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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 Authorised 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
- 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.

- 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

Harris and the fire of the little	ACCIDENT STATEMENT
Date Of Report	14/11/2019 14:16
Date Of Accident	13/11/2019 14:20
Exact Location Of Accident	ALONG TUAS BAY STREET
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YN1500Y
Insured/Policyholder	
Name Of Registered Owner	POWERGAS LIMITED
Co Reg No	199504471E
Email Address	ZULKIFLI@SPGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-94672014
Alternative Phone No.	OFFICE-94672014
Vehicle Particulars	
Manufacturer	ISUZU
Model	NJR85AUE6W
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
if No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO NO
Policy Number	D-19093089MFCV/34
Cover Note Number	STANSERFECTE DESCRIPTION OF STANS
Driver	
Name of Driver	ZULKIFLI BIN ISMAIL
NRIC No	S8415827E
Date Of Birth	11/00/1004

Date Of Birth 11/06/1984 Occupation OUTDOOR Date Of Driving Pass 16/05/2018

Driving Experience 1 YEAR AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94672014

Fax Number

Contact Number OTHERS-94672014

EMail Address ZULKIFLI@SPGROUP.COM.SG Address

BLK 803A KEAT HONG CLOSE

#06-154

Postcode

681803

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: COLLEGUE

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

ALEXANDRA NEIGHBOURHOOD POLICE POST ROAD: BLK 46-2 COMMONWEALTH DR , POSTCODE: 140462 ,

Police Station Address

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-4739999 - FAX NO: 64713569

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE NOTICE OF REPORTING

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

XB9778K

Vehicle Make/Model/Colour

UD

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

WIN AUNG

NRIC/Passport Number

G7408084M

Contact Number

83183117

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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.
- 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.
- 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)

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)
 - 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.
- (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:
 - 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:

Driver's Signature

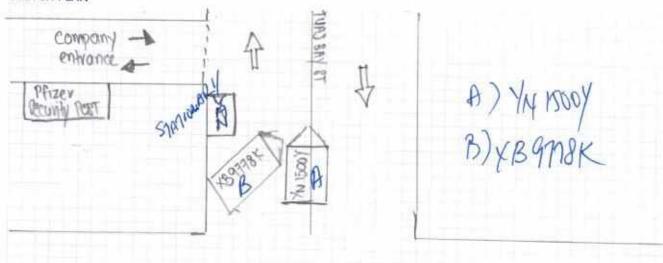
(If driver is not the policyholder)

Date & Time: 14 11-309 1240/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



A JUNE 2007 ANE 6

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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: 14-11-3019 1345h/k

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

NOTICE OF REPORTING

This is to confirm that Zulkifli Bin Ismail, NRIC: S8415827E, has reported to the Police a non-injury traffic accident which occurred along Tuas Bay Street on 13/11/2019 at about 2.30pm involving the following vehicles:

- 1) YN1500Y
- 2) XB9778K

On 13/11/2019 at about 2.30pm, I was driving my vehicle YN1500Y along Tuas Bay Street and there was a vehicle XB9778K (Driver namely Win Aung, FIN: G7408084M) swiped right from stationary when my vehicle was beside his. I was unable to brake on time hence the other vehicle hit onto the front left side of my vehicle. No visible injuries on all parties.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt T140324 Alester Ng

Date: 13/11/2019 Time: 1935hrs

S/D Ref: -

Police Post/Unit: Alexandra NPP

Alexandra
Neighbourhood Police Post
Blk 46-2 Commonwealth Drive

#01-382A Singapore 140462

AGCIDENT STATEMENT

<i>ب</i> دد	DENT DATE: (13.)-11. 30 M 10	D/MM/YYY), TIME: (14 : 30)(HH:MM)
loca	ATION: TURE BAY PTREET	*
1.	CIPOLICY NUMBER: D-19093089 d)POLICY TYPE: (COMPREHENSIVE e)MAKE & MODEL: 1SUZU	THIRD PARTY THIRD PARTY FIRE &THEFT)
*	1) TYPE: (SALOON / COUPE / MPV / N B) VEHICLE CATEGORY: (PRIVATE (III) PURPOSE OF USING AT ACCIDENT I) ARE YOU CLAIMING UNDER YOUR IF NO, PLEASE STATE (THIRD PARTY	TTIME: WOYCINS
2.,	INSURED / POLICY HOLDER A) NAME: YOWEKGAS LIMITED b) NRIC/FIN/PASSPORT: 19950 c) ADDRESS:	
tho of passanger Clarkuding driver) ()	CONTINUE TO 3.d IF DRIVER ALSO DRIVER GINAME: JULILIFLI SIN ISMAI DINRIC/FIN/PASSPORT: \$8415 CIADDRESS: 6/8039 LEAT HONG	(A) Premisses
	ODATE OF BIRTH: (1) 06/ OCCUPATION: (INDOOR /OUTDO I) DATE OF DRIVING PAGE WAS DRIVER AN EMPLOYER OF T IF NO, RELATIONSHIP OF THE DE	HE INSURED'S COMPANY? (YESY NO)
. 6. 7.	D) ROAD SURFACE: (DRY) WET / OTI WAS ANYBODY INJURED (YES / NO) D) REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POLICE	HERS
no of buzesuther	THIRD PARTY VEHICLE O) VEHICLE NUMBER: X6 9778K D) DRIVER'S NAME: WIN NING	MODELL UD
() passuager	C) NRIC/FIN/PASSPORT: GO GT THIRD PARTY VEHICLE D) VEHICLE NUMBER:	MODEL:
()	DRIVER'S NAME: NRICYFIN/PASSPORT:	CONTACTION

VIDEO . JULCIFUE SPSYOUP COM-35



MS First Capital Insurance Limited Co. Reg. No. 1950001060 CST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Heter Underwriting Dept: 36 Robinson Road #15-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 tvww.msfirstcapital.com.sg

CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1859 (Malaysia)

Type of Policy.

: COMMERCIAL VEHICLE - FLEET

Type of Cover.

: Third Party

Certificate No.

: D-19093089MFCV/34

Vehicle No / Chassis No

: YN1500Y / NJR857016017

Name of Insured

: POWERGAS LIMITED

Period Of Insurance

01.04,2019 To 31,03,2020

Insured Estimated Value

: 0.00

Excess:

SGD3,500.00 ALL CLAIMS IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

Any person who is driving on the insured'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

Use in connection with the insured's business.

(2) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business.

(3) Use for social, domestic or pleasure purposes.

The Policy does not cover.-

(1) Use for hire or reward or for racing, pacemaking, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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.

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)

> MS First Capital Insurance Limited (Approved Insurers)

JORDINE/80009/MZ300C

Issued at Singapore on 26,03,2019

Authorised Signature



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: \$665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre

(A) PARTICINARS OF BALL	ADDENDUM
MAKING	THEAMENDMENTS:
Original Report No : 2/MAIL	150687
Name(asshownin NRIC) Zucke(CL)	Bin 18mmi Vehicle Registration No: 14 15004
(*Vehicle Driver / Vehicle Owner) (*)	Please delete assault
Address :	ocicle as appropriate
Contact (Tel) :	Singapore(
Email Address :	Mobile No.:_ 94672014
Date of Accident : 13/4/20	00
Place of Accident : Alones	MIDS RAIL COPIES
Insurance Company: FURST	CARIZAT & WHOLL
Vicinity and the second	
TO THE TON A MARKET	MENTS:
make the faller on the above men	prioned accident and would like to include additional information or
On the following amendments:	and would like to include additional information or
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Zuch	CIPAI
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24	
Policyholder / Driver's Signature	1 MV 19//1/1/100 8
Date:	Reporting Centre #2
	Reporting Centre Personnel's Signature
	NRIC/FINNO .: LEFTY MORE
	Date: