

## 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 Submission ..... 13/07/2021 11:16 (SGT)  
Date of Accident ..... 08/07/2021 10:25 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... DEVONSHIRE ROAD ALONG KILLINEY ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP889Y

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... AETOS SECURITY MANAGEMENT PTE  
Company Reg No ..... 2XXXXX601N  
Email Address ..... MURUGAN.ARUNACHAIM@AETOS.COM.SG  
Mobile Phone No ..... (Phone) +65-85697790  
Alternative Phone No ..... +65-85697790

#### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Sprinter  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 3000

#### INSURANCE COMPANY

Name of Insurance Company ..... MS First Capital Insurance Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D-21096813MFCV/17  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... CHOONG WEI YIN  
Passport No/FIN ..... GXXXX218W

Date Of Birth .....	27/05/1996
Occupation .....	Outdoor
Date Of Driving Pass .....	07/05/2012
Driving experience .....	9 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-82018836
Alt. Phone Number .....	-
Email Address .....	MURUGAN.ARUNACHAIM@AETOS.COM.SG
Address .....	BLK 408 CHOA CHU KANG AVENUE 3 #09-305
Address complement .....	-
Postcode .....	680408
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
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 .....	Hit by fallen tree / Other objects
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ANDY VOON TI NENG
Gender .....	Male

#### PASSENGER 2

Name .....	TAN HENG YEP
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Kampong Java Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002959999
Alt. Police Station Phone No .....	(Fax) +65-63913442
Police Station Address .....	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

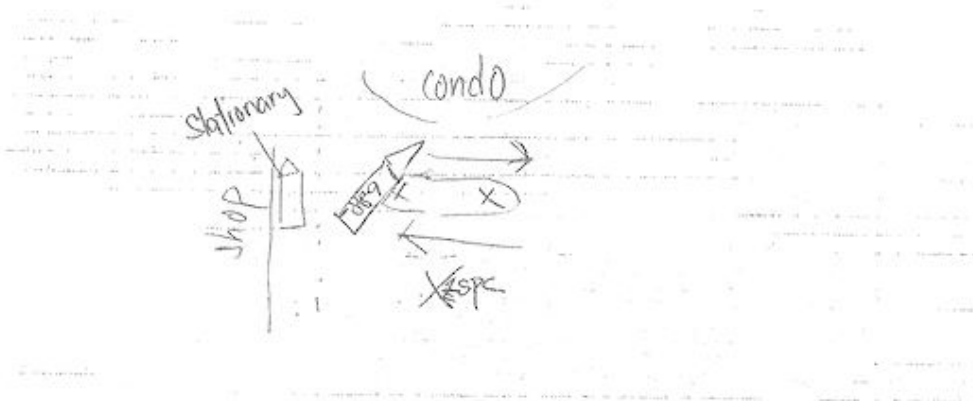
#### ATTACHMENT(S)

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 .....	DIVIDER
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached AETOS Incident report. Thank you.

DECLARATION

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

Policyholder's Signature  
Date & Time

Driver's Signature

(If different from above, please attach)

Reporting Centre Personnel's Signature  
Name

COMFORTDELGRO ENGINEERING PTE LTD  
320 UBI ROAD 3  
SINGAPORE 408649

## 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.:

COMFORTDELGRO ENGINEERING PTE LTD  
320 UBI ROAD 3  
SINGAPORE 408649

RESTRICTED



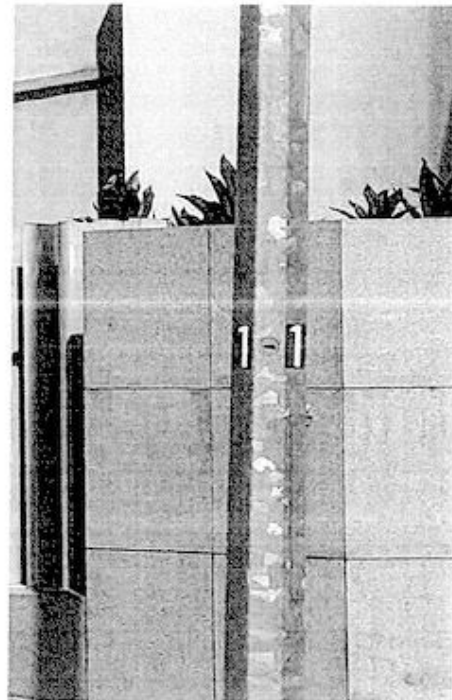
AETOS AUXILIARY POLICE FORCE

INCIDENT REPORT

<b>Nature of Incident</b>		<b>Location of Incident</b>	
SSB Vehicle YP 889 Y Hit Road "Keep Left" Signage		Devonshire Rd along Killiney Road (Nearest Lamp Post Number – 1)	
<b>Date/Day:</b>	8 <sup>th</sup> July 2021 (Thursday)	<b>Informant:</b>	CPL (APF) T11196 Chong Wei Yin
<b>Time:</b>	1028hrs	<b>Team:</b>	SW 02 (CRD)
<b>Particulars of Driver</b>			
<b>Name</b>	: CPL (APF) T11196 Chong Wei Yin		
<b>Sex/Age</b>	: Female/ 25 Years		
<b>NRIC/FIN No:</b>	: G2837****		
<b>Vehicle No</b>	: YP 889 Y		
<b>1. Brief Fact of Case:</b>			
<p>On the mentioned date and time, the team was deployed for Cash Replenishment Day (CRD) shift duties. After Randomization Team Formation System (RTFS) team was assigned for Team SW 2 with Replenishment Officer (RO), CPL (APF) T11679 Andy Voon Ti Neng, Guardsman (GM), CPL (APF) T12522 Tan Heng Yep and Ops Driver, CPL (APF) T11196 Chong Wei Yin, SSB Vehicle registration no: YP 889 Y was assigned to the team.</p> <p>CRD replenishment team SW 2 Ops Driver called and reported that when their vehicle from Killiney Rd turning right to Devonshire Rd, she drove up to the road center divider and hit the road "keep left" signage.</p> <p>The nearest lamp post number to the scene was number "1" (refer to attached photo).</p> <p>Driver claimed that she attempted to maneuver to the right turn narrowly to avoid a car reversing at the junction.</p> <p>There is no any third party involved and nobody injured from this incident.</p> <p>The road signage was dented after hit by the vehicle.</p> <p>The vehicle's right lower body parts were damaged (refer to the attached photo). The vehicle still able to drive.</p>			

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**Declaration:**

The above incident report was read over and explained to me in English. I affirmed it to be true, correct and I was offered to make any changes to the incident report but I declined.

**Reported & Acknowledge By:**

Ops Driver: CPL (APF) T1196 Dong W. S. M. Signature: [Signature] Date: 08/07/2021

Replenish Officer: CPL (APF) T11579 Andy Vong Signature: [Signature] Date: 08/07/2021

Guardsmen: CPL (APF) T12522 Tan Heng Yip Signature: [Signature] Date: 08/07/2021

Drafted by: SGT (APF) T11201 Bek Shuang Jun  
On duty Section In-Charge Sector E2

Signature: [Signature]

Date : 8<sup>th</sup> July 2021



**SINGAPORE  
POLICE FORCE**



E/20210708/7023

1 of 1

**POLICE REPORT (NP299)**

Report No. E/20210708/7023

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Date/Time Report Made 08/07/2021 17:29	Vide Report No.	Station Diary No.
Name Of Informant CHONG WEI YIN	Address	
ID Type / ID No. FIN NO / G2837218W	Contact No. Home/Office:	Mobile: 82018836
Nationality MALAYSIAN	Email Address CWY7009@GMAIL.COM	
Occupation Auxiliary police officer	Sex Female	Age 25
Institution/School Name	Date of Birth 27/05/1996	Race Chinese
Date/Time Of Incident 08/07/2021 10:25 - 08/07/2021 10:30	Location Of Incident DEVONSHIRE ROAD	

**Brief details.**

I am the driver of Aetos company vehicle Num : YP889Y. On 8/7/2021, @ 1028hrs. I was the driver, while trying to avoid another vehicle, my vehicle drove up to the center divider and hit the "keep left" signage at . There is no third party involved and nobody injury from this accident. The road sign signage was dented after hit by the vehicle.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/07/2021 17:29
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





MS First Capital Insurance Limited Co. Reg. No. 195000106C GST Reg. No. M2-0001576-9  
 6 Raffles Quay #21-00 Singapore 048580  
 Tel: (65) 6222 2311 Fax: (65) 6222 3547  
 Claims & Motor Underwriting Dept: 36 Robinson Road #15-01 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. : Comprehensive  
 Certificate No. : D-21096813MFCV/17  
 Vehicle No / Chassis No : YP889Y / WDB9066532P181271  
 Name of Insured : AETOS SECURITY MANAGEMENT PTE LTD  
 Period Of Insurance : 01.01.2021 To 31.12.2021  
 Insured Estimated Value : Market Value At Time Of Loss  
 Financial Institution : N.A

## Excess :

SGD750.00 SECTION I

AN EXCESS OF SGD3,000.00 ON SECTION I IS IMPOSED ON THOSE DRIVERS WHO ARE  
 BELOW 22 YEARS OLD AND/OR WHO HAVE LESS THAN 2 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 6 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/B0009/MZ300C

Issued at Singapore on 02.12.2020

  
 Authorised Signature