

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	31/01/2020 17:55
Date Of Accident	30/01/2020 18:35
Exact Location Of Accident	ALONG BKE TWDS MANDAI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD6230H
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Insured/Policyholder

Name Of Registered Owner	LIAN BENG RESOURCES PTE LTD
Co Reg No	2XXXXX191Z
Email Address	SHERLEEN.LIM@UEP.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62652525

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FV51JJD4RDEA-12.9 D (M)
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	YES
Policy Number	D-19094625MCVS
Cover Note Number	

Driver

Name of Driver	GOVINDAN MANI
Passport No/FIN	GXXXX529R
Date Of Birth	10/10/1985
Occupation	OUTDOOR
Date Of Driving Pass	15/06/2015
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91203151
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NIL
Postcode	
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC403K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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:

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

Sketch Plan #2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/1/2020, around 1835hrs, I was travelling along BKE towards
Manda: Raad. I was on the first lane and making a right turn.
Suddenly there's a vehicle that was on the second lane, turning right
too. However, the vehicle was getting nearer to me and grazed onto my
vehicle's front left portion with its right rear.
No injury. That's all.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

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



MS First Capital Insurance Limited Co. Reg. No. 125000106C GST Reg. No. M2-0001676-9
 6 Raffles Quay #21-00 Singapore 048580
 Tel: (65) 6222 2311 Fax: (65) 6222 3547
 Claims & Motor Underwriting Dept: 35 Robinson Road #16-01 City House Singapore 068877
 Tel: (65) 6507 3848 Fax: (65) 6507 3849
 www.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, 1960
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy: : COMMERCIAL VEHICLE - HEAVY / SPECIAL TYPE
 Type of Cover: : Comprehensive
 Certificate No.: : D-19094625MCVS
 Vehicle No / Chassis No: : XD6230H / FV51JJA00928
 Name of Insured: : LIAN BENG RESOURCES PTE. LTD.
 Period Of Insurance: : 01.12.2019 To 30.11.2020
 Insured Estimated Value: : Market Value At Time Of Loss

Excess :

SGD2,000.00 ALL CLAIMS
 SGD3,500.00 SECTION I & II SEPARATELY 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*

- (1) Whilst the vehicle is being used in connection with the Insured's business :-
 (a) Any Person provided he is in the Insured's employ and is driving on their order or with their permission.
 (2) Whilst the vehicle is being used for social, domestic or pleasure purposes :-
 (a) 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*

Use in connection with the Insured's business.
 Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
 Use for social, domestic and pleasure purposes.

The Policy does not cover:-

- (1) Use for racing, pace-making, reliability trial or speed-testing.
 (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
 (3) Use for carriage of passengers for hire or reward.

* 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)

KARENS/B0186/MZ301

Issued at Singapore on 22.11.2019

Authorised Signature

Identification Card


 **S PASS**
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
UNITED E & P PTE. LTD.

 Name
GOVINDAN MANI

S Pass No.
0 35466770

Sector
CONSTRUCTION

 
0 35466770

 **K1744879**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G5215529R**
Name:
GOVINDAN MANI

Birth Date: **10 Oct 1985**
Issue Date: **26 Feb 2018**
Valid Till: **27/02/2023**

 **002776594D**

Driving License

VISIT PASS
Immigration Regulations

06-03-2019

Name
GOVINDAN MANI

FIN
G5215529R

Date of Birth
10-10-1985

Sex
M

Nationality
INDIAN

Download SGWorkPass
App to check status

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	28 Feb 2013
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	28 Feb 2013
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg	15 Jun 2016

NP 428A

Licence No:G5215529R



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

