SA10233P0002 / Auto Insure Pte Ltd [739145] ENTRY DATE & TIME: 25/03/2023 14:51 (SGT) SUBMITTED BY: NGIAW JIE LING VERSION: 1 (25/03/2023 14:51 (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 25/03/2023 14:51 (SGT) Reported by **Actual Driver** Date of Accident 24/03/2023 14:00 (SGT) Exact Location of Accident Bukit Timah Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1591

Vehicle Registration Number SMQ3499G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SALEH BIN MOHAMAD NRIC No S1193070J Email Address shaifudin93@hotmail.com Mobile Phone No (Phone) +65-81134814 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Kia Model Cerato Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MT/01112702

DRIVER

Name of Driver MUHAMMAD SHAIFUDIN BIN SALEH NRIC No S9329121B Date Of Birth 16/08/1993 Occupation Indoor

Date Of Driving Pass 31/07/2014 Driving experience 8 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-94567598 Alt. Phone Number Email Address shaifudin93@hotmail.com Address 144 PASIR RIS ST 11 #06-89 Address complement Postcode 510144 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? 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 Raining Road Surface Wet 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? Yes 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 PASSENGER 1 nurul athigah binte mohamed karim Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Tanglin Division Headquaters Police Station Name Police Station Phone No (Phone) +65-18003910000 Alt. Police Station Phone No (Fax) +65-63964900 Police Station Address 21 Kampong Java Road Singapore 228892 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT E/20230324/7035. 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 Model Vehicle Variant Vehicle Colour	Vehicle Registration Number	GBF2487K
Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident - Commercial vehicle	Vehicle Manufacturer	ž
Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident		5
Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident	Vehicle Variant	W.
Name of Driver		90
Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident	Vehicle Category	Commercial vehicle
Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident Postcode Post	Name of Driver	(2 /)
Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident -	Contact Number	<u> </u>
Postcode	Address	46
Insurance Company Name Nature Of Damage Details of property damaged in accident	Address complement	3 7
Nature Of Damage Details of property damaged in accident	Postcode	₩:
Details of property damaged in accident	Insurance Company Name	#E
N. OCB	Nature Of Damage	
No. Of Passenger (Including Driver)	Details of property damaged in accident	
	No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	nurul athiqah binte mohamed karim
Gender	##:
Phone No	(2)
Address	复
Address Complement	
Post Code	:4:
Approximate Age Years Old	(≭ (
Injuries Sustained	; = :
Injured person in which vehicle?	連
Were seat belts worn?	9
Was this injured conveyed to hospital by ambulance?	(B)

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 Actual Driver
- 3. Information provided must be as <u>truntal</u> and accurate as possible. Any wibus misrepresentation or withholding of material facts may allow insurance companies to reput ate 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.
- 8. This report will be forwarded by the insurers to the GIA Records Management Centre 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)

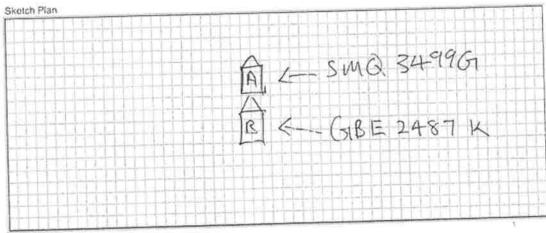
I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurence 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' tawyers 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 this;
- (iv) administering my claims (including the making of correspondence, statements, invoices, reports of 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, (colinstriely the "Purposes")
- (b) all insurer(s) who have insured vehicle(a) involved in this accident and the Insurers' savyers/lew 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 mayican 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

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

Witnessed by Reporting Centre Personnel (Name as in NRICIID card)



v3u=2022



Contact us at

Hotline: (65) 6565 5555

E-mail: customerservice@directasia.com

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)

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

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

MT/01112702

: Car Comprehensive (Value Plus Plan) Type of Coverage / Driver Plan

SMQ3499G 1) Vehicle Registration No.

KNAF3416MK5051940 Chassis No.

2) Name of Policy Holder SALEH BIN MOHAMAD

3) Effective Date / Time of Commencement : 12/11/2022 00:00 of Insurance for the Purpose of the Act

4) Date/Time of Expiry of Insurance : 11/11/2023 23:59

5) Persons or Classes of Persons Entitled to Drive

(a) Any named person under the policy who is driving on the Policyholder's permission.

(b) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Policyholder's permission

The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.

6) Limitations as to use

Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule.

*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.

Market Value

5\$ 500.00 Own Damage Excess

5\$ 100.00 Windscreen Excess

DirectAsia approved workshops Choice of workshop

Finance company / Hire Purchase

SALEH BIN MOHAMAD

Main driver Named driver

Important Note: This policy does not cover the Policyholder/drivers below the age of 30 and Policyholder/drivers who hold a valid driving licence of less than 2 years with the exception of the

main/named drivers above. I/We hereby certify that the Policy to which this Certificate relates to is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia). Direct Asia Insurance (Singapore) Pte. Ltd.

22/10/2022 Issued on:

Underwriting Manager

RONN SEAH_CH

Direct Asia Insurance (Singapore) Pte Ltd 20 Anson Road #08-01 Twenty Anson Singapore 079912 www.DirectAsia.com

Agent Code: VIC40000003DSIA



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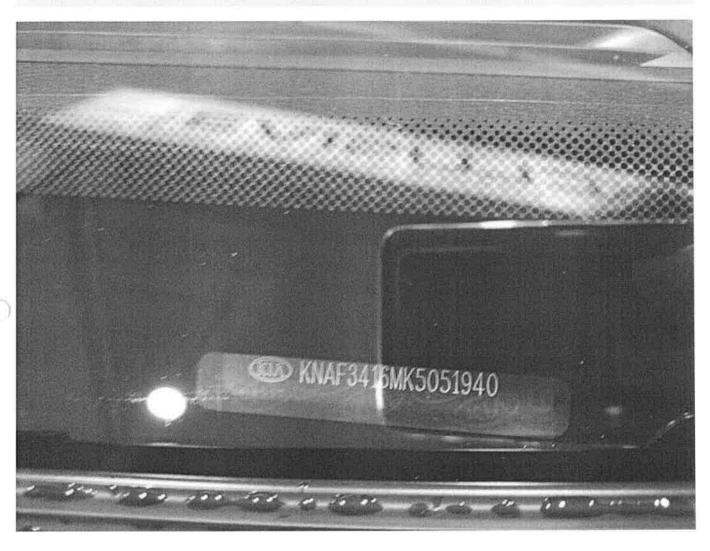














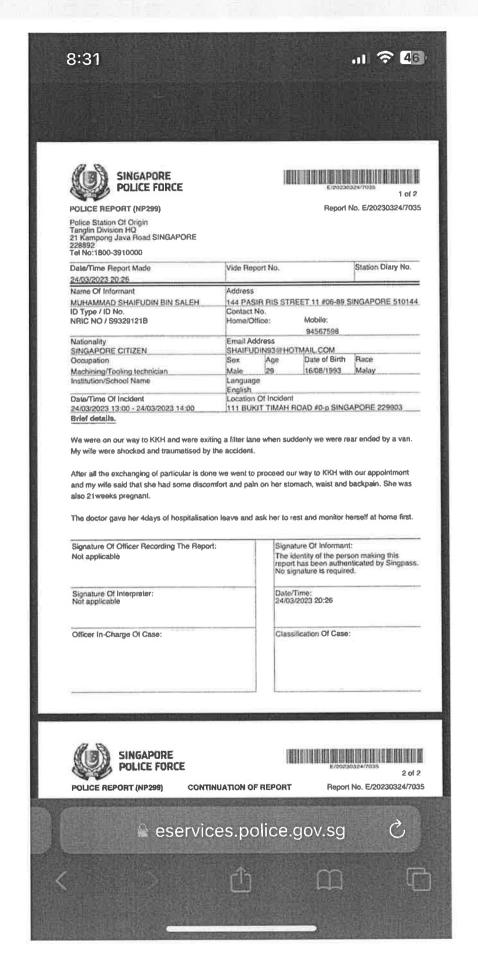








2 of 2	er Recording The Report:		Of Informant: tity of the person making this
		report ha	s been authenticated by Singpa- ture is required.
Signature Of Inte Not applicable	erpreter:	Date/Tim 24/03/20	e: 23 20:26
Officer In-Charge	e Of Case:	Classifica	ation Of Case:
NA THAP IN	NGAPORE DLICE FORCE IT (NP299) CONTINUATION	OF REPORT	E/20/2003/24/70035 2 c Report No. E/20/230/324/7
Subjects Involve			
Victim Person Name	MUHAMMAD SHAIFUDIN BIN		\$9329121B
		SALEH ID No Age	\$99291218 29
Victim Person Name ID Type	MUHAMMAD SHAIFUDIN BIN	ID No	29 English 144 PASIR RIS STREET 11
Victim Person Name ID Type Gender Race	MUHAMMAD SHAIFUDIN BIN NRIC NO Male Malay	ID No Age Language	29 English 144 PASIR RIS STREET 11
Victim Person Name ID Type Gender Race Occupation Mobile No	MUHAMMAD SHAIFUDIN BIN NRIC NO Male Malay Machining/Tooling (echnician	ID No Age Language Address Is informant A	29 English 144 PASIR RIS STREET 11 #06-89 SINGAPORE 510144
Victim Person Name ID Type Gender Race Occupation Mobile No Person Name ID Type	MUHAMMAD SHAIFUDIN BIN NRIC NO Male Malay Machining/Tooling technician 94567598	ID No Age Language Address Is informant A Victim?	29 English 144 PASIR RIS STREET 11 #06-89 SINGAPORE 510144 Yes S9936176Z
Victim Name Person Name ID Type Gender Race Occupation Mobile No Person Name ID Type Gender	MUHAMMAD SHAIFUDIN BIN NRIC NO Male Malay Machining/Tooling technician 94567598 nunul athiqah bic karim NRIC NO Female	ID No Age Address Is informant A Victim?	29 English 144 PASIR RIS STREET 11 #06-89 SINGAPORE 510144 Yes \$9936176Z
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Victim Person Name ID Type Gender Race Occupation Mobile No Person Name ID Type Gender Race Occupation Mobile No Person Name	MUHAMMAD SHAIFUDIN BIN NRIC NO Male Malay Machining/Tooling technician 94567598 nurul athinah bic karim NRIC NO Female Javanesa Healthcare assistant	ID No Age Language Address Is informant A Victim? ID No Age Language Address Relation To Informant SALEH (Informant)	29 English 144 PASIR RIS STREET 11 #06-89 SINGAPORE 510144 Yes S9936176Z 24 English 144 11 #06-89 hdb SINGAPORE 510144 wite 0 Of Informant:
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Victim Person Name ID Type Gender Race Occupation Mobile No Person Name D Type Gender Race Occupation Mobile No Person Name Signature OI OI	MUHAMMAD SHAIFUDIN BIN NRIC NO Male Malay Machining/Tooling technician 94567598 numul athinah bite karim NRIC NO Female Javanese Healthcare assistant 98513344 MUHAMMAD SHAIFUDIN BIN	ID No Age Language Address Is informant A Victim? ID No Age Language Address Relation To Informant SALEH (Informant The ider report he No sign:	English 144 PASIR RIS STREET 11 #06-89 SINGAPORE 510144 Yes S9936176Z 24 English 144 11 #06-89 hdb SINGAPORE 510144 wite Of Informant: https://doi.org/10.1007/10.10





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

9 Temasek Boulevard, Suntec City Tower Two #42-01B Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 31/03/2023

Your Ref No: Y41-119882-23-MTV

Dear Sir/Madam,

Date of Accident: 24/03/2023 13:54 (SGT)

Vehicle No: SMQ3499G Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
GBF2487K	Singapore	(31.00)	1	(28.70)
GST Amount	(2.30)			
Total Amount Due (GS	(31.00)			

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

SF0F233V0004 / FALCON-AIR AUTO SERVICES PTE LTD [575721] ENTRY DATE & TIME: 31/03/2023 16:32 (SGT) SUBMITTED BY: Florence Loh VERSION: 1 (31/03/2023 16:32 (SGT))



SINGAPORE ACCIDENT STATEMENT

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 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.

- Any false reporting may be referred to the Police for investigation.
 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.
 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

31/03/2023 16:32 (SGT) Date of Submission Reported by **Actual Driver** Date of Accident 24/03/2023 13:54 (SGT) Exact Location of Accident Singapore BUKIT TIMAH ROAD (BESIDE K.K. HOSPITAL) Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBF2487K**

INSURED/POLICYHOLDER

Yes Is company?

Name Of Registered Owner 6 DAYS PTE LTD

VEHICLE PARTICULARS

Manufacturer Nissan Nv200 Model

Variant

Commercial vehicle Vehicle Category Transmission Auto

1500

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC05010349

DRIVER

JEGAN MUNISAMY Name of Driver G7089444R Passport No/FIN Address В

Address complement Postcode

Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Collision - Head to Rear Type of Accident

Weather Conditions Raining OTHER INFORMATION Was any foreign vehicle involved in the accident? No Was anybody injured in the Accident? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 1 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

SKETCH PLAN

IMPORTANT NOTICE

- 1 Phone repeat prometty the pulsate of the devictors to opene up the claims process
- 2. They from most be completed by the Policeholder styles the Ashes DOA'S
- 3 behanning present the 4 h 44 to the total accounts an appealing. Any which manages are total or with extension or with extension of material facts may allow the present to require to require to present to the country.
- 4. The tense and acceptance of this Form by transmose companies to not an admission of policy liability on the part of the insurance companies
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- By the bodyment of this report to the treatment, you hareby connect to the excitating of this report at the centre and to explose of this report being mode available accessed.
- & Current under the Personal Data Protestion Act (PDPA)

Landerstand, admovfedge, agree and concert that;

(a) bly braurer, my workshop and the General Insurance Association of Singapore ("GIA") maylare permitted to collect, use, declose and/or process my personal data/personal information set out in this form; and any other personal information provided by me or processed by my braurer (collectively the "Personal information") and disclose and transfer such Personal information (a all insurer(s) who have treated vehicle(s) involved in this accident (all insurer(s) who have treated vehicle(s) involved in this accident shall be callectively referred to as the "brauteres"), the insurers" involved from a Monetary Authority of Singapore and any relevant government agencyteuthority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the extilement of the claims and any necessary investigations relating to the claims.

(t) investigating the accident and/or my claims:

(II) currying out and/or dealing with my instructions or responding to any anguirles by may

(iv) administrating my determ (including the mailing of correspondence, statements, involces, 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 that packages); analog

(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' invyers/law time, maybare 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 finduding their lawyers/law firms), which may be sted outside of Singapore, for one or more of the above Purposes.

COMP MARTING AMP 1

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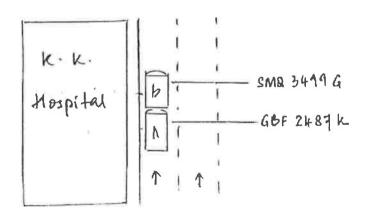
Folicyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRICRD card)

SIN

Sketch Plan



CS CamScanner

Circumstance of the Accident
Accordent happened on 24 or me in 64 at soubit Timah
ed (bride 11. 11. Mospital). Rain wit
traffic was heavy and it was raining. Front veh come
No a stop and I follow, but due to read well & slipping.
my veh guide forward and hit veh & rear.
lo major damaje (ne attach photos).
inax .
Zpax. VUL B SMQ 549916
Declaration We declare the foregoing particulars are this in every respect.
Compression of the state of the
Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Wilnessed by Reporting Centine Personne / Date & Time (Name as in NRIC/ID card)

CamScanner

VAJ-2022













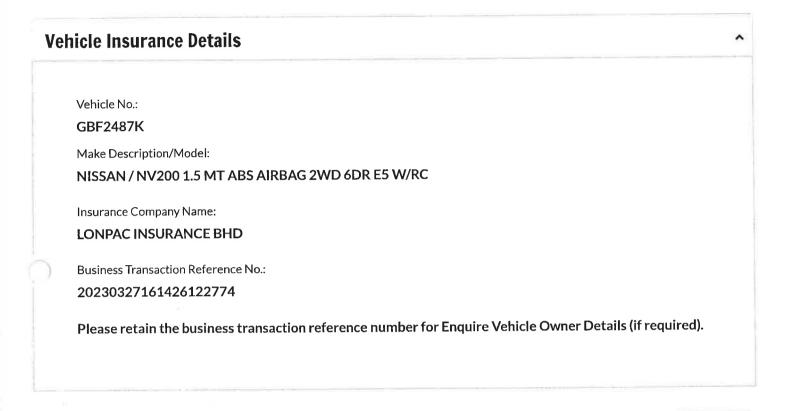






Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 24 Mar 2023 / 14:00:00)



Save as PDF

Print

ОК →



You have successfully logged out.

Your last login date and time was 27 Mar 2023, 16:12:00.

To return to ONE.MOTORING, please click here

For security reasons, please CLEAR YOUR CACHE after each session.

Session Transaction History

S/No.J.	Asset Type 	Asset ID\$	Transaction Type Tra	nsaction Amount(S\$)\$	Log Date/Time≎
1	Vehicle	GBF2487K	18.19 Enquire Veh Owner Info (Others) by 26	5.75	27 Mar 2023 /
			Law Firm		16:14:26

BUSINESS PROFILE



REQUEST CRITERIA

(You have requested to search on the following)

Date of Request :	08/05/2023
Name of Requestor :	VISION LAW LLC
Requested Entity Name :	6 DAYS PRIVATE LIMITED
Requested Entity Number :	201406746N
File Reference Number :	AW1-INS-Y41-119882-23-MT

SEARCH RECORD

Entity Name :	1) 6 DAYS PRIVATE LIMITED
Entity Number :	201406746N

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY BUSINESS PROFILE (COMPANY)



WHILST EVERY ENDEAVOUR IS MADE TO ENSURE THAT THE INFORMATION PROVIDED IS UPDATED & CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

DETAILS OF COMPANY

Entity Name:	6 DAYS PRIVATE LIMITED
Entity Number:	201406746N
Date Of Registration (dd/mm/yyyy):	10/03/2014
Country/Region Of Incorporation/Registration:	SINGAPORE
Date Of Change Of Name:	•
Former Name:	-
Type Of Company:	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
Registered Office Address:	55 SERANGOON NORTH AVENUE 4 #04-06 S9 SINGAPORE 555859
Date Of Change Of Address:	12/06/2018
Principal Activity / Activities:	1)DOMESTIC/HOUSEHOLD CLEANING SERVICES (EXCLUDING ONLINE MARKETPLACES) (81212) DOMESTIC AND HOUSEHOLD CLEANING SERVICES 2)GENERAL CLEANING SERVICES (INCLUDING CLEANING OF PUBLIC AREAS, OFFICES AND FACTORIES) EXCEPT HOUSEHOLD CLEANING AND ONLINE MARKETPLACES (81211) STEWARDING AND CLEANING SERVICES
Status:	LIVE COMPANY
Status Date:	10/03/2014

CAPITAL STRUCTURE

Capital Structure:	No. Of Shares	Currency	Amount
ISSUED ORDINARY	10,000.00	SINGAPORE, DOLLARS	10,000.00
PAID-UP ORDINARY	-	SINGAPORE, DOLLARS	10,000.00

Note: The number of shares is displayed up to two decimal points.

CHARGE(S)

AUDITOR(S)

Name	Date Of Appointment
•	

OFFICER(S) / AUTHORISED REPRESENTATIVE(S)

Name ID	Address Date Of Change Of Address	Nationality/Citizenship	Date Of Appointment/ Position Held	
ONG BEEN CHOO \$1381103B	755 WOODLANDS AVENUE 4 #06-295 SINGAPORE 730755 04/08/2005	SINGAPORE CITIZEN	10/03/2014 DIRECTOR	
ZHANG WANXUAN S8236936H	212A COMPASSVALE DRIVE #10-125 COMPASSVALE PEARL SINGAPORE 541212 10/03/2016	SINGAPORE CITIZEN	10/03/2014 DIRECTOR	

SHAREHOLDER(S)

(Entity Numbers Prefixed with UF Or ACRA are Numbers allotted by ACRA for Purposed of Identification.)

Name ID	Nationality/Citizenship	Address Date Of Change Of Address
ONG BEEN CHOO S1381103B	SINGAPORE CITIZEN	755 WOODLANDS AVENUE 4 #06-295 SINGAPORE 730755 04/08/2005
Туре	No Of Shares	Currency
ORDINARY	5,000.00	SINGAPORE, DOLLARS
Name ID	Nationality/Citizenship	Address Date Of Change Of Address
ZHANG WANXUAN S8236936H	SINGAPORE CITIZEN	212A COMPASSVALE DRIVE #10-125 COMPASSVALE PEARL SINGAPORE 541212 10/03/2016
Туре	No Of Shares	Currency
ORDINARY	5,000.00	SINGAPORE, DOLLARS

Note: The number of shares is displayed up to two decimal points.

COMPLIANCE RECORD

Date Of Last AGM:	03/05/2021	
Date Of Last AR:	31/05/2021	
Date Of A/C Laid At Last AGM:	31/01/2018	

THE ABOVE INFORMATION IS UPDATED TO 01 DAY FROM 08/05/2023 PLEASE NOTE THAT THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS FILED WITH THE AUTHORITY

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Vision Law LLC

10 Kallang Avenue #05-18 Aperia Tower 2 Singapore 339510

Date Printed: 08/05/2023

BILLING DETAILS:

Search Date	Search	Description	Charge SGD	File Ref#
08/05/2023	INS	201406746N 6 DAYS PRIVATE LIMITED		AW1-INS- (41- 119882-23- MT

Total Amount SGD 4.10



Contact us at

Hotline: (65) 6665 5555

E-mail: customerservice@directasia.com

YOUR POLICY SCHEDULE

This document forms part of your contract with us and should be read together with your Certificate of Insurance and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Car Insurance

Policy number

MT/01112702

Period of cover

Policy begins 12/11/2022 00:00 and runs until 11/11/2023 23:59

Premium

S\$ 674.05 (inclusive of GST)

Own Damage Excess

S\$ 500.00

Windscreen Excess

S\$ 100.00

Vehicle Details

Vehicle Registration

SMQ3499G

2019

Chassis number

KNAF3416MK5051940

Make and model

KIA Cerato 1.6 (A)

Car usage

Private Use

Year of registration

Finance company / Hire

purchase

Is your car modified?

(Modifications are according to LTA guidelines)

No

Policyholder

Policyholder

SALEH BIN MOHAMAD

Mailing Address

259 TAMPINES STREET 21, #03-330 , Singapore 520259

E-mail Address

mohdsm7@gmail.co Mobile Number

: 81134814

No Claims Discount (NCD) * (8)

Main Driver Details

SALEH BIN MOHAMAD

Main Driver Date of Birth

12/02/1956

Marital Status

: Married

Gender

Male

50%

Number of accidents or

: 1; Not at fault

claims in the last 36 months

licence

Certificate of Merit

: Yes

Years of valid driving

> 5

Important Note: This policy does not cover drivers below the age of 30 and drivers who hold a valid driving licence of less than 2 years with the exception of the named drivers above.

Young and/ or Inexperienced Driver (YIED): refers to any driver who is below the age of 30 or holds a driving licence for less than 2 years.

Promotion Details

Promotion Code: SC1MONTH

Agent Code: VIC40000003DSIA

Direct Asia Insurance (Singapore) Pte Ltd 20 Anson Road #08-01 Twenty Anson Singapore 079912 www.DirectAsia.com

RONN SEAH CH

YAP LEE MOTOR

Reg. No. 52910085A

1 Kaki Bukit Ave 6 #01-26 Autobay@Kaki Bukit Singapore 417883 Tel: 6844 1555 Fax: 6844 1311 Email: yap_lee_motor@singnet.com.sg

Owner: Saleh Bin Mohamad Address: C/o: 1 Kaki Bukit Ave 6

#01-26 Autobay @Kaki Bukit

Singapore 417883

Model: Kia Cerato

Date: 18-Apr-23

Veh No: SMQ3499G

Final Repair Bill

Serial No	<u>Description</u>	<u>Amount</u>
1	Lump sum repair costs	\$ 8,100.00

Grand total: \$ 8,100.00

OSCARS LEASING PRIVATE LIMITED

50 EAST COAST ROAD #01-90, ROXY SQUARE Singapore 428769

INVOICE

HIRER DETAIL:

: Muhammad Sharfudin Bin Saleh

: 201431292N

Name

Invoice No.

Reg No.

: OL/23/014

Address

: Blk 144 Pasir Ris Street 11

Date

: 19.04.2023

#06-89 Singapore 510144 Payment Term : COD

Tel

Fax

Att: Finance Department

S/N	Description	No.of Days/Wks/ Mths	Per Day/Wks/Mths Charges \$(SGD)	Total \$(SGD)
1	Rental of Honda City - Car Plate No.: SMQ 5761K - 24/03/2023 - 03/04/2023 PLEASE PAYNOW TO 201431292NOSL OSCARS	10 days	120.00	1200.00
	LEASING PTE LTD			
	Sub-Total \$(SGD)			1200.00
	Grand Total \$(SGD)			1200.00

All Cheque are to be crossed and made payable to OSCARS VALUE RENT PRIVATE LIMITED. THANK YOU FOR YOUR PAYMENT.

THIS IS A COMPUTER GENERATED DOCUMENT NO SIGNATURE IS REQUIRED.

INVOICE

Invoice No.:

CL/230178

Saleh Bin Mohamad

C/o: Yap Lee Motor

Ref No.:

YL/03/2303/TP

No. 1 Kaki Bukit Ave 6

#01-26 AutoBay, Singapore 417883

Date:

4 April 2023

DESCRIPTION

AMOUNT

OUR SERVICE FEE CHARGES:

• SURVEY INSPECTION FOR VEHICLE NO.

SMO 3499 G

- RESURVEY INSPECTION
- DIGITAL PHOTOGRAPHS SERVICES
 (INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS)
- TRANSPORTATION

GRAND TOTAL

S\$ 678.00

E & O. E

Notes / Payment method:

All cheque payment should be "Crossed" and made payable to "CLAPPRAISER PTE LTD"

Bank Transfer -

Account Name: C L APPRAISER PTE LTD

Account Number: 588041152001

Bank: OCBC

We shall be grateful if you could forward our payment at your early convenience.

CL Appraiser Pte Ltd

Blk 416 Pasir Ris Dr 6 #08-235, Singapore 510416 Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783 Reg No: 201000228E

VEHICLE INSPECTION REPORT

To: Saleh Bin Mohamad

Date

: 4 April 2023

C/o: Yap Lee Motor

Our ref

: YL/03/2303/TP

No. 1 Kaki Bukit Ave 6

#01-26 AutoBay, Singapore 417883

Accident Date

24 March 2023

Type of Survey : Third Party

Inspection Date

28 March 2023

Yap Lee Motor Repairer Name

No. 1 Kaki Bukit Ave 6

#01-26 AutoBay, Singapore 417883

PARTICULARS OF VEHICLE

Registration No

: SMQ 3499 G

Year / Capacity:

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2019 / 1591 cc

Make / Model

: Kia Cerato

Colour

Black

Chassis No

: KNAF3416MK5051940

Mileage

49900

Engine No

: G4FGKH748534

CONDITION OF TYRES

		Make	Size	Thread Balance	Rim
Front Nearside	:	Kumho	205/55 R16	5 mm	Sport
Front Offside	ĕ	Kumho	205/55 R16	5 mm	Sport
Rear Nearside		Kumho	205/55 R16	5 mm	Sport
Rear Offside	ě	Kumho	205/55 R16	5 mm	Sport

GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the rear portion. (Details refer to the photographs attached)

Enclosed number of photographs:

118

copies

REMARKS

This inspection was conducted entirely on a "WITHOUT PREJUDICE" basis and we have not given authorization and instruction to the repairer to proceed with the repair.

RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a Lump Sum of \$8,100.00 on a contractual basis.

Under normal circumstances, the repair period would be about 6 (Six) working days.

Page 1



Vehicle Registration No.: SMQ 3499 G

Our Ref No.:

YL/03/2303/TP

		C 1:4:	Repairer's Estimate		Revised
Qty	Description	Conditions			Amount
	SPARE PARTS - LIST ITEMS				
1	Rear boot lid	Damage	\$	1,497.00	\$ 1,497.00
2	Rear boot hinges	Intact	\$	250.00	
2	Rear boot lamps	Damage	\$	800.40	\$ 800.40
1	Rear boot logo	Necessary	\$	80.80	\$ 80.80
1	Rear boot rubber	Necessary	\$	200.70	\$ 200.70
1	Rear boot "CERATO" emblem	Necessary	\$	91.00	\$ 91.00
1	Rear boot "C&C" emblem	Necessary	\$	62.00	\$ 62.00
2	Rear taillamps	Damage	\$	1,068.00	\$ 1,068.00
1	Rear end panel	Damage	\$	589.00	\$ 589.00
1	Rear end panel inner garnish	Damage	\$	155.00	\$ 155.00
1	Rear smart keyless sensor -outer	Damage	\$	185.00	\$ 185.00
1	Rear smart keyless sensor -inner	Damage	\$	180.00	\$ 180.00
1	Rear bumper	Damage	\$	869.70	\$ 869.70
2	Rear bumper brackets	Damage	\$	178.00	\$ 178.00
1	Rear bumper lower diffuser	Damage	\$	420.50	\$ 420.50
2	Rear bumper reflectors	Damage	\$	468.00	\$ 468.00
2	Rear bumper reflector covers	Damage	\$	210.00	\$ 210.00
1	Rear bumper reinforcement	Damage	\$	389.00	\$ 389.00
2	Rear bumper reinforcement stays	Damage	\$	321.60	\$ 321.60
2	Rear bumper side retainers	Necessary	\$	160.40	\$ 160.40
1	Rear bumper n/s undercover	Damage	\$	125.00	\$ 125.00
1	Rear floor board	Damage	\$	291.00	\$ 291.00
1	Rear tools sponge tray	Damage	\$	175.00	\$ 175.00
•	11001 10012 2701-81 1111		\$	8,767.10	\$ 8,517.10
		Less 10%	\$	876.71	\$ 851.71
	Total Cost - List Items		\$	7,890.39	\$ 7,665.39
	SPECIAL NETT ITEMS				
1	Rear bumper clip (1 set)	Necessary	\$	60.00	\$ 60.00
1	Rear reverse sensor (1 set)	Damage	\$	350.00	\$ 350.00
1	Rear bumper reflector protector set -carbon	Damage	\$		\$ 180.00
•	Total Cost - Special Nett items	_	- \$		\$ 590.00

Total cost of parts

\$ 8,480.39	\$ 8,255.39



Vehicle Registration No.: SMQ 3499 G

Our Ref No.:

YL/03/2303/TP

S/No	Description	1	epairer's Estimate	Revised Amount
	Total cost of parts c/f	\$	8,480.39	\$ 8,255.39
	<u>LABOUR</u>			
1	To remove, refit, replaced damaged lamps and check up rear electrical wiring	\$	80.00	\$ 50.00
2	To remove and refit inner garnishes, inner trim to assist repair.	\$	150.00	\$ 120.00
3	To remove and refit rear reverse sensor.	\$	120.00	\$ 80.00
4	To transfer boot lid mechanism and wiring assembly to assist repair.	\$	80.00	\$ 80.00
5	To apply undercoating on repaired and replaced panel.	\$	100.00	\$ 90.00
6	To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld; re-align body structure and damaged consistent to the accident.	\$	1,000.00	\$ 750.00
7	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$	1,000.00	\$ 660.00
	GRAND TOTAL	\$	11,010.39	\$ 10,085.39



Vehicle Registration No.: SMQ 3499 G

Our Ref No.:

YL/03/2303/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair Contract of: \$ 8,100.00

By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notifed the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deem to be vaild.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicle and/or other accident in other legal proceedings.

C L APPRAISER PTE LTD

Cheong K. H

Automotive Appraiser





