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 31/03/2023 17:16 (SGT) Reported by **Actual Driver** Date of Accident 31/03/2023 12:52 (SGT) Exact Location of Accident 11 Laguna Golf Green, Singapore 488047 Additional Location Information LAGUNA GOLF CLUB Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML9787L

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ACE DRIVE PTE LTD Company Reg No 2XXXXX348K Email Address accidentreport@acedrive.sg Mobile Phone No (Phone) +65-64444400 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Vezel 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 1496

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D22MFL0009933

DRIVER

Name of Driver FIELD SIMON Passport No/FIN GXXXX445L Date Of Birth 08/04/1984 Occupation Indoor

Date Of Driving Pass 28/06/2006 Driving experience 16 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-86795098 Alt. Phone Number Email Address accidentreport@acedrive.sg Address 27 GREENWOOD AVENUE #01-43 GREENWOOD MEWS Address complement Postcode 286623 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 VEHICLE B (SLW 2258 Y) WAS STATIONARY AT PARKING BAY. I MOVE FORWARD INFRONT TO THE PARKING BAY, SUDDENLY VEHICLE B(SLW 2258 Y) MOVED FORWARD AND COLLIDED ONTO MY LH SIDE OF MY VEHICLE. 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	SLW2258Y
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	Al I

Contact Number	(Phone) +65-87928395
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 Authorised Driver.
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- 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 lodgment 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 "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)
 - (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
- 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Ace Drive Pte. Ltd.

Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name

NRIC/FIN No.:

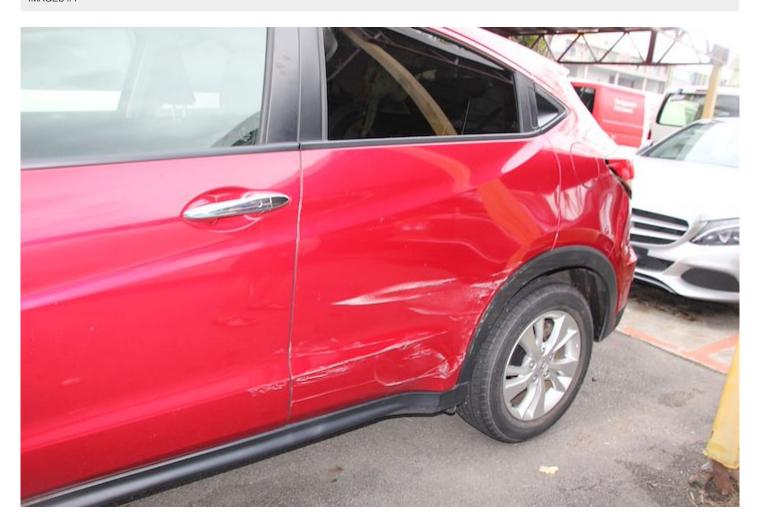
KETCH PLAN				
PAVEMENT	BA	LAGUNA NATIONAL GOLF RESORT CLUD		A:SML9787L B:SLW2258Y
ESCRIBE CIRCUMS	TANCES OF THE	ACCIDENT		
Vehicle B CS	LW 2258 Y)	was stationary	at parking	bay. I move forward inchon
			276	
to the parking	bay, Suddent	y vehicle B CSLI	U 2258 Y) MOV	ed forward and allided onto
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my 14 side	of my veni	(1E.		
			10	
DECLARATION /We declare the forest	oing particulars are	true in every respect.		Ta A Designation of the second
Age Drive Ptr. olicyhoder's Signature oate & Time:	7 Dr	riyer's Signature		eporting Centre Personnel's Signature

4:35 pm



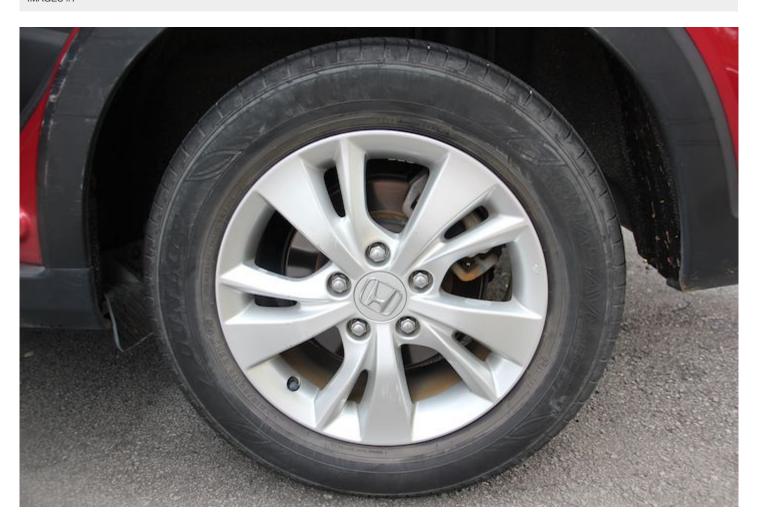








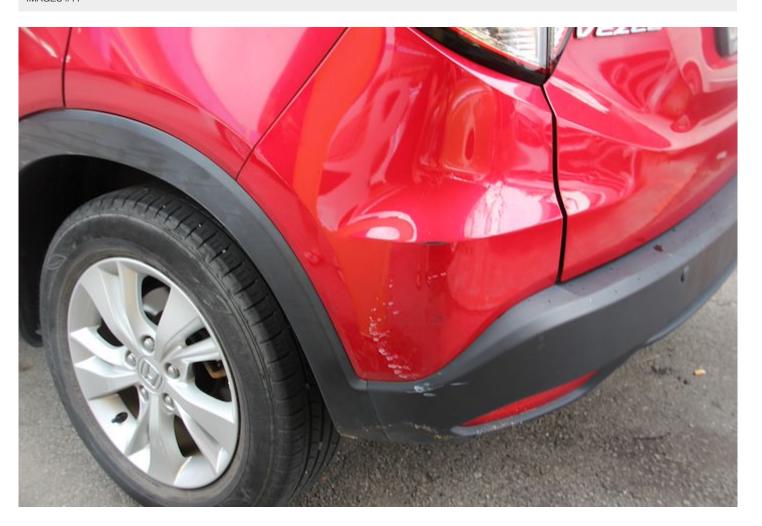


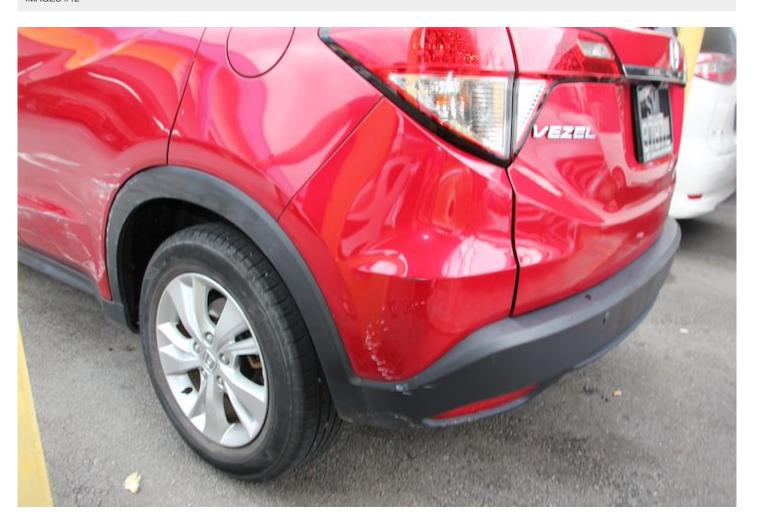
















COVER: Comprehensive

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THERD-PARTY RESES AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THERD-PARTY RESES AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1967 (MALAYSIA)
MOTOR VEHICLES (THERD-PARTY RESES RULES, 1959) (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D22MFL0009933

1. Index Mark and Registration Number of Vehicle

: SML9787L

RU11314877

2. Name of Policyholder

: ACE DRIVE PTE, LTD.

3 Effective date of Insurance

: 14 Nov 2022

4. Expiry date of Insurance

: 13 Nov 2023

5. Persons or Classes of Persons entitled to drive*

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

6. Limitations as to use

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business. Use for social, domestic, pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for hire or reward (other than when the vehicle is hired for the carriage of passengers under Z10/Z11 for hire and reward).
- (2) Use for racing, pace-making, reliability trial or speed-testing.
- (3) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (4) Use for any purposes in connection with the Motor 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

Windscreen Excess

Hire Purchase Company : DBS Bank Ltd

EXCESS ALL CLAIMS: - \$\$800.00 WITHIN SINGAPORE & \$\$1,600.00 WITHIN WEST MALAYSIA.

SUNROOF EXCESS: \$\$200.00 (if applicable)

PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY.

FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA; WITHIN THE REPUBLIC OF SINGAPORE AND WEST

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).

Agent/Broker : A000091/PAN PAC CREDIT PTE LTD Date of Issue : 16/11/2022 17:21:17

MZ406 - Hire Car (G/R)

For India International Insurance Pte Ltd

letchmy/16/11/2022 17:21:17

Office of the second Accident report SS31233V0002

16/11/2022 17:39:25