SA1B232E0001 / AH LIM MOTOR COMPANY (BRANCH) ENTRY DATE & TIME: 15/02/2023 15:34 (SGT) SUBMITTED BY: GERALD CHEW VERSION: 1 (15/02/2023 15:34 (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.

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 15/02/2023 15:34 (SGT) Reported by Date of Accident 13/02/2023 18:40 (SGT) Exact Location of Accident Singapore Additional Location Information BOON LAY WAY SLIP ROAD TO JURONG GATEWAY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN379R

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AKB TRADING AND ENTERPRISE Company Reg No 5XXXX337M Email Address JAYAKUMAR.PALANI@ME.COM Mobile Phone No (Phone) +65-90014046 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Fit 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 car Transmission Auto CC 1339

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Policy Number / Cover Note Number DMPPHQ23-001150

DRIVER

Name of Driver THANA KANTAVEERAKUL Passport No/FIN AXXXX1208 Date Of Birth 31/12/1971 Occupation Indoor

Date Of Driving Pass Driving experience	12/06/1992 30 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90014046
Alt. Phone Number	(Filolie) +05-300 14040
Email Address	TUKAKA111@HOTMAIL.COM
Address	BLK 439A BUKIT BATOK WEST AVE 8 #05-991
Address complement	BEN 439A BONT BATON WEST AVE 8 #03-991
Postcode	651439
Is the driver the policyholder?	
If No, Relationship of the Driver with the Insured	No Hirer
Does Driver Own Other Vehicles?	
Vehicle Registration Number of Other Vehicle Owned by Driver	No
verlice registration runiber of other verlice owned by briver	_
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
	ы
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s)	3
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	SRINAN KANTAVEERAKUL
Gender	Male
PASSENGER 2	
FASSENGEN 2	
Name	BUAK HEIW KANATAVEERAKUL
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO THE SKETCH PLAN AND POLICE REPORT	
ATTACHMENT(S)	

Yes No

Are accident photos available for attachment? Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML5511S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
NRIC No	SXXXX724H
Contact Number	(Phone) +65-91460296
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	THANA KANTAVEERAKUL Male (Phone) +65-90014046
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN IN THE NECK AND BACK PAIN
Injured person in which vehicle?	SJN379R
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 Ferminust be completed by the Policyholder and/or the Authorised Oriver.
- 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 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 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 "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 "Insurors"), the insurors' law yersilaw 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 clains;
- (ii) 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
- (v) complying with applicable law in administering, processing, handling and/or dealing withmy 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Sketch Plan

A: 85N 379R B: 8ML 55113 ROOM IN WMY SLIP RI

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date 8 Time 14-02-23

KANTAVEBRAKUL

THANA

vaffessepay

SJN 379R

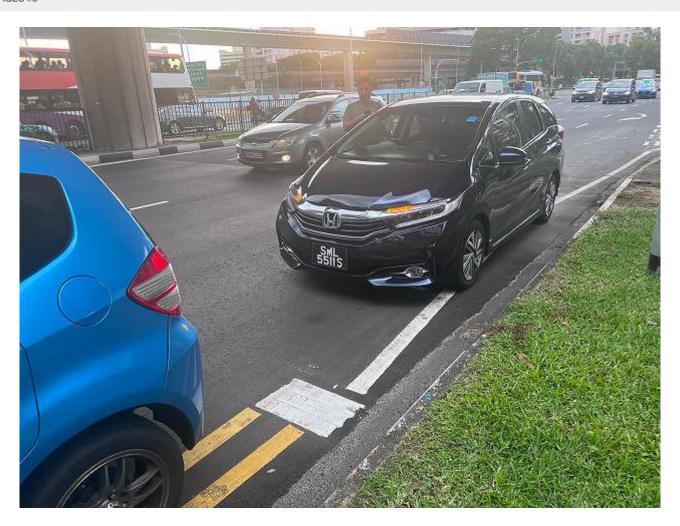
te of accident: (3.02-23	mine	emlbbing	Location.		
y Vehicle A: SJN 379R	Vehicle B:	211035113	Vehicle C:		
ETECH PLAN					
escribe Circumstances of the Ac	ccident				
				12	
Please refer	to police	report 9th	ached.		

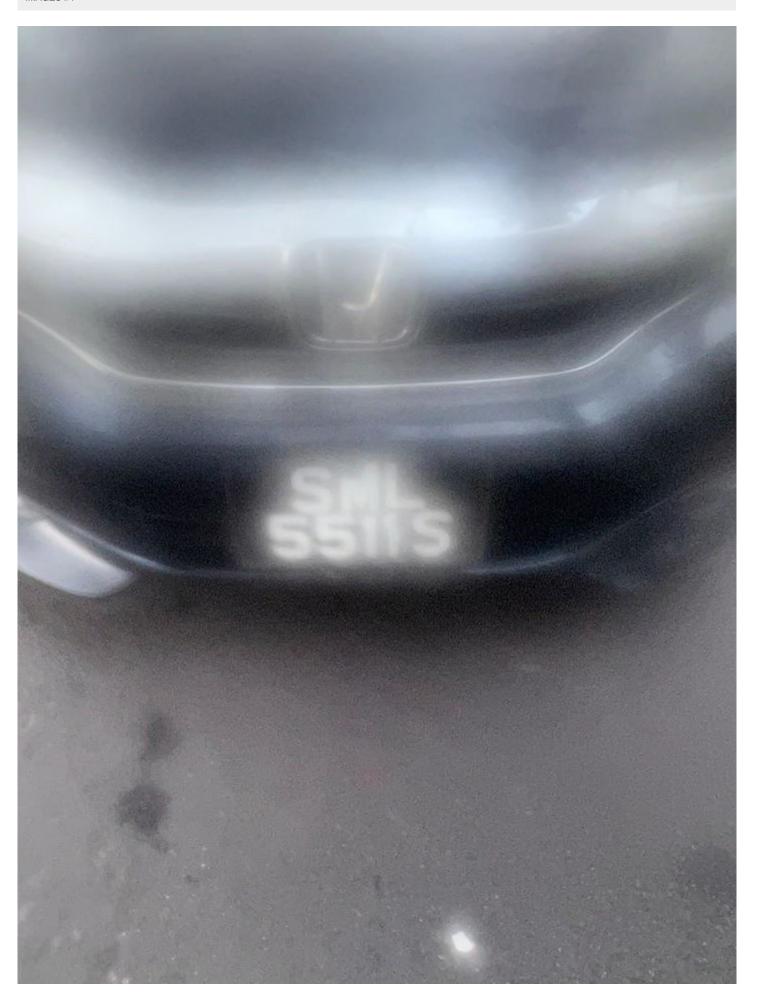
			100 - 100 - 20		
			7/2	NORMAL SERVICE SERVICE	
Note: Please take note that your In	surar have 14 days ti	maframa for you to e	ismit own dom	are elalor I	
you own policy. Kindly check with y	our own Insurer for	more information.	over the Over Gall	rego cialiff dilder	
Claim OD/TP at Ah Lim Motor	Claim ONT	Pat other worksho	n TRen	orting Only	
		Paromet Molystic	h Mush	orang only	
We declare the foregoing particulars are true	er exact reshant			/1	
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MA 10/10/02 1/11			101	11////////	

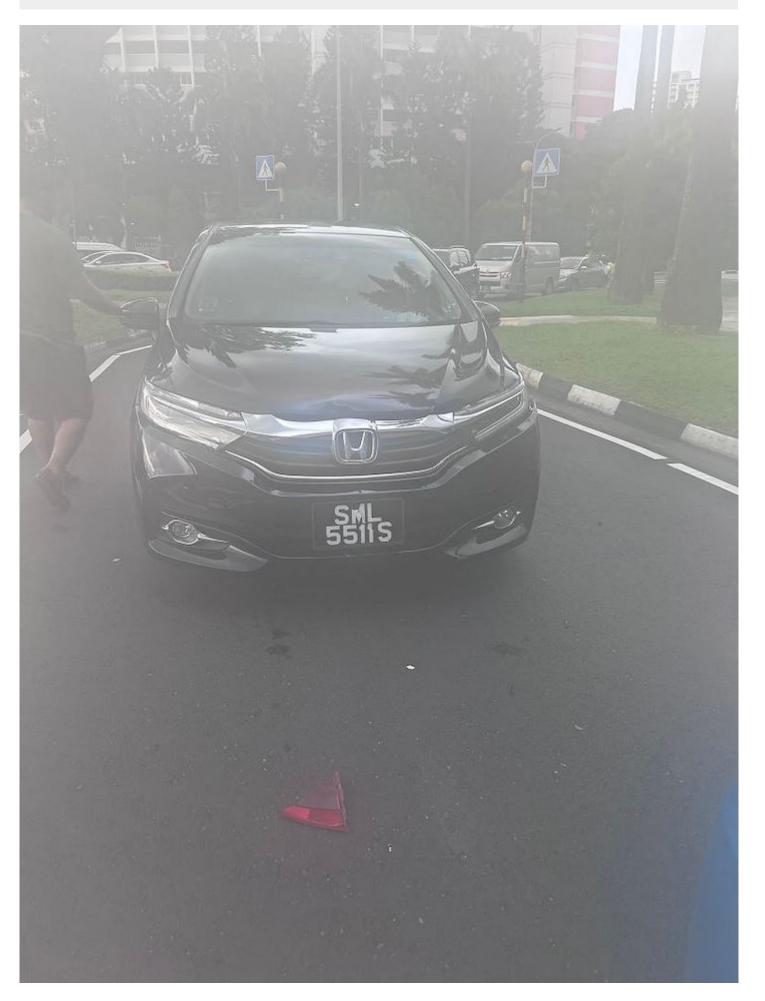
DEWELSKIE STO









































Police Station Of Origin: Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

1 of 3 Report No. T/20230214/2073

REPORT	OF	A	TRAFFIC	ACCIDENT

	ne Report i 023 17:31	/lade:	Vide Report No.:	Station Diary No.: 52	
Informa	nt's Partic	ulars	Secretary of the second		
	Informant: KANTAVE		Address: 439A BUKIT BATOK W 651439	/EST AVE 8 #05-991 SINGAPORE	
	/ ID No.: DRT / AB44	71208	Contact No.: Home/Office; Mobile: 80272869		
National THAI	ity:		Email: tuktaka111@hotmail.com		
Sex: Male	Age: 51	Date of Birth: 31/12/1971	Type of Informant: Driver		
Race:	C-100	Milesen de la	Language:	Institution / School Name:	
Occupation: BUSINESSMAN		Driving Licence Informa Class:	tion: Date of Expiry:		

Type of Accident:	Injury Others	Drink Date/Time of Drive: Accident:		Type of Location: Slip road	
Location: BOON LAY V Weather: Clear	WAY	Road Surface:	1	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light	
				Anyone conveyed by	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN379R	Car				Slightly Damaged	2
SML5511S	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 2 of 3 Report No. T/20230214/2073

CONTINUATION OF REPORT

Driver				W.	199	
Name	THANA KANTAVEERAKUL			ID No	9	AB4471208
Related Vehicle	SJN379R (Car)			Contact No.		80272869
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	14/02/2023 Date Dis			harge 14/02/2023		2/2023
No. of Days granted Medical Leave 05 Degree			Degree of	egree of Injury Slight		
Driver						
Name	Unknown Driver			ID No.	57.	NIL
Related Vehicle	SML5511S (Car)			Contact No.		91460296
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

Frented a vehicle (SJN379R) from the company AKB Trading & Enterprises with my wife since 21/11/2021.

On the 13/02/2023, I was driving the vehicle (SJN379R) along Boon Lay Way. There were two passengers with me inside the car. While at the slip road, I stopped the vehicle to give way to the oncoming traffic. While my vehicle was stationary, another vehicle from my rear (SML5511S) collided to the rear of my vehicle. My vehicle moved forward slightly. I then decided to drive ahead to stop at the side of the road. I make a check on my passengers, and they informed that they were fine. The other driver stopped behind my vehicle and make a check on the vehicles. The rear of the vehicle I was driving was dented and the right taillight was damaged due to the impact. The other driver gave me his contact number and I gave it to the rental car company for insurance claims.

On the 14/02/2023, I felt pain on my neck and back and went to see a doctor at Mount Alvernia Hospital. I was given 5 days MC from 14/02/2023 until 18/02/2023.





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 3 of 3 Report No. T/20230214/2073

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: E / SGT 3 MUHAMMAD TAUFIQ BIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/02/2023 17:31
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:
NP168	



AKB TRADING & ENTERPRISES

BLK-438C, BUKIT BATOK WEST AVE 8, SINGAPORE 653438
Tel: 9001 4046 Co. Reg. No: 53381337M

Rental Agreement

8 9	Ref	10: (8 (6 2) 13 1)
This Rental Agreement is Made 21 (Day	y) <u> \\ (</u> Month) <u>2\</u> (Year)	BAA &
Vehicle No: STN 379 R Vehicle Make	e/Model: Handa fT	
Vehicle Collection Date/Time: 15:36/2	4 4	1
Vehicle Return Date/Time:		
<u>Pa</u>	rticulars of Driver	
Name: MR THANA KANI	TAVEE RAKUL.	
ICNo: 36 607 00032 94 DOB: 3	SIDEC 197) License Passed: 127	5 PP1 NO
Contact No: 80 27 869 Gender		
18 N		
Year(s) of Driving Experience: 2.0	yeous above	
Address: 05-997, Bulkin BATT	OK AVER BIKARA	
In case of Emergency		
Name: To mm Y		
Relationship: Friend		
Contact No: 90693182		
<u>Te</u>	rms and Conditions	
The minimum rental period is for	Day(s)/Month(s)/ Year(s). Petrol Le	vel (00°.
Rental Deposit and Rental Payment: Rental Deposit	osit no Popost	
Rental payment: \$ 1100		
or an interest of 10% will be imposed to the total ren	ital amount for every late payment.)	
Insurance Coverage: The said Vehicle is covered	by commercial comprehensive insurance under	NTUC income insurance
Co-operative Limited (INCOME).		
Usage of The Vehicle: ONLY The Driver has the fu	ull right on usage of the vehicle within Singapore	(Please note that usage
does not allow for overseas usage). In any circumstan	ces another driver apart from the named/authori	zea ariver toung using the
vehicle, the owner will have the right to repossess the		sponsible for any, but not
limited to, vehicular accident, damages, loss, fire d	famage done to the car.	vahiala at anuwarkahan
No repair should be done without our approval. If h		venicie at any workshop
unauthorized by usapenalty of SGD\$3000.00/-will	beimposed.	of courts and bearings.
Any damage which includes physical damage or any	other general damages to the venicles, payment	ur repair cost nas to be
made immediately unless any other arrangemen	nts is made with AKB ENTERPRISE. ALL nire	a venicles should be only
refueled using unleaded 95/98 or V Power. Vehic		rnea clean. It venicle is
returned dirty, a nominal charge of SGD\$20.00/-N	ET Shall be collected.	

Page 1 of 3

EQ Insurance Company Limited 5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg

reg no. 1978-00490-N



CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1995 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

PRIVATE CAR Third Party Fire & Theft

Certificate No.: DMPPHQ23-001150

 Index Mark and Registration Number of Vehicles SJN379R Form: MX2 Excess: Employee Non-Employee

S\$0.00(Section 1 - Own Damage) S\$0.00(Section 1 - Own Damage)

2. Name of Policyholder

AKB TRADING & ENTERPRISE (Not Driving)

 Effective Date of the Commencement of Insurance for the purpose of the Act 23/01/2023

4. Date of Expiry of Insurance 22/01/2024

5. Person or Classes of persons entitled to drive

(a) The Policyholder

(b) Any other person who is driving on the Policyhelder's order or with his permission.

EQI Motor Accident Hotline

6311 3211



• Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment 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 has not been cancelled at the lime of accident loss or damage.

6. Limitation as to use"

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover:

(a) use for hire or reward

(b) use for racing pace-making reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any trade or business

(d) use for any purpose in connection with the Molor Trade

*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.

IWE 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) or and Amendment, Act or Acts passed in substitution thereof.

Hiro Purchaso:

A000137/l. Insurance Date of Issue: 13/01/2023 16:49

Authorised Signatory EQ Insurance Company Limited

AMember of Citystate