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SN0921AM0005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 22/10/2021 16:55 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (22/10/2021 16:55 (SGT))

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
- 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 Accident Exact Location of Accident Additional Location Information	11/ Roo JUI	10/2021 16:55 (SGT) 10/2021 13:10 (SGT) chor Rd, Singapore NCTION WITH NORTH BRIDGE ROAD gapore
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DETAILS OF OWN VEHICLE

verlicle Registration Number	YN9274Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	165

KAI XIANG HUAT PTE. LTD. Company Reg No 2XXXXX358M **Email Address** as.raj1411@gmail.com Mobile Phone No (Phone) +65-91772666 Alternative Phone No +65-91772666

VEHICLE PARTICULARS

Vehicle Pegistration Number

Manufacturer Hino Model XZU710R 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 4009

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number D19MTPCVE002764 Cover Note Number

DRIVER

Name of Driver AYYAPPAN MOHANRAJ Passport No/FIN GXXXX748U

Date Of Birth	
Occupation	13/06/1993
Occupation	Outdoor
Date Of Driving Pass	05/02/2020
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91772666
Alt. Phone Number	(1.1010) 100-01/72000
Email Address	20 roi1411@!
Address	as.raj1411@gmail.com
Address complement	BLK 703 WEST COAST ROAD #09-389
Postcode	•
Is the driver the policyholdor?	120703
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 Assident	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
	Sily
OTHER INFORMATION	
The state of the s	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	7
Number of Passengers (Including Driver)	Yes
Has the driver boon approached by the	1
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?	
Was notice of intended Proposition vives	No
Was notice of intended Prosecution given?	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
TELNOE HEI ER TO SKETCH PLAN	
The state of the s	
ATTACHMENT(S)	
Are accident photos available for attachment?	
Was there any video contured by Car Car	Yes
Was there any video captured by Car Camera? Was there any audio recorded?	No
was there any audio recorded?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
	VEHICLE PROPERTY I
Vehicle Registration Number	
Vehicle Registration Number Vehicle Manufacturer	SLJ8781G
A CONTRACTOR OF THE PROPERTY O	Mazda
Vehicle Model	w.
Vehicle Variant	w:
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ERIC
Contact Number	
Address	(Phone) +65-87528781
Address complement	•
	l .

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.
- 3. 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>.
- 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, 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' 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.

Policyholder's Signature / Date & Time

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

Personnel

Sketch Plan

MORTH BRIDGE ROLL

Witnessed by Reporting Centre

Roctor ROPO

Describe Circumstances of the Accident
EN 11/10/20×1 AT ABOUT 13:10 HRS 7 WAS AT BOCKFOR POAK
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FUNCTION OF MORTH BRIDGE ROSD. WHERE THE RAID LIGHT CHANGE
TO GRAFIN GAR A' STORMS TO MOUTH I FOLLOW BYT I
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 10 / 202)) (DD/MM/YYYY), TIME: (13: 10) (HH:MM)
LOCATION: Rocher Road and North Bridge Road Junction Signal
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: YN 9274 Y b) INSURANCE COMPANY: SOMPO c) POLICY NUMBER: D 9 MTPCVE 002764 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e) MAKE & MODEL:
f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: De la VERY i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES INO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER A)NAME: KM XIBMBY. [MAN PM. (10 (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 2018 38 350 M CONTACT: c)ADDRESS:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
(Including driver) DRIVER (Including driver) DRIVER (Including driver) DINRIC/FIN/PASSPORT: G3820748U CONTACT: 91772666 CIADDRESS: BIK 7034 WEST COUST ROCK!
09-389 Stackele 120 703 "d)DATE OF BIRTH: (13/06/1993)(DD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR)
FIDATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: CLEAR RAINING / OTHERS
7. a)REPORTED TO POUCE (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATION:
Ho of passenger a) VEHICLE NUMBER: SUJ 878/9 MODEL: MAZOD. Childuding driver) b) DRIVER'S NAME: DEC.
c) NRIC/FIN/PASSPORT:CONTACT: & 15 2 6 18 1
A No of passanger e) DRIVER'S NAME: (Including driver) f) NRIC/FIN/PASSPORT: CONTACT:
: email = as. raj1411@ gmail.com.

VIDEO



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623 Tel: 6461 6555 | Fax: 6221 3302 | Website: www.sompo.com.sg Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES,1959 (MALAYSIA)

Cert No./Policy No.

: D19MTPCVE002764

1. Registration No.

: YN9274Y

2. Insured Name

: KAI XIANG HUAT PTE. LTD.

3. Commencement Date : 31 AUGUST 2019 00:00

4. Expiry Date

: 30 AUGUST 2020 23:59

5. Coverage

: Market value at time of loss - Comprehensive

6. Excess

: \$750 - Section I

7. Persons or Classes of Persons entitled to drive*

b) 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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. 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 policyholder's business
- 3) Use for social, domestic or pleasure purposes.

The Policy does not cover

1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.

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

9. ExcelDrive Workshops & Accident Reporting

It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle. call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline: (65) 6461 6555

Visit www.sompo.com.sg for list of ExcelDrive Workshops and Accident Reporting Centers.

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)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue: 15 AUGUST 2019 22:18

*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.

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.

2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the Insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation)Act (Cap.189)

3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.

4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.

5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name: 11P04201 & PHILLIP SECURITIES PTE LTD CI Code: 20D FL2DZHM4P4J0TOZA