SC1H214U0002 / ComfortDelGro Engineering Pte Ltd [408649] ENTRY DATE & TIME: 30/04/2021 17:40 (SGT) SUBMITTED BY: Tinie VERSION: 1 (30/04/2021 17:40 (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.

- 4. The issue and acceptance of this is form by instrained 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 30/04/2021 17:40 (SGT) Date of Accident 24/04/2021 10:30 (SGT) Exact Location of Accident Singapore Additional Location Information PSA GATE 2 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number XF471M

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LEGEND INTEGRATED LOGISTICS PTE LTD Company Reg No 200822162H **Email Address** DODO.LEE@LEGENDLOGISTICSLTD.COM Mobile Phone No (Phone) +65-97776864 Alternative Phone No +65-97776864

VEHICLE PARTICULARS

Manufacturer

Model **TRUCK** 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 Commercial vehicle Transmission Auto CC 2500

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D20096579MFVS/3 Cover Note Number

DRIVER

Name of Driver LAI ZENGXIANG Passport No/FIN G8108005X

Date Of Birth 28/04/1986 Occupation Indoor Date Of Driving Pass 28/11/2014 Driving experience 6 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-97776864 Alt. Phone Number Email Address DODO.LEE@LEGENDLOGISTICSLTD.COM Address 177 YUNG SHENG ROAD Address complement Postcode 610177 Is the driver the policyholder? Nο 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 Collided into Parked Vehicle Weather Conditions LIGHT RAIN Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Jurong West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002689999 Alt. Police Station Phone No (Fax) +65-62672438 Police Station Address 700 Corporation Road Singapore 649818 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YQ353X Vehicle Manufacturer Vehicle Model

Commercial vehicle

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver				_
Contact Number			 	_
Address			 	_
Address complement	 			_
Postcode				_
Insurance Company Name	 			_
Nature Of Damage				_
Details of property damaged in accident		 		_
No. Of Passenger (Including Driver)				_

1/30/2020

Protected By Symantec

1 ...

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 earl for 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 <u>reguldiate policy lightity</u>.
- 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 laise 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.
- By the leadgment 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 parmitted to collect, uso, 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 actidant (all insurers) who have insured vehicle(s) involved in this actidant (all insurers) who have insured vehicle(s) involved in this actidant (all insurers) in the insurers (lawyers/faw 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) compfying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) eil insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/lew 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.

TOBEZZIEN CZ

Policyholder's Signature Date & Time:

the section of the

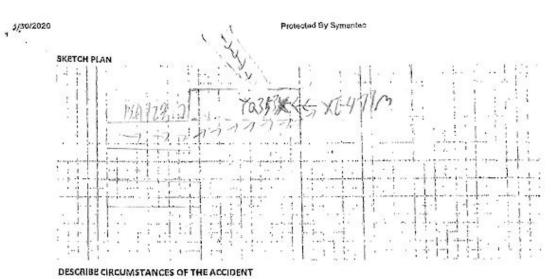
CA /

Oriver's Signature (if driver is not the policyholder) Date & Time; Reporting Centre Personnol's Signature Name:

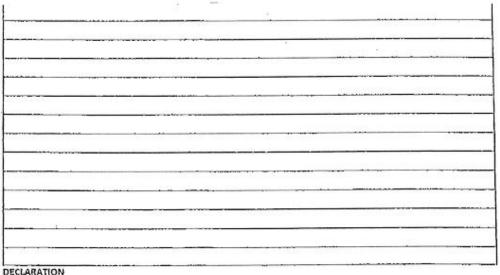
NRIC/FIN No.:

https://docisolation.prod.ffra.glass??guid=baf08241-8909-45f7-9143-615c757dd0ae

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On 24/4/2021, at about 1030hrs, I was driving my container truck bearing the plate number XE471M, entering PSA Terminal. As I was entering, I needed to stop one side, at a waiting bay for the PSA staff to cut a red tag before I can enter. After the staff cut the red tag, I had to reverse before being able to drive to the enter PSA Terminal. As I was reversing, I did not see there was a lorry behind me. The lorry was exiting the bay into the main road. My vehicle then hit the lorry bearing the plate number YQ353X. I only hit the lorry as he was inside my waiting bay. I suffered slight damaged to the rear of my vehicle and the lorry suffered damaged to the front right side of the vehicle. I then went down to make a check and exchanged particulars. Both drivers suffered no injuries. No police or ambulance attended to the scene. Only the PSA staff attended to the scene.



DECLARATION

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

2008221626

Oriver's Signature (if driver is not the policyhalder) Oate & Time:

Reporting Centre Personnel's Signature NRIC/FIN No.;

https://doclantation.prod.fire.glass/?guid=bef06241-8909-45f7-91d3-5150757dd0ae

2/2



MS First Capital Insurance Limited Co. Reg. No. 195000106C GSF Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

(takes 8 Hater 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.

: FLEET - HEAVY COMMERCIAL VEHICLE

Type of Cover.

: Comprehensive

Certificate No.

: D-20096579MFVS/3

Vehicle No / Chassis No

: XE471M / FP51SDA10145

Name of Insured

: LEGEND INTEGRATED LOGISTICS PTE LTD

Period Of Insurance

: 05.01.2021 To 15.10.2021

Insureri Estimated Value

: Market Value At Time Of Loss

Financial Institution

: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE L'TO

Excess:

SQ4,500.00 ALL CLAIMS (ITEM 1 TO 2 & 4 TO 9)
SQD6,500.00 ALL CLAIMS (ITEM 3 - XE471M)
AN ADDITIONAL EXCESS OF SQD3,500.00 ON 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*

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.

(1) Use in connection with the Insured's business.

(2) Whilst the Motor Vehicle is being so used the carriage of passengers is permitted.

Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
 Use whilst drawing a greater no. of trailers in all that is permitted by law.

* 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)

SUSAN/B0188/MZ801A1

Issued at Singapore On 13.01.2021

Authorised Signature

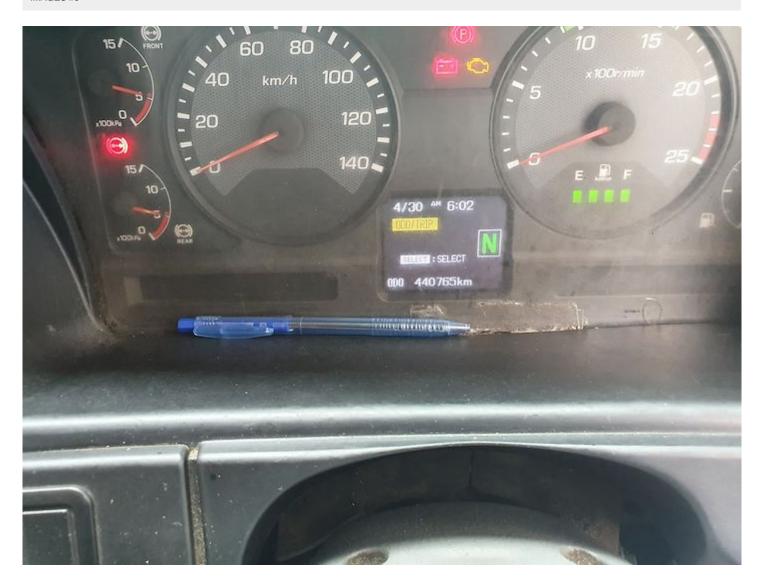
A Member of MIS(S/AVE) INSURANCE GROUP

















Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 1 of 3 Report No. T/20210429/2116

REPORT OF A	TRAFFIC	ACCIDENT
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Date/Time Report Made: 29/04/2021 18:46		Made:	Vide Report No.:	Station Diary No.: 125
Informa	ant's Partic	ulars	CLASSIC TROOPS AS	Control of the Market
	f Informant: NGXIANG		Address:	
	/ ID No.: / G8108005	5X	Contact No.: Home/Office:	Mobile: 97776864
Nationa CHINES			Email:	
Sex: Male	Age: 35	Date of Birth: 28/04/1986	Type of Informant: Driver	
Race: Chinese	1	-	Language: Chinese	Institution / School Name:
Occupation: Trailer-truck driver			Driving Licence Information: Class:	Date of Expiry:

	Non-Injury	Drink	Date/Time of	Type of Location:	
Type of Accident:	Non-injury	Drive:	Accident: 24/04/2021 10:30	Straight Road	
	GAR TERMINAL AVEN		l m	tood Coood Limit.	
Weather:		Road Surface: Wet	R	toad Speed Limit:	
Raining		AAGI			
Raining Traffic Flow: One Way		Traffic Control: Not Controlled	1.3	raffic Volume:	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
XE471M	Container truck	MITSUBISHI	FUSO FP51SDR3V DEA	White	Slightly Damaged	0	
YQ353X	Lorry	HINO	FG8JR1A 16 TON MT	White	Slightly Damaged	1	

Details of Person Involved	THE TRANSPORT OF THE ACCUST ME ACCUST AND AC
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

	2 01 3
Report No.	T/20210429/2116

Name	LAI ZENGXIANG		ID No		G8108005X	
Related Vehicle	XE471M (Container truck)		XE471M (Container truck) Contact No		ict No.	97776864
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	48.0 9210	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver		建筑图 体		理問題		
Name	Subbaiah Rasamoha	an		ID No		G2387453P
Related Vehicle	NIL			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: 2B,3,4 Date of Expiry: 26/06/2021
Date Treatment	NIL		Date Disc	harge	NIL	
No of Dave gran	ed Medical Leave	NIL	Degree of	Injury	NIL	·

Brief Details.

On 24/4/2021, at about 1030hrs, I was driving my container truck bearing the plate number XE471M, entering PSA Terminal. As I was entering, I needed to stop one side, at a waiting bay for the PSA staff to cut a red tag before I can enter. After the staff cut the red tag, I had to reverse before being able to drive to the enter PSA Terminal. As I was reversing, I did not see there was a lorry behind me. The lorry was exiting the bay into the main road. My vehicle then hit the lorry bearing the plate number YQ353X. I only hit the lorry as he was inside my waiting bay. I suffered slight damaged to the rear of my vehicle and the lorry suffered damaged to the front right side of the vehicle. I then went down to make a check and exchanged particulars. Both drivers suffered no injuries. No police or ambulance attended to the scene. Only the PSA staff attended to the scene.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

3 of 3 Report No. T/20210429/2116

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: J / Sgt 2 CHANG WAI CHUNG, MARC	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/04/2021 18:46
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476229 Authentication Stamp NP168 Signature:	Classification Of Case: