

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 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 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 | WORKING PURPOSES |
| 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 |
| Policy Number | D-19093089MFCV/34 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | ZULKIFLI BIN ISMAIL |
| NRIC No | S8415827E |
| 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 ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

Passenger 1 NAME: COLLEAGUE

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

Police Station Address ROAD: BLK 46-2 COMMONWEALTH DR , POSTCODE: 140462 , 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)

1

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 Authorised 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. 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.
7. 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:

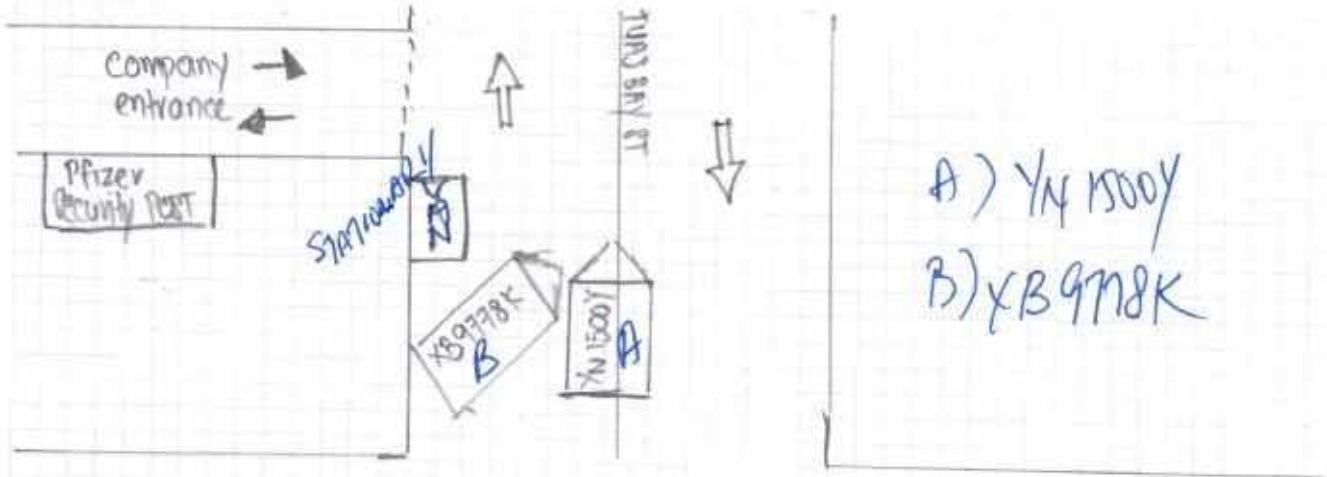
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) 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;
- (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:
 - (i) 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: 14-11-2019 1340hrs


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



TUNIS SOUTH AVE 6

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police statement.

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: 14-11-2019 1245hrs.

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

14/11/2019
Rafael L...

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

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 11 / 2019) (DD/MM/YYYY), TIME: (14 : 30) (HH:MM)

LOCATION: TUAS BAY STREET

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN1500Y
 b) INSURANCE COMPANY: FIRST CAPITAL
 c) POLICY NUMBER: D-17093089 MFCV34
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: ISUZU
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: POWERGAS LIMITED (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 199506471E CONTACT: -
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: JULIFLI SIN ISMAIL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8415837E CONTACT: 94673014
 c) ADDRESS: 5/803A LEAT HONG CLOSE #06-154
SINGAPORE 651503

* d) DATE OF BIRTH: (11 / 06 / 1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16 May 2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XB 9778K MODEL: UD
 b) DRIVER'S NAME: WIN NING
 c) NRIC/FIN/PASSPORT: 83183117 CONTACT: 83183117

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No. of passenger
 (including driver)
 ()

* No. of passenger
 (including driver)
 ()

* No. of passenger
 (including driver)
 ()

Email = Juliflie@gmail.com.sg

VIDEO

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, 1959 (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 Vehicle.

Limitations as to use*

- (1) 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.

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

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: 2/MAR/19/50685 Vehicle Registration No: YM 1500Y
Name (as shown in NRIC): ZULKIFLI Bin Ismail NRIC/FIN/Passport No: SP415827E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 94672014
Email Address: _____
Date of Accident: 13/11/2019 Time of Accident: 14:20
Place of Accident: Along MAS BAY STREET
Insurance Company: FIRST CARBON

(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:

PRIVATE NAME TO ZULKIFLI

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Relhi Luban
NRIC/FIN No.: _____
Date: 12/11/2019