SG0F213T0006 / GOLDBELL ENGINEERING PTE LTD ENTRY DATE & TIME: 29/03/2021 16:52 (SGT) SUBMITTED BY: Chan Mei Sim VERSION: 1 (29/03/2021 16:52 (SGT))

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 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.

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 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 29/03/2021 16:52 (SGT) Date of Accident 25/03/2021 13:00 (SGT) Exact Location of Accident 9 Woodlands Ave 9, Singapore 738964 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XF2242U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CENTRAL STAR (SINGAPORE) PTE LTD Company Reg No 200906175G **Email Address** jowell@centralstar.com.sq Mobile Phone No (Phone) +65-96583196 Alternative Phone No +65-96583196

VEHICLE PARTICULARS

Manufacturer **UDTrucks** Model **QUON CW 28 420** Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Tanker Transmission Manual CC 10380

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Type of Coverage ThirdParty Fleet Policy Policy Number D-20096291MCVT Cover Note Number

DRIVER

Name of Driver LIM KAI SENG NRIC No. S1377385H

Date Of Birth 04/06/1959 Occupation Outdoor Date Of Driving Pass 12/09/2008 Driving experience 12 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-96532552 Alt. Phone Number +65-83394165 Email Address jowell@centralstar.com.sg Address **BLK 180D RIVERVALE CRESCENT** Address complement #10-385 Postcode 544180 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Nο Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **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 ON 25TH MARCH 2021. MY VEHICLE XE2242U WAS IN STATIONARY WHILE WAITING TO TURN RIGHT TOWARDS WOODLANDS LOOP AND SHC5659G DASHED TO TURN RIGHT TOWARDS WOODLANDS LOOP ON THE 1ST LANE AND ATTACHMENT(S)

SCRATCHED THE RH OF MY TYRE AND FRONT LH. SHC5659G HAS SLIGHT SCRATCHED AND DENTS ON THE LHS

| Are accident photos available for attachment? | Yes |
|---|-----|
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | Nο |

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Pollcyholder 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 repurdiate 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.
- 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) of:
 - 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: Joanne Chan Mei Sigh Tel : 6592 631 37 Fax : 6442 557

Reporting Centre Personnal's Signification
Name:
NRIC/FIN No.:

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DM 724 MERCH SOST I WIN LEHICLE XF 2743M 2AW STATIONA ERY NHILE THEY PLEM TOWARS HAMMAN TO 204 NUCCOCK COD MND SUC 56594 DIASHED NAW DWHEDS σ PHHT gow 2 annuación W TRRST VANC DEM MED 2149 TYPE FROUT ens. SHC 56596 SUGHT SUBSTUMES 2414 ON HE 2,44 DECLARATION I/We declare the foregoing particulars are true in every respect. Joanne Chan Mei Sim 1050 Tel : 6592 6573 Fax : 6442 5571 Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature

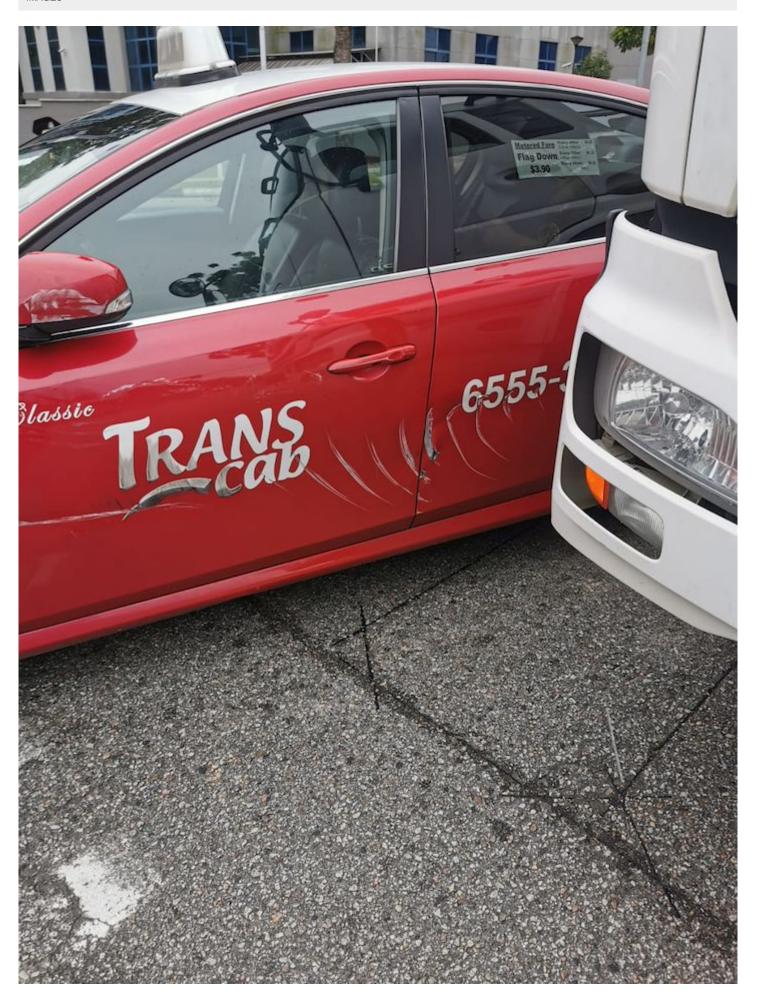
(If driver is not the policyholder)

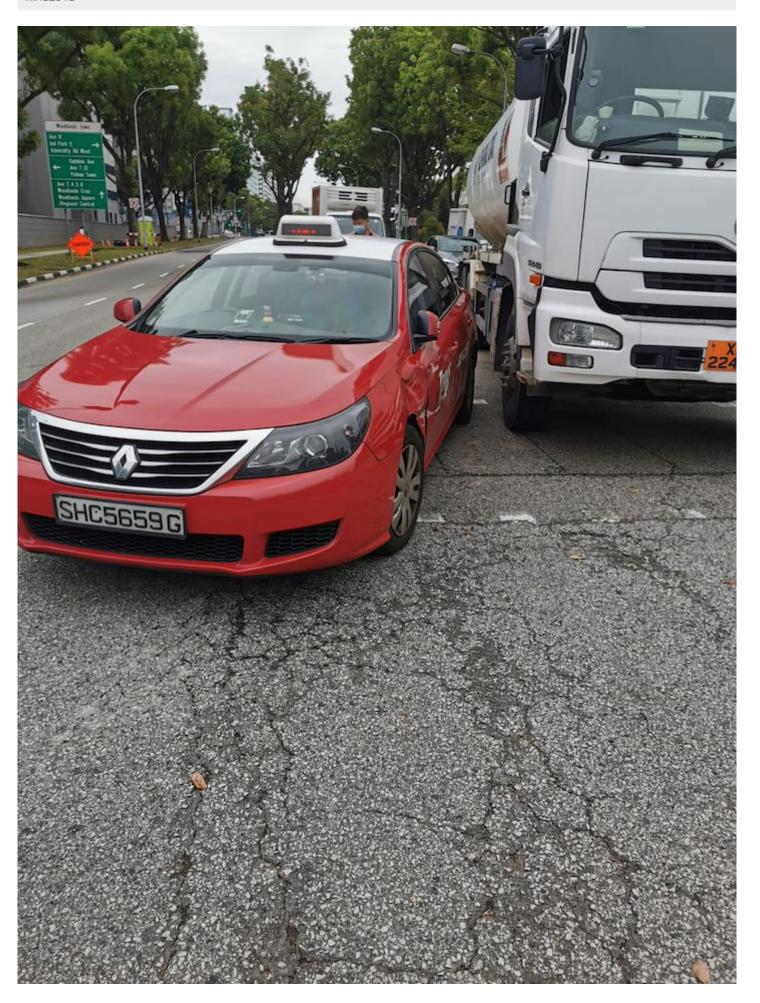
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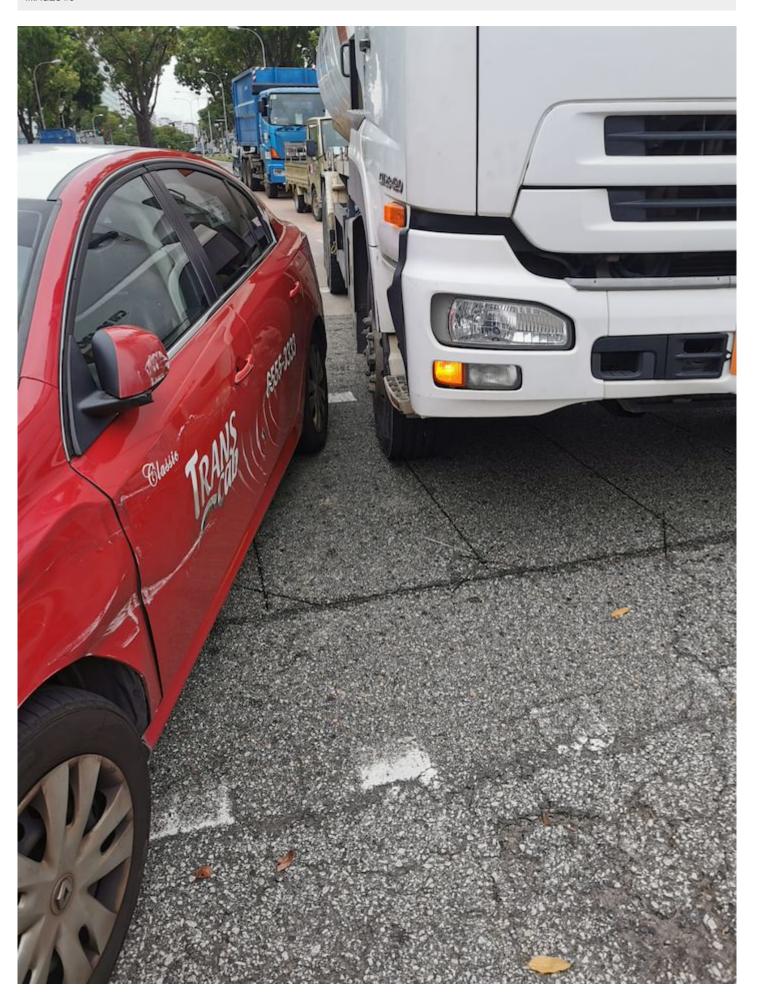
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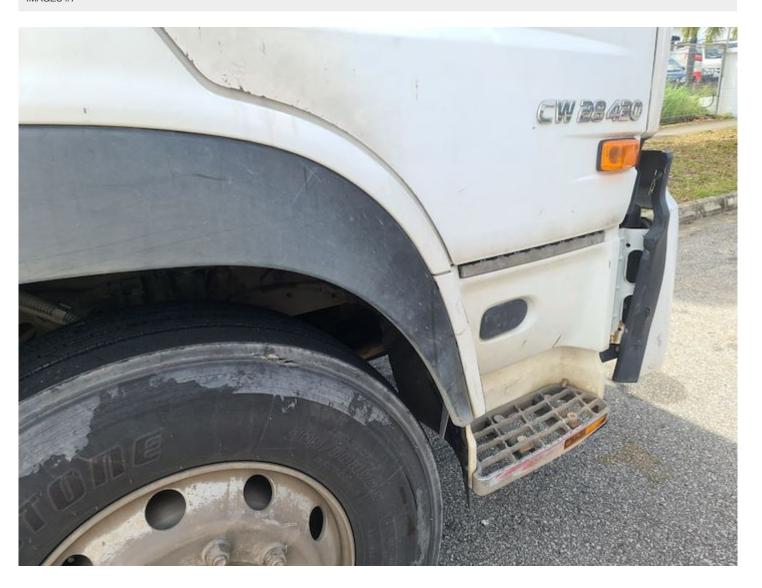
















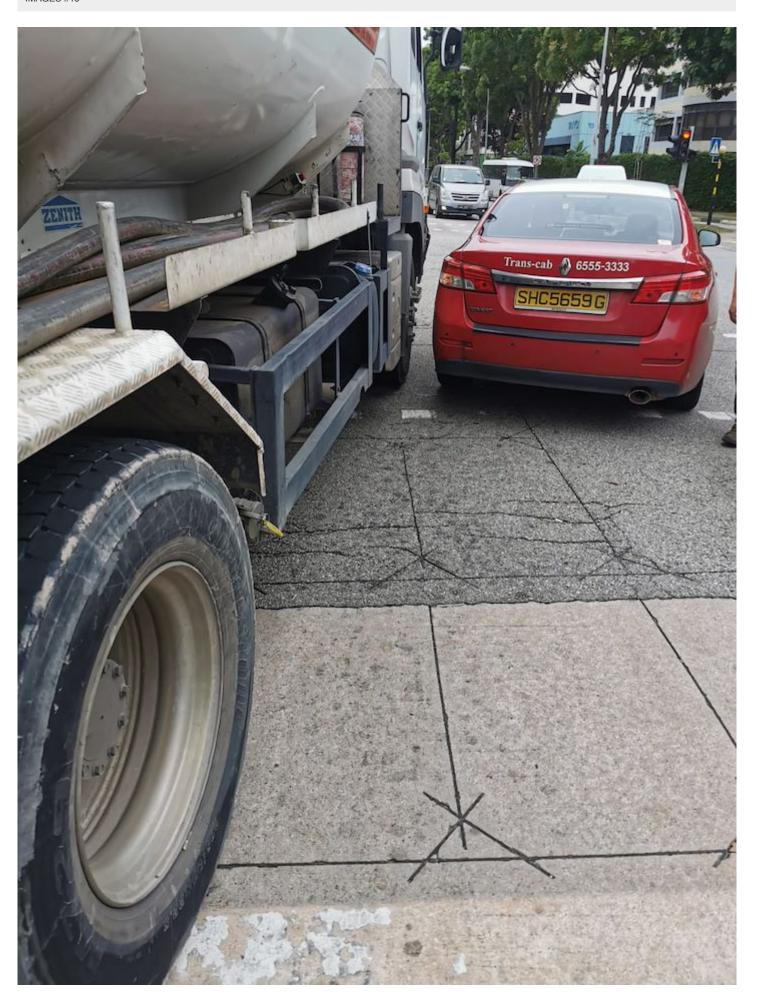








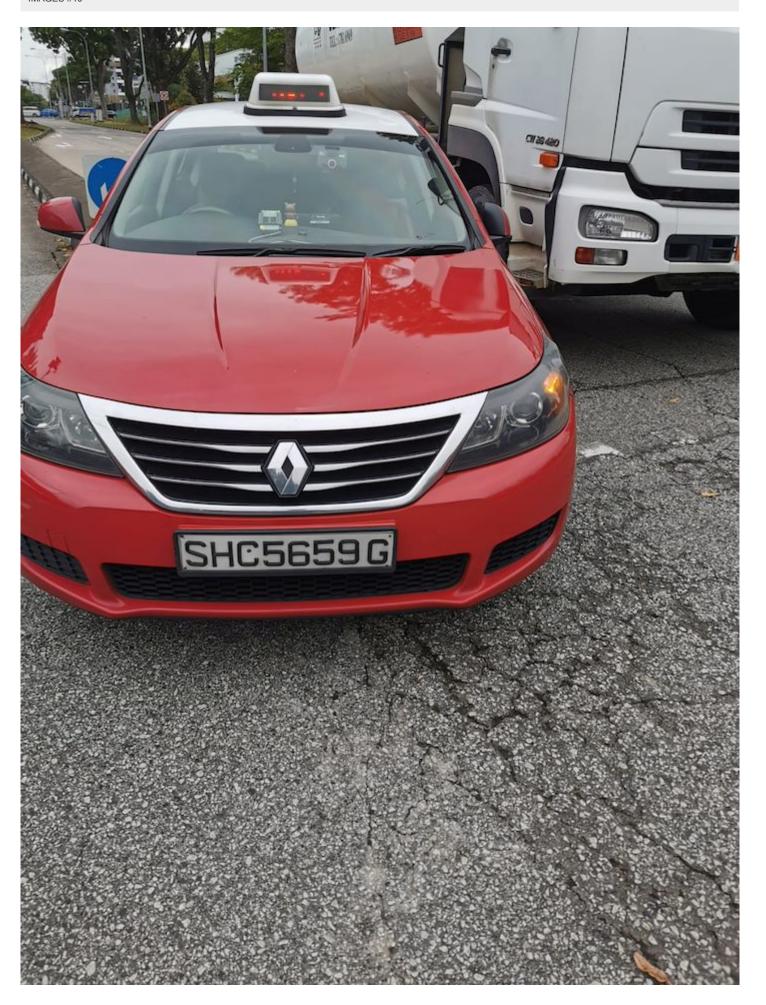


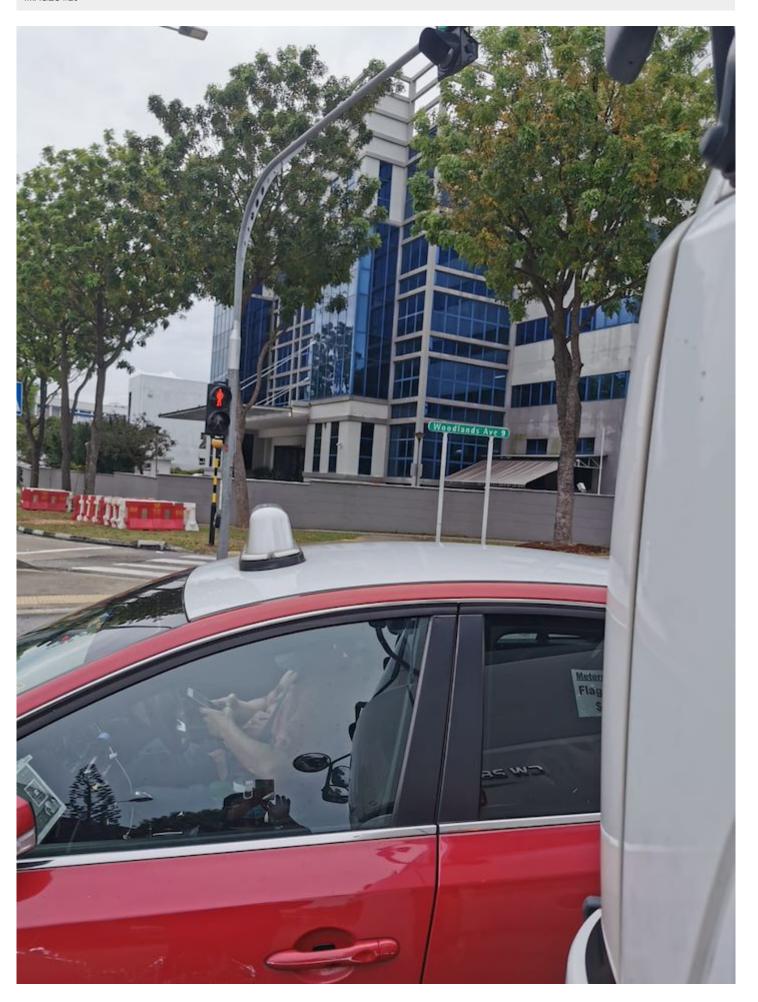














MS First Capital Insurance Limited Co. Reg. No. 195000106C GST Reg. No. M2-0001575-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirsteapital.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.

: MOTOR COMMERCIAL VEHICLE / TANKER

Type of Cover.

: Third Party

Certificate No.

: D-20096291MCVT

Vehicle No / Chassis No

XE2242U / JNCM1F1D7GU008810

Name of Insured

: CENTRAL STAR (SINGAPORE) PTE LTD

Period Of Insurance

: 20.09.2020 To 19.09.2021

Insured Estimated Value

: 0.00

Excess:

SGD3.400.00 ALL CLAIMS

COVERAGE: THIRD PARTY ONLY UNDER MOTOR VEHICLE/TANKER

GEOGRAPHICAL AREA: THE REPUBLIC OF SINGAPORE ONLY

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.

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)

KARENS/B0188/MZ301

Issued at Singapore on 27.08.2020

Authorised Signature

A Member of MS&AD INSURANCE GROUP



MS First Capital Insurance Limited Co. Reg. No. 195000105C 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: 36 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-20096290MCVS

Vehicle No / Chassis No

: XE2242U / JNCM1F1D7GU008810

Name of Insured

CENTRAL STAR (SINGAPORE) PTE LTD

Period Of Insurance

: 20.09.2020 To 19.09.2021

Insured Estimated Value

: Market Value At Time Of Loss

SGD4,000.00 SECTION I - OWN DAMAGE ONLY AN ADDITIONAL EXCESS OF SGD3,500.00 ON SECTION I IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF SINGAPORE DRIVING LICENCE

TYPE OF COVER: COMPREHENSIVE (OWN DAMAGE - SECTION I ONLY)

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

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> MS First Capital Insurance Limited (Approved Insurers)

> > 211.

KARENS/B0188/MZ301

avs

Issued at Singapore on 27,08,2020

Authorised Signature

A Member of MS&AD INSURANCE GROUP