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 17/01/2023 15:13 (SGT) Reported by Date of Accident 16/01/2023 16:30 (SGT) Exact Location of Accident Singapore Additional Location Information YISHUN AVE 1 (YISHUN DAM) TOWARDS YISHUN AVE 8 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SLJ129T

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SPEEDY TRADING Company Reg No 5XXXX601A Email Address ERICLIMLAIHENG@GMAIL.COM Mobile Phone No (Phone) +65-82993501 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Sienta Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number 22-MU012412-R05

DRIVER

Name of Driver LIM LAI HENG NRIC No SXXXX431A Date Of Birth 11/04/1978 Occupation Indoor

Date Of Driving Pass 13/02/2007 Driving experience 15 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-82993501 Alt. Phone Number Email Address ERICLIMLAIHENG@GMAIL.COM Address BLK 467B FERNVALE LINK #11-527 Address complement Postcode 792467 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured sole proprietor Does Driver Own Other Vehicles? 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 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? Police Station Name Ang Mo Kio North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004849999 Alt. Police Station Phone No (Fax) +65-62181399 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO THE SKETCH PLAN AND POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YP7540G 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 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SNC9277C - -
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 Phone No Address Address Complement	LIM LAI HENG Male (Phone) +65-82993501 -
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN IN THE BACK AND AREA
Injured person in which vehicle?	SLJ129T
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 Formmust be completed by the Policyholder and/or the Authorised 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 Police for investigation.
- 6. The report will be forwarded by the Insurers of the GA 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 ledgement 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

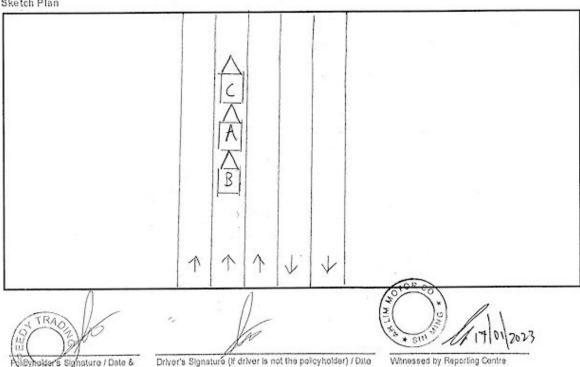
lunderstand, acknowledge, agree and consent that :

- (a) My Insurer , my w orkshop 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 "Porsional 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' law yers/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 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' lawyors/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Sketch Plan



nature / Date &

& Time

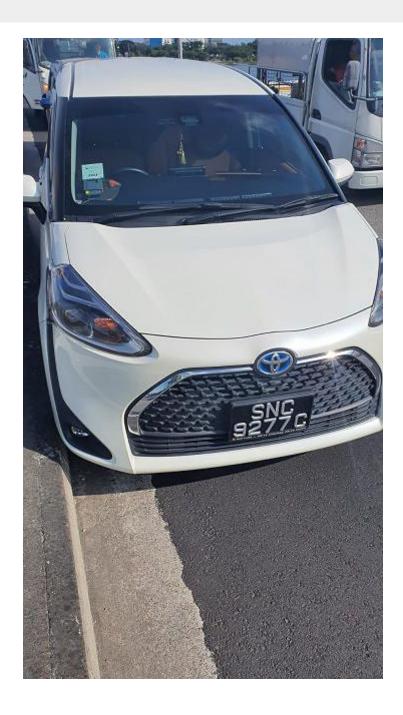
Witnessed by Reporting Centre

Personnel

1 1

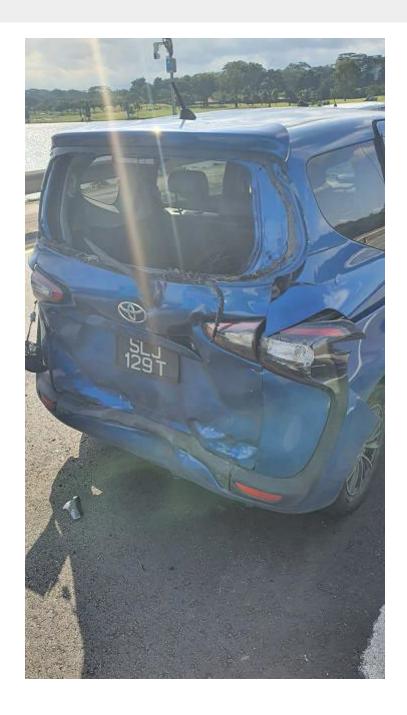
Date of accident: 16 01 2023 Time: 4:30 pm Location: Vishun Ave 1 (Vishun DAM) My Vehicle A: SL J 129 T vehicle B: YP 75 40G vehicle C: +owards Vishun AVE
SKETECH PLAN Describe Circumstances of the Accident 8
Reder to police report
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under
you own policy. Kindly check with your own insurer for more information. Claim OD/TP at Ah Lim Motor
We declare the foregoing particulars are true in every respect.
Clayrotteds Signature / Date & Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Time Personnel

(NUMBER 1855VE)









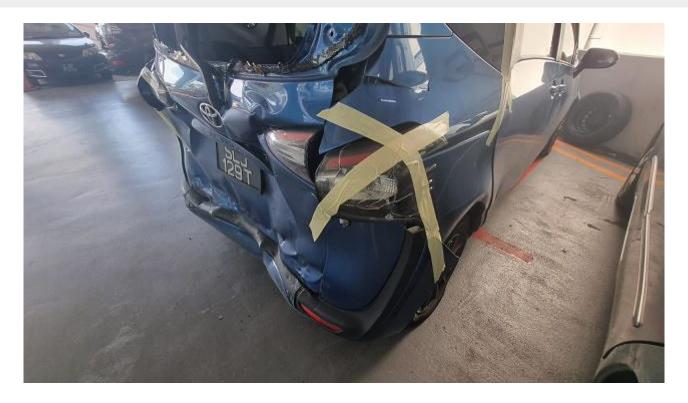


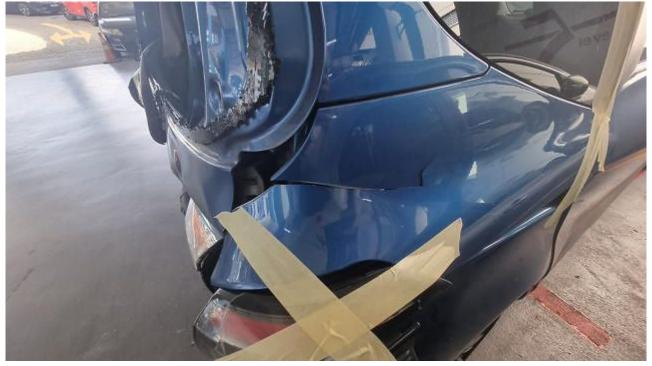






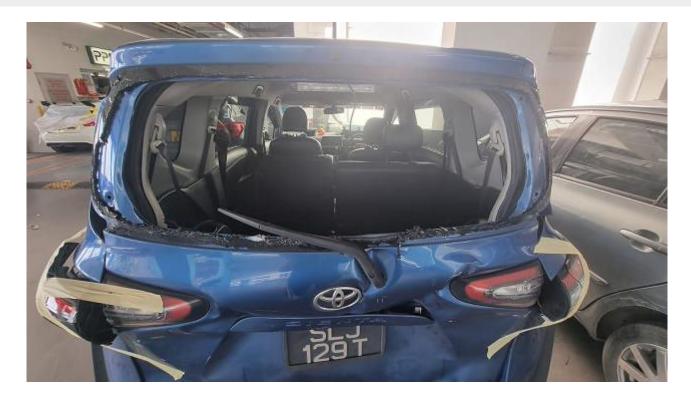




















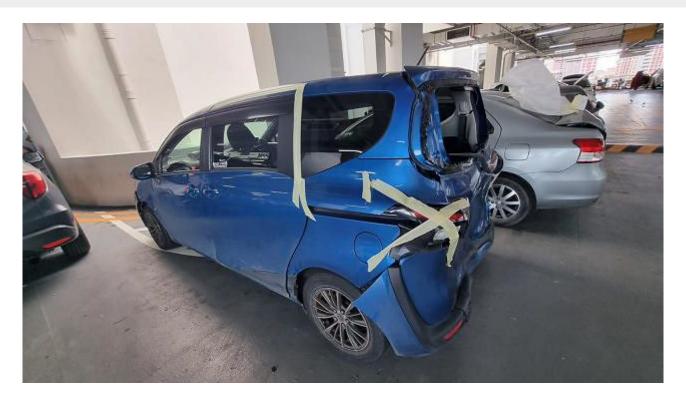


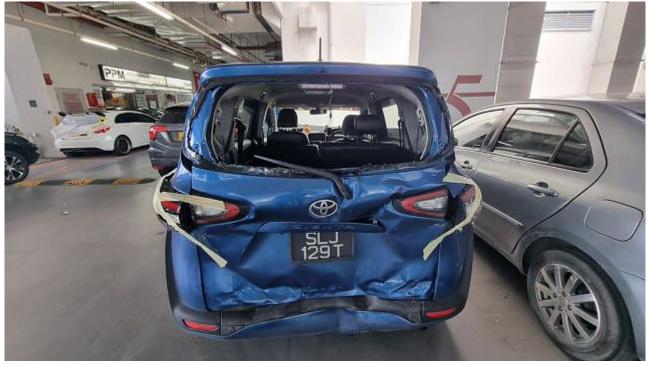






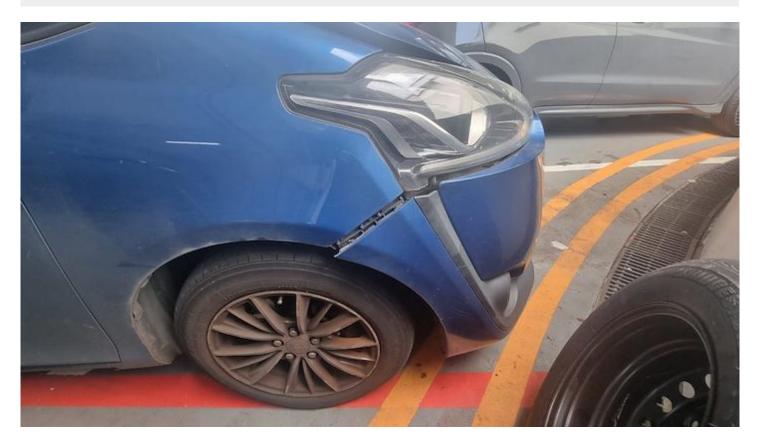




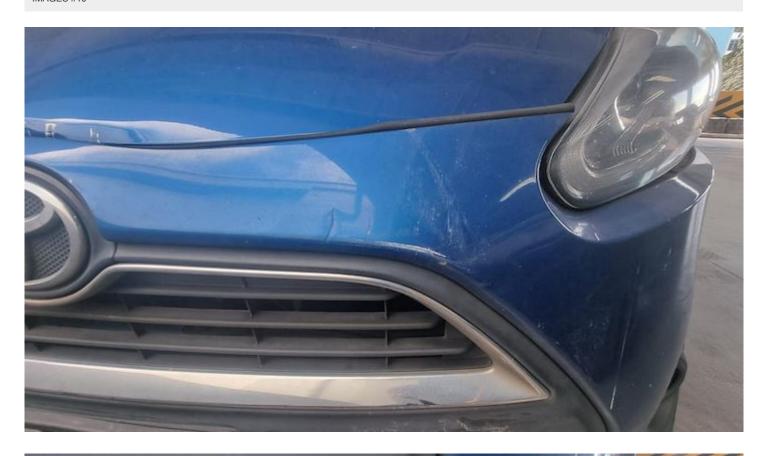
















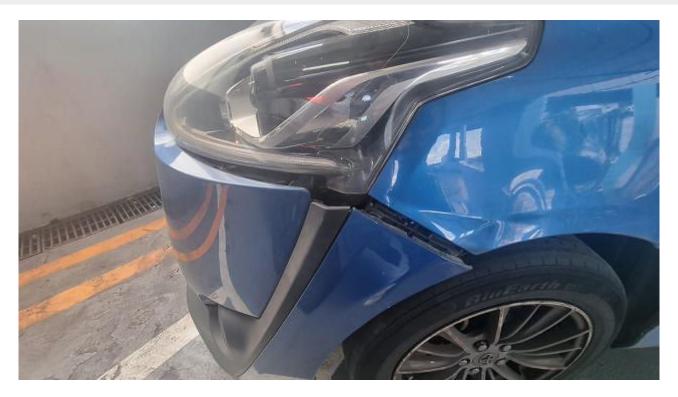




















Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Report No. T/20230117/2036

Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/01/2023 11:58		Made:	Vide Report No.:	Station Diary No.: 26	
Informa	nt's Partic	ulars	technical and the		
Name of Informant: LIM LAI HENG			Address: APT BLK 467B FERNVALE LINK #11-527 SINGAPORE 792467		
ID Type / ID No.: NRIC NO / S7809431A			Contact No.: Home/Office: Mobile: 82993501		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Male 44 11/04/1978			Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: PRIVATE HIRER			Driving Licence Information	on: Date of Expiry:	

General Infor	nation of the Accident		1 13 2 1			
Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 16/01/2023 16:30	Type of Location: Straight Road		
Location: YISHUN AVE	NUE 1					
Weather: Clear		Road Surface: Dry		Road Speed Limit:		
Traffic Flow:		Traffic Control:		Traffic Volume:		
Type of Collis Between Mov	ion: ing Vehicles - Head To R		Anyone conveyed by ambulance: No			

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SLJ129T	Car	, man	7,000		Seriously Damaged	Contract of the Contract of th
SNC9277C	Car					0
YP7540G	Lorry					0





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 2 of 3 Report No. T/20230117/2036

569784 Tel No: 1800-4849999

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No		Street, David San			
			Use of Pe	Use of Pedestrian Crossing: NA		
Driver						
Name	LIM LAI HENG		ID No		S7809431A	
Related Vehicle	SLJ129T (Car)			Conta	ct No.	82993501
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licene Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	16/01/2023 Date			harge	-	/2023
No. of Days granted Medical Leave 05			Degree of	Injury	NIL	

Brief Details.

On 16/01/2023 at about 1630hrs I was driving my vehicle SLJ129T along Yishun Avenue 1 going towards Yishun Avenue 8.

I was driving at the right lane. Suddenly the car SNC9277C in front of me stopped. So I slowed down and stopped my car.

Suddenly I felt an impact on the rear of my car. Due to the impact, my car moved forward and hit onto SNC9277C.

A Lorry YP7540G hit onto the rear of my car.

There were several damages on the rear of my car.

I have the video footage of the incident. I was injured and I have seen a doctor. I am given 5 days of MC.





Report No. T/20230117/2036

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999

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: F / SGT 2 RAJESWARI D/O PATRICK VISWA NATHAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/01/2023 11:58
Officer In Charge Of Case: TP / GIT / SGT 3 MUHD SYARIFUDDIN MUHD AJMAIN Contact No.: 65476083	Classification Of Case:
NP168	l





IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SA1B231H0002 Vehicle Registration No: SLJ129T Name (as shown in NRIC): LIM LAI HENG ____NRIC/FIN/Passport No: S7809431A (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: BLK 467B FERNVALE LINK #11-527 _ Singapore (792467) Mobile No.: 8299 3501 Contact (Tel):_ Email Address: ERICLIMLAIHENG@GMAIL.COM ____ Time of Accident: 16:30 HRS Date of Accident: 16/01/2023 Place of Accident: ____YISHUN AVE 1 (YISHUN DAM) TOWARDS YISHUN AVE 8 Insurance Company: TOKIO MARINE (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: To amend and key in the owner particular. **OPERATOR** Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: Date: NRIC/FIN No.:

Date:

GIARMC Addendum Form

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: L92300014M) (GST Reg. No.: M2-C000023-4) 28 McCatlom Street #09-01 Tokio Marine Centre Singapore 069846

T: (65) 6221 61.11 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg. W: www.tokiomarine.com

A member of the Tokio Marine Group



Certificate of Insurance

FORM MX1 H

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: 22-MU012412-R05 (Private Motor Car)

1. Index Mark and Registration Number

SLJ129T

Chassis No.: NSP1707052802

of Vehicle

2. Name of Policyholder

SPEEDY TRADING

3. Effective date of the Commencement of Insurance for the purposes of the Act

25/11/2022

4. Date of Expiry of Insurance

24/11/2023

5. Persons or Class of Persons entitled to drive*

The Policyholder

Any person who is driving on the Policyholder's order or with 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act las not been cancelled at the time of the accident loss or damage.

Limitations as to use*

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.

Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

The Policy does not cover:-

1) Use for racing, pace-making, reliability trial or speed-testing.

- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- 3) Use for the carriage of passengers for hire or reward by any person except for private hire services
- 4) Use for hire or reward except for (3) and rental by the Policyholder.
- Limitations rendered inoperative by Section 8 of the 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION Account: 1636DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value Own Damage Claims

SGD 2,000

Policy Excess: Policy Excess:

Excess-Third Party (Sect II)

SGD 2,000

Young/Inexperienced Driver

SGD 3,500 (In additional to Section 1 & 2 separately)

Windscreen Excess

SGD 100

Financial Interest:

GOLDBELL FINANCIAL SERVICES PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: TMIS Direct from TM Onli

Printed: 22/11/2022