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 25/05/2021 17:24 (SGT) Date of Accident 24/05/2021 19:30 (SGT) Exact Location of Accident 91 Joo Koon Cir, Singapore 629116 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsuhishi

Vehicle Registration Number YM1615F

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner PTC - Xin Hua Transportation Pte Ltd Company Reg No 199704867D Email Address Peggy.Ong@ptclogistics.com.sg Mobile Phone No (Phone) +65-62615108 Alternative Phone No (Office) +65-62615108

VEHICLE PARTICULARS

Manufacturer

Model Fm657msrdec Variant 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 - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 7545

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Type of Coverage ThirdParty Fleet Policy Yes Policy Number D-20095987MFCV/2 Cover Note Number

DRIVER

Name of Driver Vairappan Kasina Than Saran Passport No/FIN G3122444L

Date Of Birth 09/11/1989 Occupation Outdoor Date Of Driving Pass 03/12/2015 Driving experience 5 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-81422295 Alt. Phone Number Email Address Peggy.Ong@ptclogistics.com.sg Address Blk 324 Jurong East St 31 Address complement Postcode 600324 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 Collision - Head to Rear 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? 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? No **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 the police report. 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 GBF3765B Vehicle Manufacturer Fiat

Doblo

Commercial vehicle

Vehicle Model

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)				_

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</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 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")
- 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.

ON PTE LID X

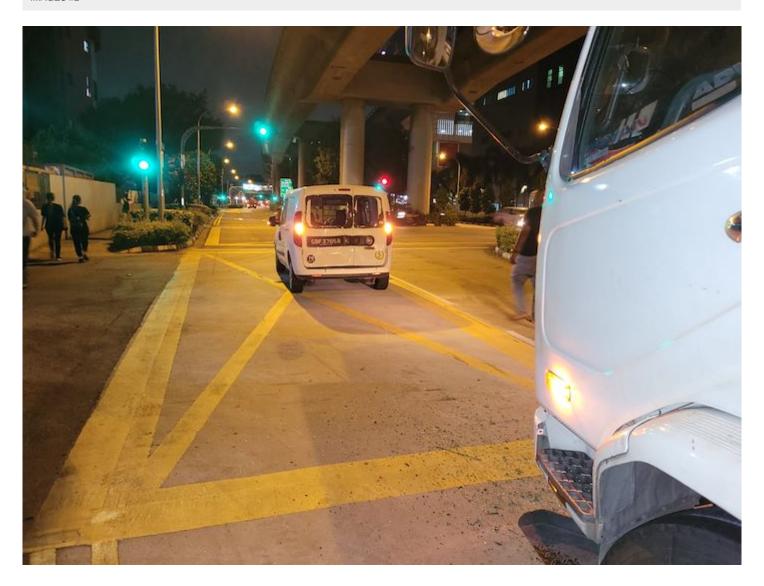
Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

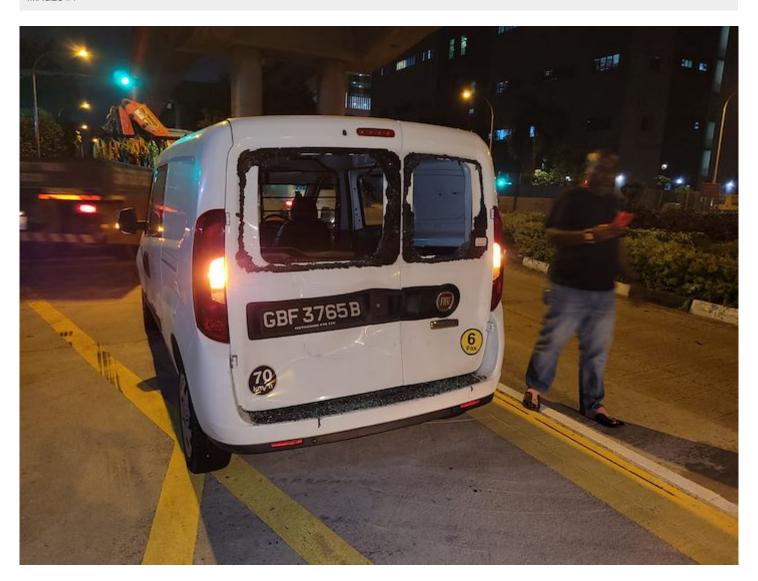
NRIC/FIN No.:

KETCH PLAN		
- GBF	37650X YM1615E	
	4-1	
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Refer to the.	police report.	
		3.
	- American American III	
ECLARATION		
	ticulars are true in every respect.	
SORTATION A	^	
	(la +	
olicyholog Signature	Driver's Signature	Reporting Centre Personnel's Signature
olicyholoe Signature ate & Time Wy-01a	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

























1 of 3 Report No. T/20210525/2004

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

REPORT OF A TRAFFIC ACCIDENT Station Diary No .: Date/Time Report Made: Vide Report No .: 25/05/2021 01:36 J/20210524/0166 Informant's Particulars Name of Informant: Address: APT BLK 324 JURONG EAST STREET 31 #12-124 JALAN VAIRAPPAN KASINATHAN SARAN BESAR PLAZA SINGAPORE 600324 ID Type / ID No .: Contact No .: FIN NO / G3122444L Mobile: 81422295 Home/Office: Nationality: Email: INDIAN Date of Birth: Sex: Type of Informant: Age: Male 09/11/1989 Driver Institution / School Name: Race: Language: Indian English Occupation: Driving Licence Information: Class: 2B,3,4 Lorry driver Date of Expiry:

Type of Accident:	Injury Conveyed By Ambula	ance D	Orink Orive: No	Date/Time of Accident: 24/05/2021 19:30	Type of Location: T-Junction
Location: JOO KOON C					
Manathana					
Weather: Clear		Road Su Dry	ırface:		Road Speed Limit:
			ontrol:	rking	Road Speed Limit: Traffic Volume: Moderate

Details of V	ils of Vehicle Involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBF3765B	Van	FIAT	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE	White		0
YM1615E	Lorry	MITSUBISHI	FM657MSR DEC	White	Slightly Damaged	0





2 of 3

Report No. T/20210525/2004

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

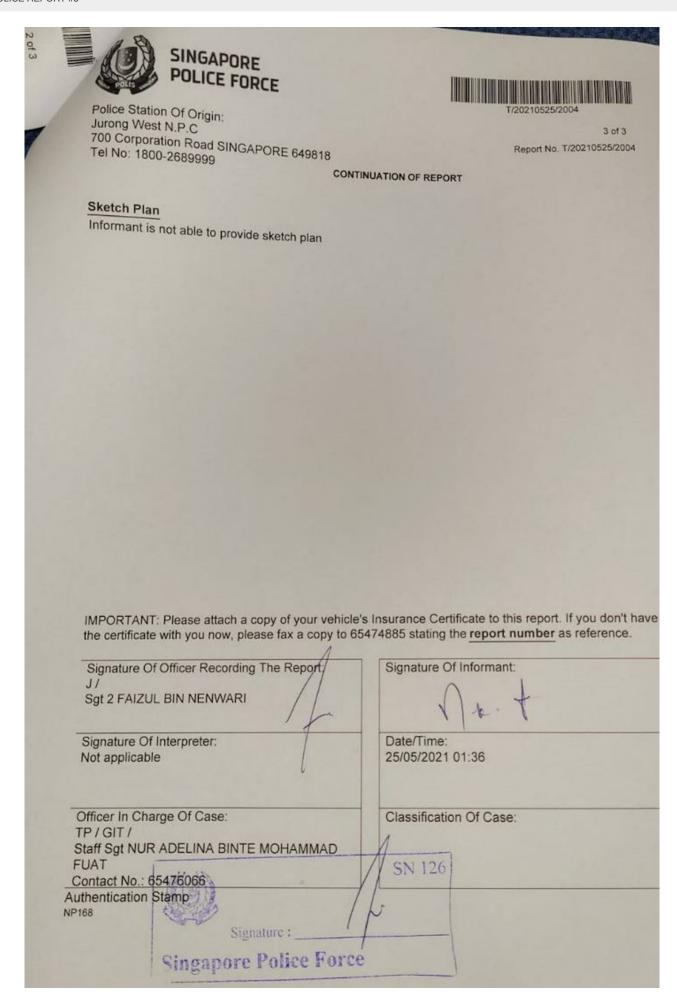
Tel No: 1800-2689999 CONTINUATION OF REPORT

Any Pedestrian	A STATE OF THE PARTY OF THE PAR					
No. of Pedestria		Use of Ped	estriar	Cross	ing: NA	
Driver	in injured. The	000 011 00				
Name	VAIRAPPAN KASINATHAN SA	ARAN	ID No.		G3122444L	
Related Vehicle	YM1615E (Lorry)		Contact No.		81422295	
Hospital/Clinic NIL			Class of Driving Licence & Expiry Date		Class: 2B,3,4 Date of Expiry: NIL	
Date Treatment	NIL	Date Disch		NIL		
No. of Days grant	ed Medical Leave NIL	Degree of I		NIL		

Brief Details.

On 24/05/2021 at about 1930hrs, I was driving my lorry bearing plate number YM1615E along Joo Koon Circle heading towards International Road on the right lane of 2 lane. As i was approaching the junction, the traffic light was red. I then changed to the left lane and slowed down. Ahead of me on the left lane, I noticed a vehicle bearing plate number GBF3765B (V1) stationary waiting for the traffic light. Subsequently, the traffic light had turned green. I was expecting V1 to proceed ahead however V1 did not move. I stepped on my brakes however I could not stop in time resulting to collide into the rear of V1. I wish to add that, before the collision, I noticed that V1 driver was using his mobile phone.

We alighted to make a check. V1's driver then called for the police. Upon the arrival of Traffic Police, V1's driver complaint of back pain thus ambulance was activated and he was then conveyed to hospital. I have an in car camera on my vehicle and had handed over the SD Card to the Traffic Police.





MS First Capital Insurance Limited Co. Reg. No. 195000105C GST Reg. No. M2-0001676-9 6 Raifles 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 - FLEET

Type of Cover.

: Third Party

Certificate No.

: D-20095987MFCV/2

Vehicle No / Chassis No

: YM1615E / FM657MB00700

Name of Insured

Period Of Insurance

: PTC - XIN HUA TRANSPORTATION PTE LTD

: 01.07.2020 To 30.06.2021

Insured Estimated Value

SGD3.500.00 SECTION II

AN ADDITIONAL EXCESS OF SGD2,500.00 ON SECTION II 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.

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)

> > LIC.

SUSAN/B0174/MZ301

Issued at Singapore on 01.07.2020

Authorised Signature

A Member of MISSVAD INSURANCE GROUP