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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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.

 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 09/09/2021 17:25 (SGT) Date of Accident 09/09/2021 09:05 (SGT) Exact Location of Accident Newton Rd, Singapore Additional Location Information TOWARDS NEWTON CIRCUS Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GZ9013J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner GOLDEN SINGA ENGINEERING (S'PORE) PTE LTD Company Reg No 1XXXXX188M Email Address bskumaran80@gmail.com Mobile Phone No (Phone) +65-91293622 Alternative Phone No (Office) +65-62737695

VEHICLE PARTICULARS

Manufacturer

Mitsubishi Model Canter 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? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 2835

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd Type of Coverage ThirdParty Fleet Policy Policy Number DHOM110075660713 Cover Note Number

DRIVER

Name of Driver BHOOBALAN SENTHIL KUMARAN NRIC No SXXXX451E

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	12/04/1980 Outdoor 22/07/2010 11 YEARS AND 2 MONTHS Male (Phone) +65-91293622 - bskumaran80@gmail.com BLK 187 BOON LAY AVENUE #05-64 - 640187 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 2
PASSENGER 1	
Name Gender	AMAL KUMAR Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
ON THE ABOVE MENTION DATE AND TIME I WAS TRAVELLING U-TURN TO GO TO GILSTEAD ROAD WHICH IS MY WORK PLA ONCOMING VEHICLE TO CLEAR WHEN I WAS WAITING SUDD BACK. NO ONE WAS INJURED.	G ALONG NEWTON ROAD MY INTENTION WANTED TO MAKE A ACE. I REACH THE U-TURN POINT AND WAITING FOR DENLY THE VEHICLE 'B' COLLIDED MY VEHICLE 'A' AT THE
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	GBF4851D Nissan

Cabstar

Vehicle Model

Vehicle Variant	_
Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	SIE YOU WEI
NRIC No	SXXXX824F
Contact Number	(Phone) +65-91555260
Address	(Filone) +03-91555260
Address complement	-
Postcode	~
Insurance Company Name	-
Nature Of Damage	-
	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2 /

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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. 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.
- 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

nginee UEN: 198300188N

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time

Personnel

Witnessed by Reporting Centre

Sketch Plan

along newton Road My intention wanted to make of turn to go Gustoad Road which is my will place.	On	the .	Above	mentioned	date & fime	· 1 was	travelling
Dlace. I reach the v-tern point and waiting for oncome which to clear when I was waiting suddenly the loosy (B) Collied my vehicle (A) at the back.	long	newton	Rogd	My	. /1	11	1
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No one Was Motored.		0					
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Declaration

Time

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

Personnel

ACCIDENT'STATEMENT

ACCIDENT DATE: (09. 1.09 12021) (DD/MM/YYYY), TIME: (09:05) (HH:MM)
LOCATION: Newton Road
a) Vehicle NUMBER: Gz 9013 J b) INSURANCE COMPANY: USI
GIPOLICY NUMBER: <u>DHOM 110075 660 713</u> GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) BIMAKE & MODEL: MITSUBISHI FB TO BE OSK DEB FITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
G) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: WOYKING 1) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER A) NAME: GOLDEN SINGA ENGINEERING (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 198300188 M CONTACT: 62737695
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Cluding driver) DRIVER BHOOBELEN (MALE / FEMALE) (1) Cluding driver) DINRIC/FIN/PASSPORT: OBOGHA 5/E CONTACT: 91293622 C) ADDRESS:
ODATE OF BIRTH: (102) 04) (980) (DD/MM/YYYY) OOCCUPATION: (INDOOR / OUTDOOR) F) DAY (E OF DRIVING PASS 5 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!) NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. d)WEATHER CONDITION; (CLEAR / RAINING / OTHERS CLEAR) b)ROAD SURFACE; (DRY / WET / OTHERS PROPERTY) 6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POUCE (YES / NO) 1 IF YES, PLEASE STATE WHICH POUCE STATION:
He of passinger of VEHICLE NUMBER: GBF 4851D MODEL: NISSAN (ABSTAR (Including driver) b) DRIVER'S NAME: SIE YOU WE! (Including driver) b) DRIV
Mo of passanger of DRIVER'S NAME: MODEL:
(Including diviver) f) NRIC/FIN/PASSPORT!CONTACT:
email = bskumaran so a gmail. com.
MIDEO



United Overseas Insurance Limited

3 Anson Road #28-01 Springleaf Tower Singapore 079909

Tel (65) 6222 7733 Fax (65) 6327 3869 / 6327 3870 Email: ContactUs@uoi.com.sg uoi.com.sg

Co. Reg. No. 197100152R

Certificate of Insurance

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)

ORIGINAL

CERTIFICATE NO.

DH0M110075660713

Excess:

\$3000/-APPL TO <25 YRS & OR <3YRS EXP

Type of Cover

THIRD PARTY

Vehicle Number

GZ9013J

Name of Insured

GOLDEN SINGA ENGINEERING (S) PTE LTD

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 12 October 2020 to 11 October 2021

Engine#

4M40HC7345

Chassis#

FB70ABA00630

Goods carrying - Private Type [MZ 300]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

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 and pleasure purposes

THE POLICY DOES NOT COVER

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing

(2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

Provided that the person 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.

*Limitation 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).

UNITED OVERSEAS INSURANCE LTD

For the Company

Vmld1

Date : 24/09/2020

Transfer Of Vehicle Ownership (Confirmation) Vehicle Details

Vehicle No.:

GZ9013J

Vehicle Type:

B31 - Goods (Open) Lorry (Metal

Body)/Pickup

Vehicle Attachment 1:

No Attachment

Vehicle Scheme:

Normal

Vehicle Make:

MITSUBISHI

Vehicle Model:

FB70ABOSRDEB

Chassis No.:

FB70ABA00630

Engine No.:

4M40HC7345

Engine Capacity:

2835 cc

Lifespan Expiry Date:

11 Oct 2026

Road Tax Expiry Date:

11 Apr 2007

Transfer Count:

Transfer Date:

16 Mar 2007

Owner Particulars

Owner ID Type:

Company

Owner ID:

198003963G

Owner Name:

GOLDBELL ENGINEERING PTE LTD

Buyer Particulars

Buyer ID Type:

Company

Buyer ID:

198300188M

Buyer Name:

GOLDEN SINGA ENGINEERING

(S'PORE) PTE LTD

Salutation:

M/S

Director Name:

TAN POH SOON

Buyer Address

Registered Address

Type:

Private Condo / Shopping / Office

Complexes

Registered

Block/House No.:

Registered Street

Name:

KRANJI LOOP

Registered Unit No.:

Registered Building

Name:

Registered Postal Code:

739557

Buyer Contacts

Home Telephone No.:

Handphone/Pager No.: -

Office Telephone No.:

Fax No .:

Email Address:

Road Tax Details

Pay Radio Licence:

Yes