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 20/02/2023 17:12 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 18/02/2023 13:30 (SGT) Exact Location of Accident Singapore Additional Location Information Sri Srinivasa Perumal Temple gate parking entrance Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD8936C

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner POLY ELECTRONIC SERVICES COMPANY PTE LTD Company Reg No 200009271N Email Address Gigi@polytransformers.com Mobile Phone No (Phone) +65-96655710 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Volkswagen Model TRANSPORTER 2.0 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 - Reporting only your vehicle?

Vehicle Category Private car Transmission Manual CC 2000

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D22MTPCVE001828

DRIVER

Name of Driver **GOH JWEE CHONG** NRIC No S1075686C Date Of Birth 23/07/1942 Occupation Outdoor

Date Of Driving Pass 10/11/1959 Driving experience 63 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-86043067 Alt. Phone Number Email Address Gigi@polytransformers.com Address BLK 26 KALLANG PLACE #01-14 Address complement Postcode 339157 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 Collision - Major/Minor Rd 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 SKETCH PLAN 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 Number SJJ3608D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

Vehicle Category

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

MPORTANT NOTICE

- I. Please report correctly the details of the accident to speed up the claims process,
- ?. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may slow insurance companies to repudiate policy liability.
- 1. The Issue and acceptance of this Form by insurance companies is not an admission of policy lability on the part of the insurance
- 5. Any false reporting may be referred to the Police for Investigation.
- The report will be forwarded by the insurers of the GM Records Management Centra established by the General Insurance Association
 of Singapore (GM) 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

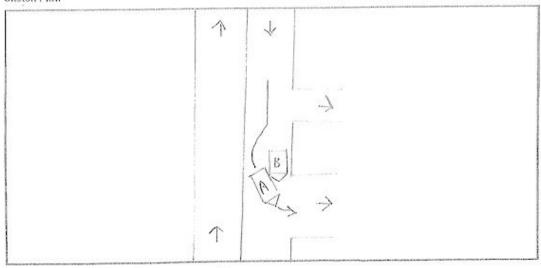
Lunderstand, acknowledge, agree and consent that :

- (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 "Porsional Information") and disclose and transfer such Personal Information to all insurer(s) who have have dealers and vehicle(s) involved in this accident (all insurer(s) who have 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
- (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 making 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 law yers flaw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Sketch Plan



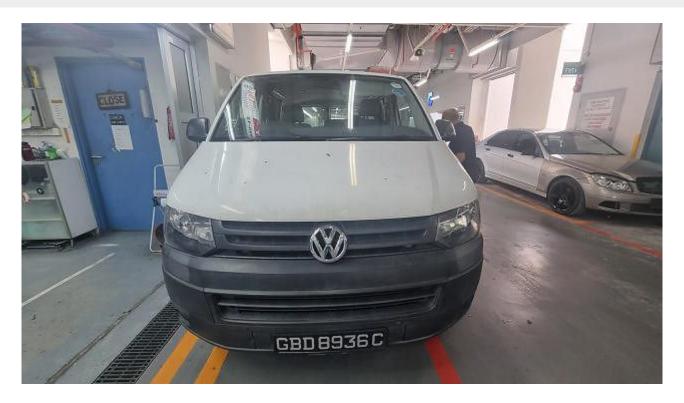
Policyhalder's Signature / Date &

lriver is not the policyholder) / Date Signature (If & Time

Personnel

ARTHA MOTOR COMPANY

ate of accide ly Vehicle A: C ETCH PLAN scribe Circum		*	l.30pm Location: Second B: STT 3608 p	Perruma Temple Li SRINivasaTemple, Gate Park Vehicle C: Rittani
was st	ationary in the	of the	conner of the	rance the vahide B entrance gate. While t of my van brush burger of rehick B.
n own policy.	Kindly check wi	th your own insu	days timeframe for you to submi rer for more information.	
	(5)	are true in every re		2. 02 20 33,1,NG .00























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: Vehicle Registration No: GBD8936C Original Report No: SA1B232K0004 POLY ELECTRONIC SERVICES COMPANY PTE LTD NRIC/FIN/Passport No: 200009271N Name (as shown in NRIC): (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: 26 Kallang PI, #01-14/15, Singapore Singapore (339157) Mobile No.: 9665 5710 Contact (Tel):_ Email Address: Gigi@polytransformers.com _ Time of Accident: 13:30 HRS Date of Accident: 18/02/2023 Place of Accident: Sri Srinivasa Perumal Temple gate parking entrance Insurance Company: SOMPO (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 key in the accident location, insurance ci number and register owner company ROC no. **OPERATOR** Reporting Centre Personnel's Signature Policyholder / Driver's Signature Date: Name: NRIC/FIN No.:

Date:

GIARMC Addendum Form



compo magrance omgapore i ter Ltur

50 Raffles Place, #03-03 Singapore Land Tower, Singapore 048623

Tel: 6461 6555 | Fax: 6221 9302 | www.sompo.com.sg Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

PRIVATE COMMERCIAL POLICY SCHEDULE

Intermediary Code: 11M14902

Policy No.: D22MTPCVE001828

This Schedule is issued and should be read in conjunction with the terms, conditions and exceptions of the PRIVATE COMMERCIAL

VEHICLE Policy wordings, ref. MTC.19

: POLY ELECTRONIC SERVICE COMPANY PTE LTD

Insured Address

: 26 KALLANG PLACE SINGAPORE 339157

Business/Profession

: Others

Period of Insurance

: 10 JULY 2022 00:00 TO 09 JULY 2023 23:59

Persons or Classes of Persons entitled to Drive : Refer to Certificate of Insurance

: Refer to Certificate of Insurance

VEHICLE DETAILS		PREMIUM DETAILS	
Vehicle Reg No	: GBD6936C	Premium	1,662.00
Chassis No	: WV1ZZZ7HZFH128561	Less No Claim Discount (20%)	(332.40
Engine No	: CAA 838025	Add others : Add Windscreen Add Flood	(
Vehicle Make & Model	: VOLKSWAGEN TRANSPORTER 2.0		40.00 0.00
Cc/Tonnage	: 1 / 1.18	Total GST	S\$ 1,369.60 S\$ 95.87
Type of Body	: VAN		2370
Year of Manufacture	: 2015	Premium (incl. GST)	S\$ 1,465.47
Seating Capacity (including driver)	: 2		
Estimated value of Vehicle	: Market Value at time of loss		
Hire Purchase Owner	: NIL		

Vehicle Usage

: Company Use

Coverage

: Comprehensive-ExcelDrive Classic

Excess

: S\$ 500 - Section I

Additional Excess

: The following terms & conditions shall apply to this policy:

Elderly, Young & Inexperienced Drivers Excess (All Claims)

It is hereby understood and agreed that an excess of \$\$2,000 shall apply for accident, loss or damage

if the insured vehicle is driven by a driver who:
- is age 70 years old & above at the time of accident or - is below the age of 25 years old at the time of accident or - has less than 2 years of driving experience on Singapore roads

If however there is(are) other Excess(es) applicable under different Endorsement(s) of this Policy, this said

Excess of S\$2,000 shall be considered as an additional Excess over and above all other Excess(es).

Endorsements Applicable

Strike Riot Or Civil Commotion ME No.25

Special Perils ME No.57

Legal Liability of Passengers for Acts of Negligence ME No.72

Endorsement H - Total Loss

Endorsement I2 - Breakage of Glass in Windscreen or Window (Excess \$100)

Endorsement M - Own Damage, Fire and Theft Claims

Additional Covers/conditions Own damage repair: Insured is required to use the Company's panel of workshops for their own damage

1. Breakage of Glass in Windscreen or Window Endorsement (Endt I2)

- \$1,000.00

2. Flood

- Defined

Named Drivers

: NIL

Date of Issue

: 23 JUNE 2022

Signed on this 23rd day of June 2022 for and on behalf of SOMPO INSURANCE SINGAPORE PTE. LTD.

Intermediary Name Producer Code & Name

: RIG ASSOCIATES PTE. LTD. : MDC14902 & RIG ASSOCIATES PTE. LTD.

User Code

: MDC14902/MDC14902

Old Policy No

Authorised Signatory

Lui &

CI Code : 20D

Page 1 of 1