

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	22/07/2023 16:22 (SGT)
Reported by	Actual Driver
Date of Accident	21/07/2023 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHESTNUT TERRACE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2307C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TS CLASSIC PTE. LTD.
Company Reg No	200605023Z
Email Address	tsc@vbblind.com
Mobile Phone No	(Phone) +65-97455580
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5094085056-05

DRIVER

Name of Driver	ONG CHEE HENG PETER
NRIC No	S7400571C
Date Of Birth	09/01/1974
Occupation	Outdoor

Date Of Driving Pass	16/05/2002
Driving experience	21 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97455580
Alt. Phone Number	-
Email Address	tsc@vbblind.com
Address	APT BLK 259C PUNGGOL FIELD
Address complement	#17-49
Postcode	823259
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	ZHU LI FENG
Gender	Male

PASSENGER 2

Name	LEE GUO JING
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

SEE ATTACHED SKETCH PLAN AND PHOTO

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	YQ2439U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KURUPPIAH KATHA MUTHU
Contact Number	(Phone) +65-91685563
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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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.
- (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 / Date & Time

22/07/2023 14:51

Sketch Plan

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

22/07/2023 14:51

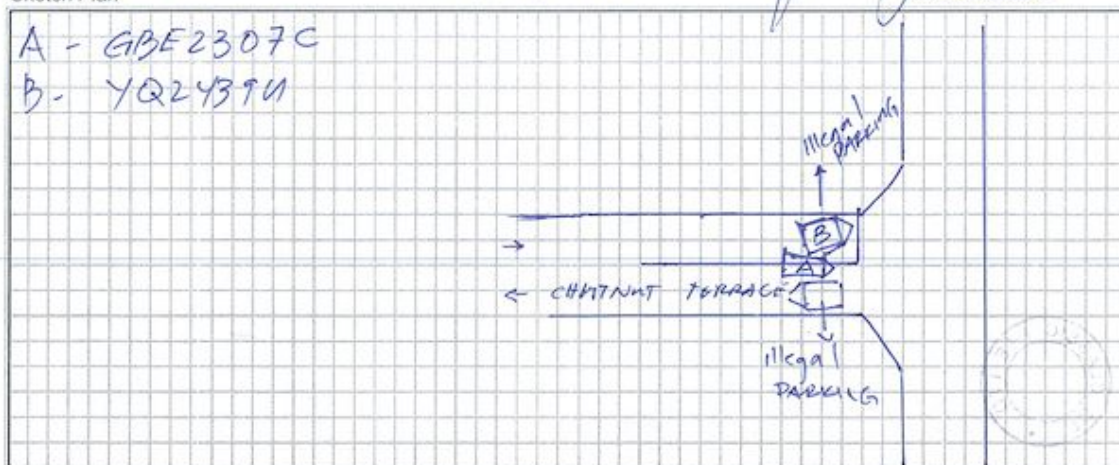
Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

ETIMOR AIFONS

65XXXX8411

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
TEL: 6490 9666 FAX: 6846 7483



Describe Circumstance of the Accident

On the day of the incident,

- Vehicle B was parked at the stop line which has his vehicle tail gate down.
- There was another illegally parked vehicle on the other side of the road.
- As I saw the tail gate of vehicle B down, I assume that the vehicle was not having any movement.
- I drove carefully between vehicle B and the illegally parked vehicle.
- As I move in-between vehicle B and the illegally parked vehicle, vehicle B suddenly move forward and negotiated a turn which cause a side brush on my vehicle.

Declaration

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



Policyholder's Signature / Date & Time
22/07/2023 19:51

Driver's Signature (if driver is not the policyholder) / Date & Time
22/07/2023 14:51

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD
SINGAPORE 408623
TEL: 6440 9666 FAX: 6846 7483

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
THOMAS ALFONS
AXXK246











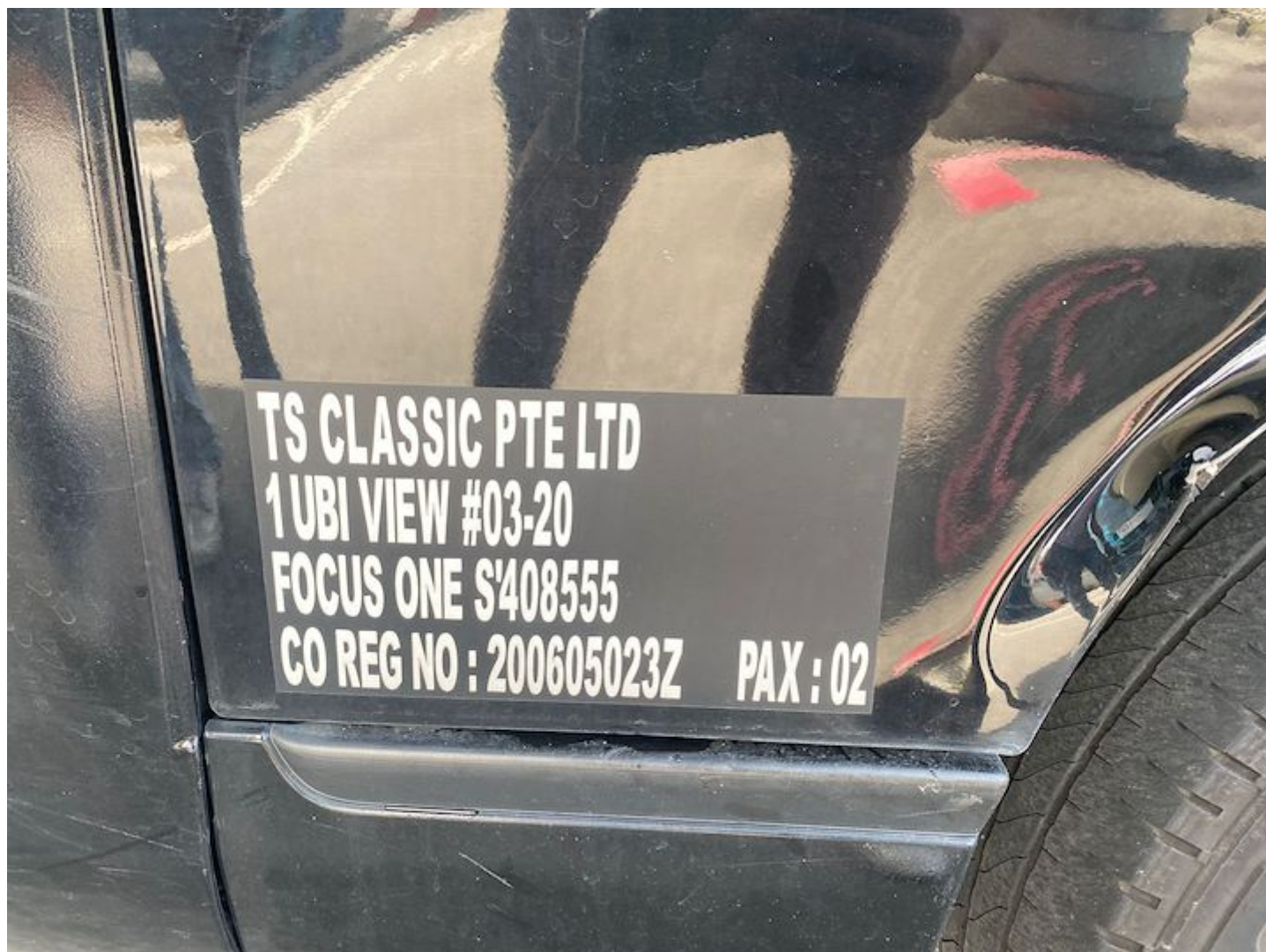




























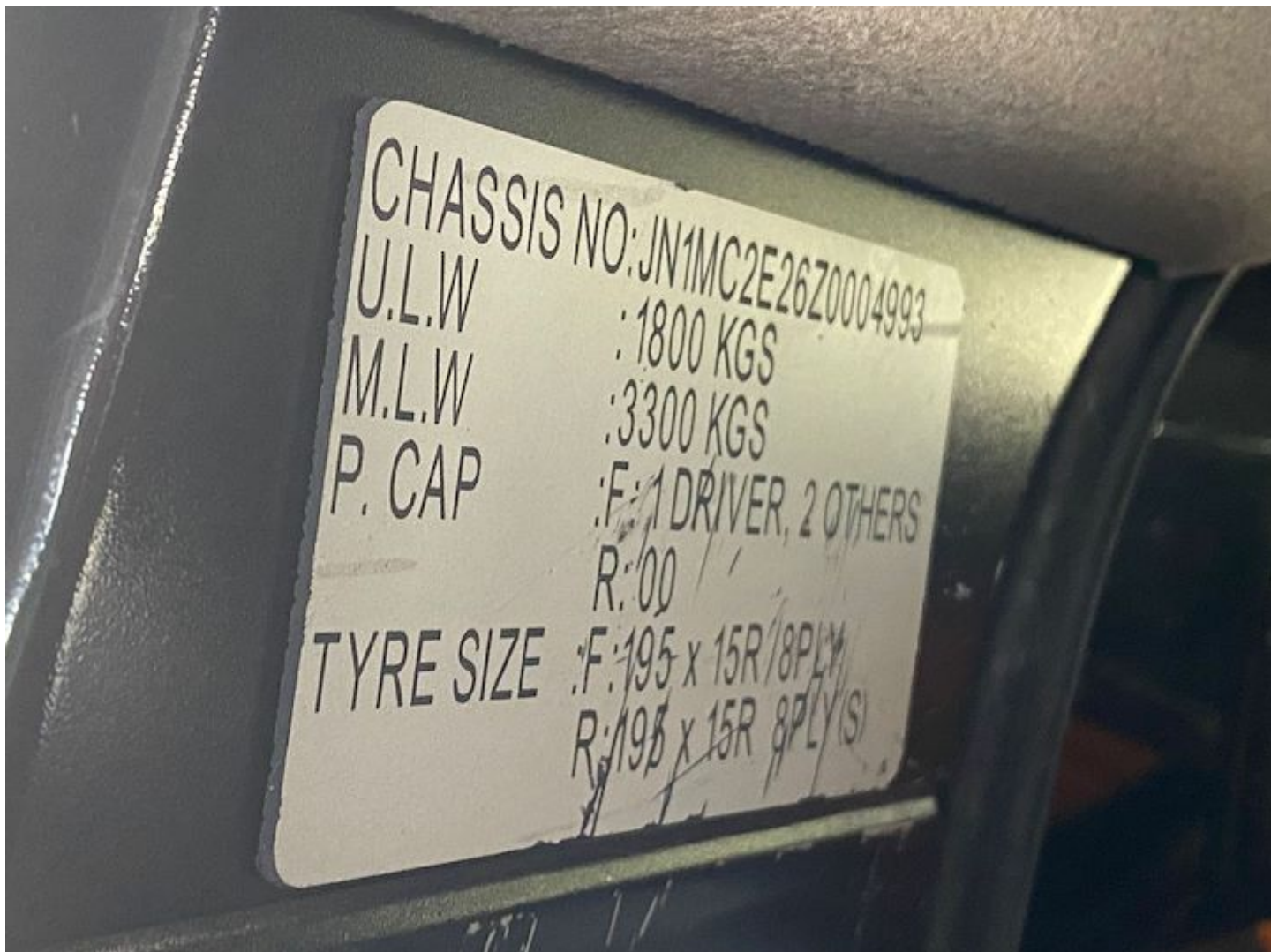


















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1R237M0001 Vehicle Registration No: GBE2307C
 Name (as shown in NRIC): TS CLASSIC PTE LTD NRIC/FIN/Passport No: 2XXXXX023E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: APT BLK 259C PUNGGOL FIELD #17-49 Singapore (S23259)
 Contact (Tel): _____ Mobile No.: 97455580
 Email Address: _____
 Date of Accident: 21/07/2023 Time of Accident: 12:00
 Place of Accident: CHASTNUT TERRACE
 Insurance Company: INCOME INSURANCE LIMITED

(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:

TO REPORT ON CLAIM TO THIRD PARTY




 Policyholder / Driver's Signature
 Date: 22/07/2023 / 1634

EVOLUTION INDUSTRIAL PTE LTD
 19 UBI ROAD #04-01
 SINGAPORE 408721
 TEL: 6500 9999 FAX: 6500 7483

 Reporting Centre Personnel's Signature
 Name: 61M604 A1F030
 NRIC/FIN No.: 6XXXXX8246
 Date: 22/07/2023

GIARMC Addendum Form

Certificate of Insurance	
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 : 5094085056-05	Cover : Comprehensive
1. Index mark and Registration Number of Vehicle	GBEZ307C
Chassis Number	JN1MC2E26Z0004993
2. Name of Policyholder	TS CLASSIC PTE. LTD.
3. Effective Date of Insurance	30 Sep 2022
4. Expiry Date of Insurance	29 Sep 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 business or profession.	
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.	
This Policy does not cover:	
(a) Use for hire or reward.	
(b) Use for racing, pace-making, reliability trial or speed-testing.	
(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.	
If 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 headings.	
This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.	
EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ETHOZ CAPITAL LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
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	: NLE INSURANCE AGENCIES PTE. LTD. (00000614580)
Date of Issue	: 09 Sep 2022 09:56 hrs
For INCOME INSURANCE LIMITED	
 Chief Executive	