SW0H23140001 / Woon Meng Motor Pte Ltd [659578] ENTRY DATE & TIME: 04/01/2023 11:26 (SGT) SUBMITTED BY: Heng Sew Sow VERSION: 1 (04/01/2023 11:26 (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 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 04/01/2023 11:26 (SGT) Reported by Date of Accident 01/01/2023 12:02 (SGT) Exact Location of Accident 4 Teck Whye Ave, Block 4, Singapore 680004 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number **GBJ5346T**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner 9S Seafood Pte Ltd Company Reg No 201917210K Email Address eddie@9sseafood.com Mobile Phone No (Phone) +65-97222202 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Dyna Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number

DRIVER

Name of Driver See Tho Yam Nam NRIC No S1433911F Date Of Birth 30/04/1960 Occupation Outdoor

Date Of Driving Pass 09/12/1977 Driving experience 45 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-97222202 Alt. Phone Number Email Address eddie@9sseafood.com Address Blk 1 Teck Whye Ave, #11-190 Address complement Postcode 680001 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 Collided into Parked Vehicle 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? No 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? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to attached sketch plan. Remarks: Vehicle was not present during reporting, photos provided by insured. 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 NumberSKB7238UVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate 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)				_

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.
- 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.

- 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)

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 flawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Poly Robers S Sketch Plan

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

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

A 6835346T 8-5K87238U B 6007

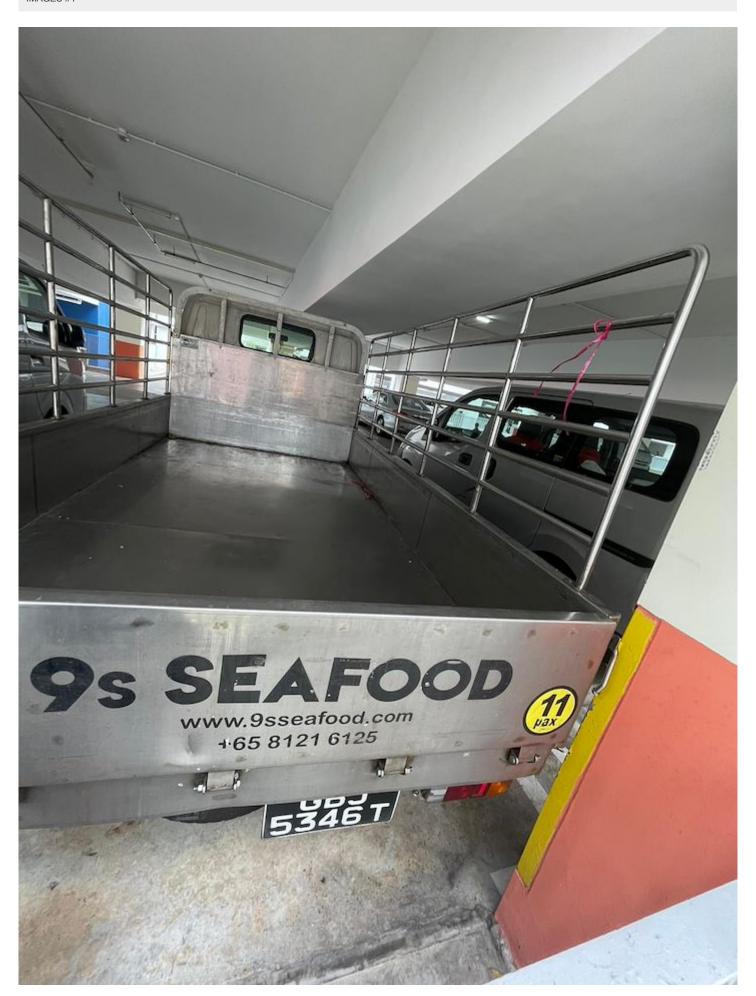
Please note that you might be able to submit an Own Damage Claim under your own policy within 14 days. 1
() Claim Own Damage () Claim Third Party () Reporting Only () Claim OD/ TP at other workshop

	was doing a 3-point turn as there no u-turn ide the mainroad. I did not noticed if there's a collid left the place. 3 days later I received the videos
outs	ide the mainroad. I did not noticed if there's a collis
and	left the place. 3 days later I received the videos
04	accident.
-	
Santa Santa	
1. Was	s this statement translated from another language?
	s this statement translated from another language?
()Yes (/)No
(** H) Yes (/) No f Yes, please assist to provide the original statement and the details of the transfer below
(** H)Yes (/)No
** N) Yes (/) No f Yes, please assist to provide the original statement and the details of the translator below IOTE: Translated statement is to be signed off by the Translator
** N	Yes (/) No f Yes, please assist to provide the original statement and the details of the translator below IOTE: Translated statement is to be signed off by the Translator at is the original language used in the statement?
** H) Yes (/) No f Yes, please assist to provide the original statement and the details of the translator below IOTE: Translated statement is to be signed off by the Translator
(** If ** N	Yes () No FYes, please assist to provide the original statement and the details of the translator below NOTE: Translated statement is to be signed off by the Translator at is the original language used in the statement?) English () Mandarin () Malay () Tamil () Others:
(** If ** N	Yes (/) No f Yes, please assist to provide the original statement and the details of the translator below IOTE: Translated statement is to be signed off by the Translator at is the original language used in the statement?
(** H ** N 2. What (2. Tran	Yes () No FYes, please assist to provide the original statement and the details of the translator below NOTE: Translated statement is to be signed off by the Translator at is the original language used in the statement?) English () Mandarin () Malay () Tamil () Others:
2. Who	Yes (/) No FYes, please assist to provide the original statement and the details of the translator below IOTE: Translated statement is to be signed off by the Translator at is the original language used in the statement?) English () Mandarin () Malay () Tamil () Others:
(** H ** N 2. Who (2. Tran Nam Tran	Yes (/) No Fixes, please assist to provide the original statement and the details of the translator below NOTE: Translated statement is to be signed off by the Translator at is the original language used in the statement? Denglish () Mandarin () Malay () Tamil () Others: Inslator Information (all Information required to be provided) The of Translator:
2. Who	Yes (/) No if Yes, please assist to provide the original statement and the details of the translator below IOTE: Translated statement is to be signed off by the Translator at is the original language used in the statement?) English () Mandarin () Malay () Tamil () Others: Inslator Information (all information required to be provided) The of Translator: Inslator ID:
2. Who	Yes () No Yes, please assist to provide the original statement and the details of the translator below IOTE: Translated statement is to be signed off by the Translator at is the original language used in the statement? Denglish () Mandarin () Malay () Tamil () Others: Inslator Information (all information required to be provided) The of Translator: Inslator ID: Inslator Mobile No.: Inslator Email:
(** H ** N 2. Who (2. Tran Nam Tran Tran Tran	Yes (/) No FYes, please assist to provide the original statement and the details of the translator below IOTE: Translated statement is to be signed off by the Translator at is the original language used in the statement? Denglish () Mandarin () Malay () Tamil () Others: Inslator Information (all information required to be provided) The of Translator: Inslator ID: Inslator Mobile No.: Inslator Email:
(** H ** N 2. Who (2. Tran Nam Tran Tran Tran	Yes () No Yes, please assist to provide the original statement and the details of the translator below IOTE: Translated statement is to be signed off by the Translator at is the original language used in the statement? Denglish () Mandarin () Malay () Tamil () Others: Inslator Information (all information required to be provided) The of Translator: Inslator ID: Inslator Mobile No.: Inslator Email:











MZ300

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 ACT 1987 (MALAYSIA). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).

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

Certificate No.: Z22VC05014736 Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number TOYOTA DYNA 150 5MT + GBJ5346T

2. Name of Policy Holder 9S SEAFOOD PTE LTD

3. Effective Date of the Commencement of Insurance 24/11/2022

for the purpose of the Act

4. Date of Expiry of the Insurance 23/11/2023

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.

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

: \$\$ 600.00 (SECTION 1) \$\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS SS 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.

H.P., Owner: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

Oucle. CHIEF EXECUTIVE

User ID: JAIMETOH Date Issued: 01/11/2022

Certificate of Insurance - Page 1 of 1