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 26/09/2022 13:25 (SGT) Reported by **Actual Driver** Date of Accident 24/09/2022 12:15 (SGT) Exact Location of Accident 174 Duchess Ave, Singapore 269186 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR5014D

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner 365 RENEWABLE ENERGY PTE LTD Company Reg No 202135530Z Email Address VINCENT@365RENEWABLE-ENERGY.COM

Mobile Phone No (Phone) +65-89236779

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Noah

Exact purpose for which vehicle was being used at time of accident Private hire

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party

Vehicle Category Private car Transmission Auto 1800

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5129610907-000001

DRIVER

Name of Driver **CHEN YINGCHAO** NRIC No S9275956C Date Of Birth 04/02/1992 Occupation Outdoor

Date Of Driving Pass	07/12/2017
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83828180
Alt, Phone Number	-
Email Address	VINCENT@365RENEWABLE-ENERGY.COM
Address	<u> </u>
Address complement	BLK 335B ANCHORVALE CRESCENT #09-92
·	-
Postcode	542335
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	
delite in the man man and a men and	
Type of Accident	Side Swipe
Weather Conditions	Raining
Road Surface	Wet
OTHER INFORMATION	
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?	NO
Was any other vehicle or property damaged?	- V
	Yes
Number of Passengers (Including Driver)	1
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	_
33	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	
If yes, against whom?	No
ii yes, against wildin?	-
CIRCUMSTANCES OF ACCIDENT	
LAM TRAVELLING TO EVIT THE CARRADIC WHEN VEHICLE R	DEOM MAN LEET WITHOUT CTORDING AT THE CTOR LINE
I AM TRAVELLING TO EXIT THE CARPARK WHEN VEHICLE B COLLIDED INTO MY VEHICLE'S FRONT LEFT PORTION.	REOM WIT LEFT WITHOUT STOPPING AT THE STOP LINE
COLLIDED INTO MIT VEHICLE 3 FRONT LEFT PORTION.	
ATTACHMENT(S)	
Are accident photos available for attachment?	V
·	Yes
Was there any video captured by Car Camera?	Yes
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vahiala Daniatration Neurskan	0014544
Vehicle Registration Number	GBL1541L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	=

Contact Number	-
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	VEHICLE B
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 Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

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) 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.

(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.

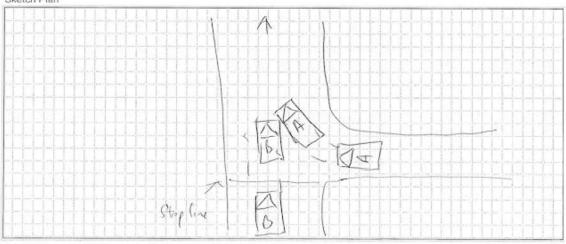
SOE # CITY

Policyholder's Signature / Date & Time

除變超

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

Sketch Plan



1

cribe Circumstance of	the Accident		-1 4.1.1	R L	
lett source	teging and left part.	of the Step	The colling	led into	y
vehil's fro	n left post.				1

Declaration I/We declare the articulars 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



Certificate of Insurance

Cover : Third Party

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

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

Certificate Number: 5129610907-000001

Index mark and Registration Number of Vehicle : SMR50140
 Charle Number

Chassis Number : ZWR800279650

Name of Policyholder : 365 RENEWABLE ENERGY PTE LTD
 Effective Date of Insurance : 15 Aug 2022

4. Expiry Date of Insurance : 15 Aug 2022 : 14 Aug 2023

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her 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#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : \$\$1,500 ADDITIONAL EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : N/A NCD PROTECTION : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : ADVANCE OR PTE LTD

SUM INSURED : N/A

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)

Agency : S & M ALLIANCE PTE. LTD. (00000614373)

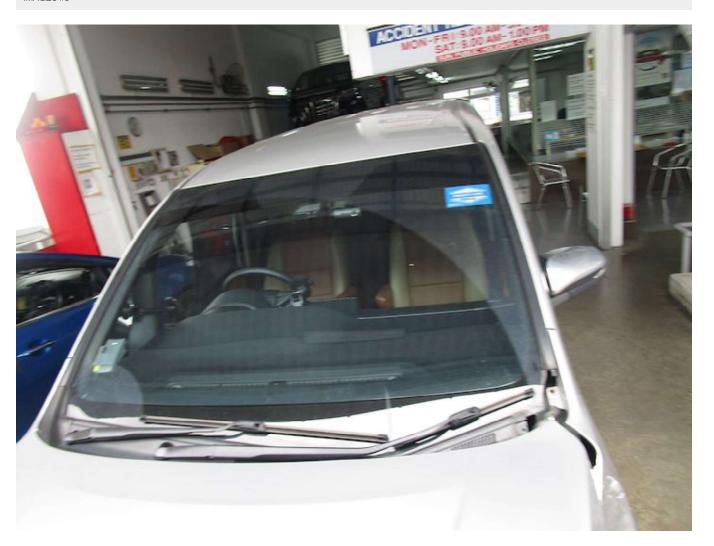
Date of Issue : 15 Aug 2022 15:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive











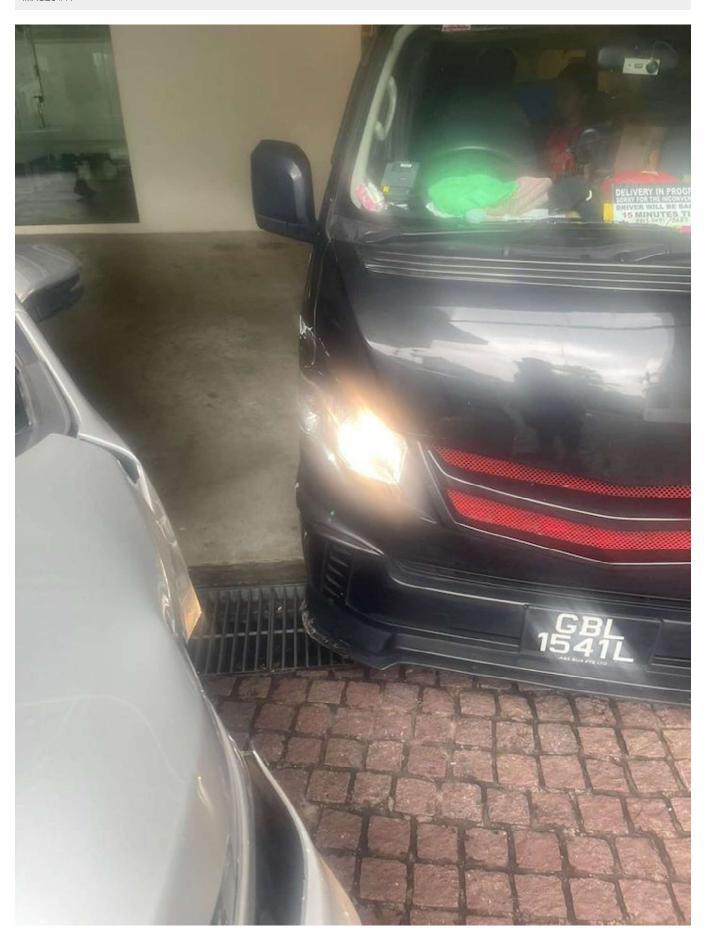


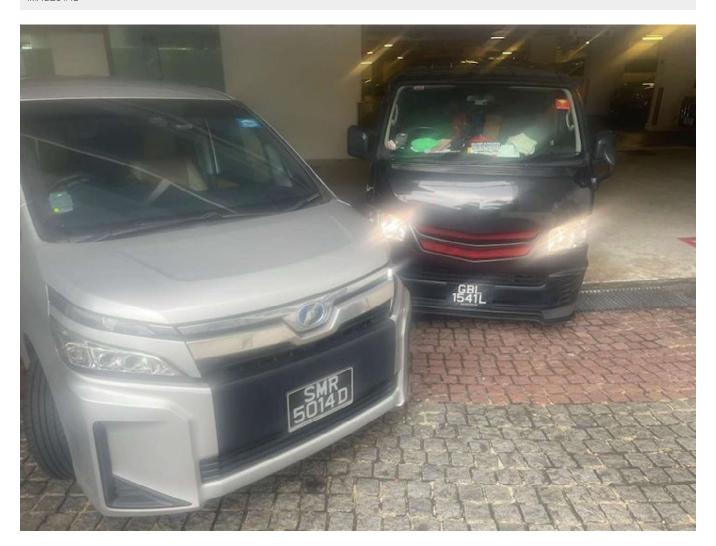


















365 Renewable Energy Pte Ltd

25 Kaki Bukit Road 4 #01-55 Synergy @KB Singapore(417800) Tel: 8923 6779 Page | 1

365 Renewable Energy Pte Ltd 25 Kaki Bukit Road 4 #01-55 Synergy @KB Singapore(417800)

Tel: 8923 6779

Vehicle Lease Agreement

This VEHICLE LEASE AGREEMENT (hereinafter referred to as 'The Agreement' is made on

Between 365 Renewable Energy Pte Ltd

(Company Registration No.: 202135530Z)

Having its office at:

25 Kaki Bukit Road 4 #01-55 Synergy @KB Singapore(417800)

Hereinafter referred to as 'The Owner' of the one part

Name: CHEN YENGCHAD And

Nrie No: 59275956C

Having his residential address at: 335B Anchorvolle Crescent #6395

Tel. (Residential) : 83828180

Next of Kin Contact:

Hereinafter also known at the 'The Hirer' of the other part

Additional Driver

Name:

Nric No:

Having his residential address at:

Tel. (Residential) Next of Kin Contact:

Hereinafter also known as the "Additional Hirer' of the other

Hereby agrees that The Owner will lease to The Hirer and/or the Additional Hirer the vehicle with the below details, hereinafter referred to as 'The Vehicle' with the terms & conditions set out in The Agreement Contained herein:-

1. DESCRIPTION OF VEHICLE

Make & Model

TOYOTA VOXY HUBBLD 1-8L

Registration No

5MR 50141)

V.I.N

Paint Colour

Interior Coleman

CHEN YEAR CHAO

[The Owner's Initial & Stamps II'he Hirer and/or Additional Hirer Initial & Stamps