

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 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. 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 | 03/04/2023 11:14 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 30/03/2023 12:25 (SGT) |
| Exact Location of Accident | Eunos Cres, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBG1153A |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | THE HELPING HAND |
| Company Reg No | SXXXXX058F |
| Email Address | ang.ts@thehelpinghand.org.sg |
| Mobile Phone No | (Phone) +65-91097977 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Nissan |
| Model | Cabstar |
| 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 your vehicle? | No - Reporting only |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 1998 |

INSURANCE COMPANY

| | |
|-----------------------------------|-------------------------------------|
| Name of Insurance Company | Allied World Assurance Company, Ltd |
| Policy Number / Cover Note Number | BVFCB0014192300 |

DRIVER

| | |
|----------------|------------------|
| Name of Driver | SEAH LEE KIM HAN |
| NRIC No | SXXXX026Z |
| Date Of Birth | 24/09/1977 |
| Occupation | Outdoor |

| | |
|--|-------------------------------------|
| Date Of Driving Pass | 23/07/2009 |
| Driving experience | 13 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-88338026 |
| Alt. Phone Number | - |
| Email Address | leekimhan7@gmail.com |
| Address | BLK 244 ANG MO KIO AVENUE 3 #08-119 |
| Address complement | - |
| Postcode | 560244 |
| 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 | Side Swipe |
| Weather Conditions | Clear |
| Road Surface | Dry |

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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 3 |
| 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 | - |

PASSENGER 1

| | |
|--------------|-------|
| Name | JASON |
| Gender | Male |

PASSENGER 2

| | |
|--------------|--------|
| Name | AH BAO |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE 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 | SNF6983E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| 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) | - |

SKETCH PLAN

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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 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.

(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.

THE HELPING HAND
 ROS: 307/87, UEN # S88SS0058F
 819 UPPER SERANGOON ROAD
 SINGAPORE 534678
 TEL: 6283 2204 FAX: 6283 3748

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A - 6861153A

Vehicle B - 5NF6983E

The sketch plan shows two vehicles, A and B, positioned on a grid. Vehicle A is represented by a rectangle with a triangle inside, and Vehicle B is represented by a rectangle with a triangle inside. Arrows indicate the direction of travel: Vehicle A is moving towards the top right, and Vehicle B is moving towards the bottom right. The vehicles are positioned near a horizontal line, which could represent a road or a boundary.

Describe Circumstances of the Accident

I was changing to the right lane. When I was half of the lane suddenly I felt an impact on my rear portion. Vehicle B hit onto my rear fender RH.

Declaration

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

THE HELPING HAND

ROS: 307/87, UEN # S88SS0058F

819 UPPER SERANGOON ROAD

SINGAPORE 534678

Tel: 6283 2204 FAX: 6283 3748

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

VEHICLE NO: GBB 1153A

MAKE & MODEL: NISSAN CABSTAR

AUTO MANUAL

| | | |
|--|---|-----------------------|
| DATE OF ACCIDENT | 30 / 03 / 2023 | C.C. 1998 |
| TIME OF ACCIDENT | 1335 AM <u>PM</u> | |
| LOCATION OF ACCIDENT | EUNOS CRESCENT | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE | |
| NAME OF OWNER | THE HELPING HAND | |
| EMAIL: ANG.TS @ THEHELPINGHAND.ORG.SG | Office: | MOBILE: 91097977 |
| NRIC | SBBSS 0058F | |
| CLAIM TYPE | OD / THIRD PARTY | <u>REPORTING ONLY</u> |
| FLEET POLICY | <u>YES</u> / NO ? | |
| INSURANCE CO. | ALLIED WORLD | |
| TYPE OF COVERAGE | <u>Comprehensive</u> / Third Party / Third Party Fire & Theft | |
| POLICY NO. | BVFC5B0014192300 | |
| NAME OF DRIVER | AS ABOVE / IF NO: SEAN LEE KIM HAN | |
| NRIC | S7728026Z | |
| DATE OF BIRTH | 24 / 09 / 1977 | |
| ANY PASSENGER | YES / NO: 02 | |
| NAME OF PASSENGER | JASON (M), AH BAO (M) | |
| GENDER OF PASSENGER | <u>MALE</u> / FEMALE | |
| OCCUPATION | <u>Outdoor</u> / Indoor | |
| DATE OF DRIVING PASS | 23 / 07 / 2009 | |
| GENDER | <u>Male</u> / Female | |
| CONTACT NO. | Mobile: 88338026 Office: | Home: |
| EMAIL | LEE KIM HAN 7 @ GMAIL.COM | |
| ADDRESS | BLK 244 ANG MO KIO AVE 3 # 08-1119 S(560244) | |
| DOES DRIVER OWN OTHER VEHICLES? | <u>NO</u> / If yes: Reg No. | INSURER: |
| RELATIONSHIP | Employee / If No. | |
| WEATHER CONDITION | <u>Clear</u> / Raining / Other: | |
| ROAD SURFACE | <u>Dry</u> / Wet / Other: | |
| ANY INJURIES | <u>NO</u> / If yes: Who? | |
| CONTACT NO. | | |
| POLICE REPORT | No / If yes: Where? | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | | |
| VEHICLE B NO. | NO/IF YES: WHO? | |
| NAME | SNF 6983E | Any Passenger: 01 |
| CONTACT NO. | | |
| VEHICLE C NO. | | Any Passenger: |
| VEHICLE D NO. | | Any Passenger: |
| VEHICLE E NO. | | Any Passenger: |
| VEHICLE F NO. | | Any Passenger: |
| ANY WITNESS | | Any Passenger: |
| WITNESS CONTACT NO. | | |
| WAS THERE ANY VIDEO CAPTURE? | YES <u>NO</u> | |
| WAS THERE ANY AUDIO RECORDED? | YES <u>NO</u> | |
| SCENE ACCIDENT PHOTOS TAKEN? | YES <u>NO</u> | |
| **WORKSHOP: | | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES <u>NO</u> | |

COMMERCIAL VEHICLE (SCH 1) R

CERTIFICATE OF INSURANCE

MZ300/C
N SB
B120SD0
Cov.Type: C
KUKTASB

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE
THE ROAD TRANSPORT ACT 1987, ROAD TRANSPORT (AMENDMENT) ACT 2019, AND THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1959 OF MALAYSIA
THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 21 FEBRUARY 1975
THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 15 JANUARY 1968
ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

CERTIFICATE No.

BVFCB0014192300

ChaNo: JN1SC2F24Z0819523

1. Index Mark and Registration Number of Vehicle:

GBG 1153 A

2. Name of Policyholder:

THE HELPING HAND

3. Effective Date of Commencement of Insurance for the purposes of the Ordinance:

25 March 2023

4. Date of Expiry of Insurance:

24 March 2024

5. Persons or Classes of Persons entitled to drive* (For certificate reference MX1 and MX4, see overleaf)

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 has not been cancelled at the time of the accident loss or damage.

6. Limitations as to Use* (For certificate reference MX1, see overleaf)

A. USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

B. USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

C. USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:

1. USE FOR HIRE OR REWARD OR FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.

2. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Estimated Value : MARKET VALUE WITH COE/TARF

Hire Purchase Owner :

Type of Cover : Comprehensive

* Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

I/We hereby certify that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia), the Road Transport (Amendment) Act 2019 (Malaysia), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia) and The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore).

ALLIED WORLD

Approved Insurers.

Examined By

[Signature]