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Confirmed by ()	Date: Pinte:
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

 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

- 3. Information provided must be as truthful and accurate as possible. Any while instance 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

Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	07/03/2023 17:34 (SGT) Driver 06/03/2023 16:28 (SGT) Alexandra Rd, Singapore SLIP ROAD TOWARDS QUEENSWAY Singapore	
DETAILS O	F OWN VEHICLE	
Vehicle Registration Number	GBL6301E	
INSURED/POLICYHOLDER		
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes CRAY VENTURES PRIVATE LIMITED 2XXXXX657G darren@playmade.com.sg (Phone) +65-91155552	
VEHICLE PARTICULARS		
Manufacturer Model 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? Vehicle Category Transmission	Nissan Nv350 - Employment Yes Commercial vehicle Auto	
CC	1998	

Model	Nissan
	Nv350
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	Zimpioyinent
your vehicle?	Yes
Vehicle Category	CONTRACTOR
Transmission	Commercial vehicle
	Auto
CC	1998
INSURANCE COMPANY	

Name of Insurance Company Policy Number / Cover Note Number	United Overseas Insurance Ltd DHOM120064392100

Name of Driver	ONG JUN LI
NRIC No	SXXXX215H
Date Of Birth	07/02/1985
Occupation	Outdoor

DRIVER

Date Of Driving Pass	29/03/2006	
Driving experience Gender	17 YEARS	
Gender Mobile Number	Male	
Alt. Phone Number	(Phone) +65-94570291	
Email Address		
Address	darren@playmade.com.sg	
Address complement	BLK 678B PUNGGOL DRIVE #04-832	
Postcode	822678	
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	-	
insurance company of other vehicle owned by Driver	-	
CENEDAL INFORMATION OF THE ACCIDENT		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Assident		
Type of Accident Weather Conditions	Collision - Head to Rear	
Road Surface	Clear	
Noda Curiace	Wet	
OTHER INFORMATION		
OTHER INFORMATION		
Was any foreign vehicle involved in the accident?		
Number of vehicles involved in the accident	No	
Was anybody injured in the Accident?	2	
Was any injured conveyed to hospital by ambulance?	No	
Was any other vehicle or property damaged?	- Yes	
Number of Passengers (Including Driver)	1	
Has the driver been approached by unknown person(s)	1	
soliciting/offering accident claims assistance?	No	
Translator's name	=	
Translator's ID		
Translator's phone number	.2	
Translator's email	-	
Original language used in the statement	-	
DETAILS OF DOLLOF ACTION		
DETAILS OF POLICE ACTION		
Was the assidant remarked to the audit of		
Was notice of intended Procesuition given?	No	
Was notice of intended Prosecution given? If yes, against whom?	No	
ii yes, against wilding	-	
CIDCUMSTANCES OF ACCIDENT		
CIRCUMSTANCES OF ACCIDENT		
ON 06 03 2022 LWAS AT ALEXANDRA BOAR AND WANTED TO		
ON 06-03-2023 I WAS AT ALEXANDRA ROAD AND WANTED TO FACING RIGHT TO SEE WHETHER THERE IS ON COMING VEHICLE THE SECOND OF THE PROPERTY OF THE SECOND OF THE S	O FILTER LEFT TOWARDS QUEENSWAY	AND MY HEAD WAS
AFTER THE FILTER LANE (WHICH I DID NOT KNOW WHY) HE	TOLD THAT THE ARE ON COMING VEHI	VAN SUDDENLY STOP
BRAKE ON TIME AND HIT THE REAR OF THE VAN.	TOLD THAT THE ARE ON COMING VEHI	CLE AND I COULD NOT
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	GBH9806S	
Vehicle Manufacturer	Toyota	
Vehicle Model	Hiace	
Vehicle Variant		
Vehicle Colour	.=	
Vehicle Category	Commercial vehicle	
Accident report SN0823370004		Page 2 of 44
		Page 2 of 11

Passport No/FIN	PALAVINE GOPALAKRISHNAN
Contact Number	GXXXX711R (Phone) +65-93414275
Address	(1 Hone) 100-30414273
Address complement	-
Postcode	-
Insurance Company Name	•
Nature Of Damage	-)
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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 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
- (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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

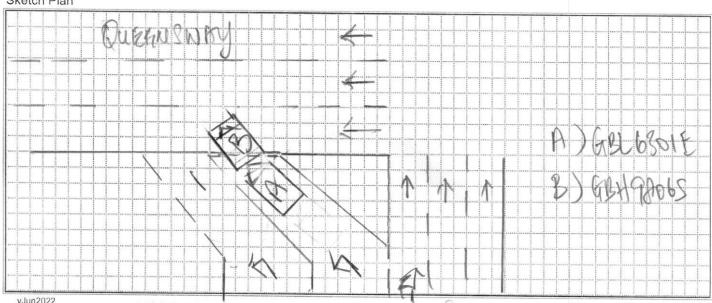
07/03/2023

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

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Sketch Plan



vJun2022

KORO ALGUNDANDER

Describe Circumstance of the Accident REFAR 10 STATIKMEM7.	
/	
/	

Declaration

I/We declare the toregoing particulars are true in every respect.

07/03/2023

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)

/ Date & Time

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

ACCIDENT'STATEMENT

		1/ 23 212 28 1 11/1 20 1	
		ENT DATE: (06. 103, 2023) (DD/MM/YYYY), TIME; (16. 28 (HH:MM).	1.
lo	CATIC	ON: AFEXANDRA Road Slip Road to Queensway	(*)
	٦, ١	DETAILS OF VEHICLE	
	1	a) VEHICLE NUMBER! GBL 6301 E	
		DIINSURANCE COMPANY! U 0 +	
		CIPOLICY HUMBER: PHOM 12 00 643 92 100 d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT)	0
		B)MAKE & MODEL N 1 5 8 AD NV 536, 350 PANEL Van 2-8 5 M	L
		f)TYPE:(SALOON / COUPE / MPY (YANY LORRY / MOTOROYOLE, / OTHERS)	
*		g) VEHICLE CATEGORY: (PRIYATE / COMMERCIAL)/ MOTORCYCLE)	
	1 1 54	h) PURPOSE OF USING AT ACCIDENT TIMEL WORK 1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YESYNO)	
		IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
	2.,	INSURED / POLICY HOLDER	
		AINAMEL CRAY VENTURES FIVATE (MALE / FEMALE) bINRIC/FIN/PASSPORT: 2017086576 CONTACT 915 5552	
		c) ADDRESS:	
r .			
		* CONTINUE TO 8.d IF DRIVER ALSO POUCY HOLDER	
Allo of bussan	1983	CINAME: ONG JUN LI. MALE FEMALE	
Clucluding dr	(ver)	MINIMUM - 4 10301	
()	• 10	DINRIC/FIN/PASSPORTI 85062154 CONTACTI TT STOZETI CIADDRESS: 17 K 674 B Punggel Dr # 04-8 82	
		'd) DATE OF DIRTH: (07 102) 1985 (DD/MM/YYYY)	
		- ALCOCALBATION (NIDOOR (COULD VIII)	,
		FIDATE OF DRIVING PASS - THE YEAR OF GOMBANYS (YES Y'NO)	1
3	4.	FIDATE OF DRIVING PAISS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES Y NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED!	*
	5.	a) WEATHER CONDITION; CULARY RAINING	
		b) ROAD SURFACE! (DRY / WEI / OTHERS	١,
		WAS ANYBODY INJURED (YES (NO)	•
	7,	IN VIOL DICK SE STATE WHICH POLICE STATION!	_
7. S. A.	8,	THIRD PARTY VEHICLE IR LI AGOR S	2
A Ho of pasca	nes er	O) VEHICLE NUMBER: PALANIVE COPALAKRISTINAN	5
Cluding o	lriver,	b) DRIVER'S NAME: PALANIVE COPA LAKRISTINAN NO NRIC/FIN/PASSPORT: 67830748 CONTACT: 9341427	
()	9.	YIND BY DTV VEWICLE	
is no of pas	SUNDAN	d) VEHICLE NUMBER! MODEL!	
(, Including.	elv61/2	O) DRIVER'S NAME: ONTACTION ONT	
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VIDEO



United Overseas Insurance Limited

116 Robinson Road 407 OF UCT Building Singapore 068909

Tel (65) 6222 7733 Fax (65) 6327 3869 / 6327 3870 Fax (65) 6327 3872 (claims) Email contactus@uor.com sg uci com sg

Co Res No 197100152R

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) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE NO.

DHOM120064392100

\$500/-SECTION 1 Excess:

\$100/-WINDSCREEN DAMAGE CLAIM

Type of Cover

COMPREHENSIVE

\$3000/-APPL TO <25 YRS & OR <3YRS EXP

Vehicle Number

GBL6301E

Name of Insured

CRAY VENTURES PRIVATE LIMITED

Restricted Driver(s)

NOT APPLICABLE



Period of Insurance 30 November 2021 to 29 November 2023

QR20020293R Engine#

Hire Purchase

UNITED OVERSEAS BANK LIMITED

Chassis#

VR2E26136549

MZ 801

AUTHORISED DRIVER

Any person provided he is in the Insured's employ and is driving on their order or with their permission

LIMITATIONS AS TO USE

Use in connection with the Insured's business
Whilst the Motor Vehicle is being so used the carriage of passengers is permitted
THE POLICY DOES NOT COVER

(1) Use for racing pace-making reliability trial or speed-testing
(2) Use for the carriage of passengers for hire or reward
(3) Use whilst drawing a greater number of trailer in all than is permitted by law

Provided that the person 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.

*Limitation 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.

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).

UNITED OVERSEAS INSURANCE LTD

Me

For the Company

FSGMY

Date: 09/02/2022



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: ____ Vehicle Registration No:_ Original Report No: __ NRIC/FIN/Passport No: Name (as shown in NRIC): (*Vehicle Driver/Policyholder) (*) Please delete as appropriate Singapore (Address: Contact (Tel):_____ Mobile No.: _ Email Address: _ Time of Accident: _ Date of Accident: Place of Accident: Insurance Company: (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:

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature

Name (as in NRIC/ID card):

Date: