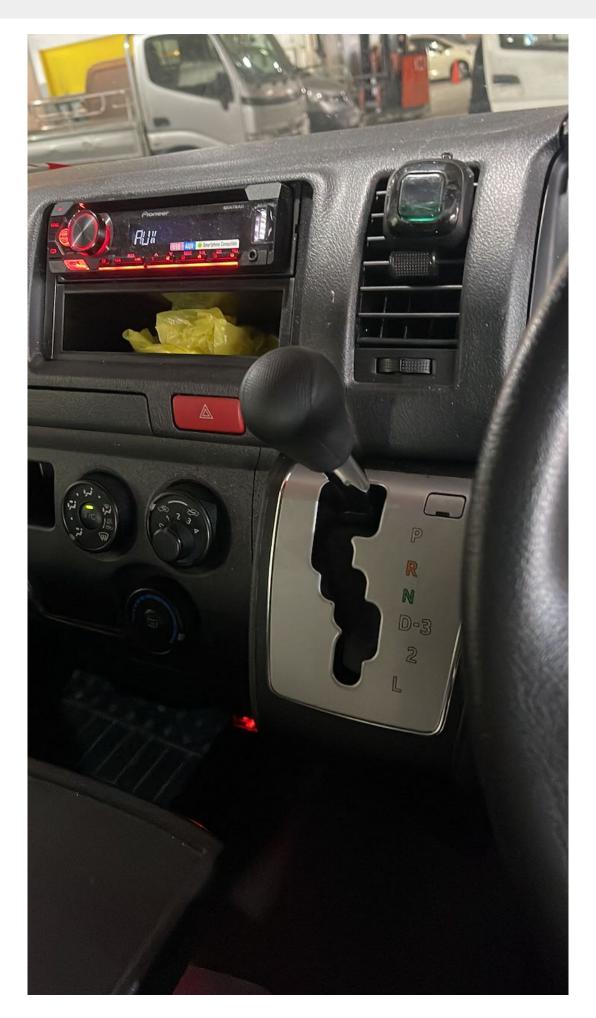
















Certificate of Insurance

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: 5120801055-01

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: GBK9537C

Chassis Number 2. Name of Policyholder : JTFHT02P800251246

: A-TEC AUTOHUB PTE. LTD.

3. Effective Date of Insurance

: 30 Jan 2022

4. Expiry Date of Insurance

: 29 Jan 2023

5. Persons or Classes of Persons entitled to drivelf

(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.

(b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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

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

EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : 5\$1,500 INSURE WITH COE : N/A HIRE PURCHASE COMPANY : N/A SUM INSURED : N/A

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)

: ASSURE (SINGAPORE) PTE. LTD. (00000615327)

: 26 Jan 2022 17:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

A-TEC AUTOHUB PTE LTD

8 Kaki Bukit Ave 4 #04-20 Premier Singapore 415875 Email: dreamcarzleasing@gmail.com

Tel: +65 6214 0474 Fax: +65 6384 5205



	Vehicle No: GRh9537C Replace Veh No:
Name: (as in I/C) Jan Yu Kin, Jeannett	Mileage Out: Mileage Out:
NRICIPASSPORT NO: \$ 0111263A Address (Res) BIK 688 From West Com	Make & Model: Auto Manual Group:
#112-24+ C64068d	04.04 2m / / 2 - 2 Times
Name & Address of Employer Hong Chen Partne	HIRE / PERIOD EXPIRY Time;
Pre Cod	NON-WAIVER EXCESS =\$ 2000 /2000
Occupation: Driving Exp:	CHARGES
Driving Licence No: D/L Type : Local / Internat	
ssue Date: Date of Birth:	Wester Of personals
rel: (O)(R)HP / PG	Monthly @S per month
ADDITIONAL DRIVER'S PARTICULARS	
Name: (as in I/C)	Hours @\$ per hour
NRIC/PASSPORT No:	American Company of the Company of t
Address (Res) —	
Driving Licence No: D/L Type : Local / Internat	PAI @\$ per day/month
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