SW0E235G0005-01 / WAH HONG MOTORS & CREDIT PTE LTD ENTRY DATE & TIME: 16/05/2023 10:44 (SGT) SUBMITTED BY: Ng-Tan Lye Kee Doreen VERSION: 2 (17/05/2023 12:10 (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 16/05/2023 10:44 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 13/04/2023 12:15 (SGT) Exact Location of Accident 32 Old Toh Tuck Rd, Singapore 597658 Additional Location Information I.BIZ CENTRE - OLD TOH TUCK ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YM6365T

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner PROSPER MARINE & OFFSHORE PTE LTD Company Reg No 200601360R Email Address SHIPSUPPLY@SHIPSUPPLY.SG Mobile Phone No (Phone) +65-65152978 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Isuzu Model NPR85UH5A 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 Auto CC 2999

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC05013909

DRIVER

Name of Driver **CHUA BUCK LIM** NRIC No S0208156C Date Of Birth 16/01/1953 Occupation Outdoor

Date Of Driving Pass 16/08/1974 Driving experience 48 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-90709093 Alt. Phone Number Email Address SHIPSUPPLY@SHIPSUPPLY.SG Address BLK 162 BUKIT BATOK ST 11 Address complement 03-110 Postcode 650162 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 - Head to Rear 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 SUMMARY & 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 SDF800D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

Vehicle Category

Name of Driver
Contact Number

Address			
Address complement			
Postcode		 	 <u>-</u>
Insurance Company Name			<u>-</u>
Nature Of Damage			
Details of property damaged in a	accident	 	<u>-</u>
No. Of Passenger (Including Dri	ver)		 -

Describe Circumstance of the Accident	
+	
ON 13/04/2023 @ 1215 HRS, I WAS DRIVING MY VEH (YM6365T) AT BLK 32 #04-08 IBIZ CENTRE. I WAS REVERSING DID NOT REALISED THAT MY VEHICLE A (YM6365T) CO ONTO PARKED VEHICLE B (SDF800D) UNTIL I RECEIVED NET FROM MY MANAGER. BUT WHEN I RECEIVED THE NOTICE ALREADY ON MEDICAL LEAVE.	NG BUT LLIDED NOTICE
(A)	
90	
	7.2
	-
Declaration	

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

Policyholder's Signature / Date & Time

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

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

2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 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.

- 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.
- 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;

& OFFSHO

- (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")

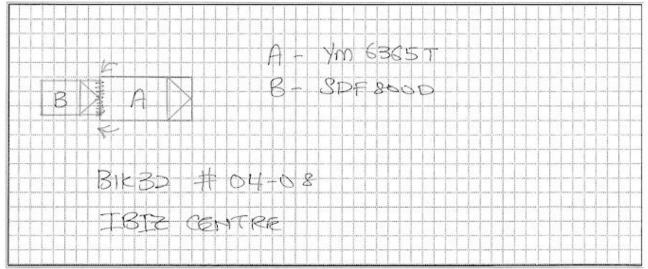
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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 7 Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

HONG M

Sketch Plan



Accident report SW0E235G0005

















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: Original Report No: SWDED 346 DODÍ Vehicle Registration No: YM63647. Name (as shown in NRIC): PERCRE MITTEINE & OFFRICE ME (S) NRIC/FIN/Passport No: _____ XXXXX & 60 C. (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: Mobile No.: 65159278. Contact (Tel):_____ Email Address: 244824844 2 Str 184111 - S.G. Date of Accident: 12/04/2023 Time of Accident: 12/14/1702 Place of Accident: 1-BIZ CENTRE - DID TOH TUCK RD (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: ACCIDENT DATE TO 13/04/2012 Ym 63657 Reporting Centre Personnel's Signature Policyholder / Driver's Signature Date: Name: DORECH TITA NRIC/FIN No.: SXXX

GIARMC Addendum Ferr





THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

CERTIFICATE OF INSURANCE

MO TOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE MO TOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1987 (MALAYSIA). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).

Certificate No.: Z22VC05013909

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

ISUZU NPR85UH5A - YM6365T

2. Name of Policy Holder

PROSPER MARINE & OFFSHORE PTE LTD

Effective Date of the Commencement of Insurance

for the purpose of the Act

4. Date of Expiry of the Insurance

31/10/2023

01/11/2022

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/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.

Limitations as to use

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES,

THE POLICY DOES NOT COVER:-USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIALOR SPEED TESTING.

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

Excess

: \$\$ 700.00 (SECTION 1)

\$\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS \$\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

UWE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner: HL BANK

CHIEF EXECUTIVE (Singapore Branch)

Once.

User ID: MARKKUAH Date Issued: 13/09/2022

Certificate of Insurance - Page 1 of 1