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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> by the <u>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

25/10/2021 17:13 (SGT) Date of Submission 22/10/2021 08:30 (SGT) Date of Accident 217 Punggol Field, Singapore **Exact Location of Accident** ROAD INFRONT OF MSCP Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Nissan

GBJ5965G Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? SIANG HOCK CAR RENTAL PTE LTD Name Of Registered Owner 2XXXXX217R Company Reg No sianghockholding@yahoo.com.sg Email Address (Phone) +65-83035819 Mobile Phone No +65-83035819 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Nv350 Model 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 No - Claiming third party your vehicle? Commercial vehicle Vehicle Category Auto Transmission 2488 CC

INSURANCE COMPANY

MS First Capital Insurance Ltd Name of Insurance Company Comprehensive Type of Coverage Fleet Policy D-21097524MFCV/62 Policy Number Cover Note Number

DRIVER

KANNUSAMY KARUPPAIYAN Name of Driver GXXXX424U Passport No/FIN

Octo Of Righ	14/05/1983
Date Of Birth	
Occupation	Outdoor
Date Of Driving Pass	13/11/2020
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83035819
Alt, Phone Number	÷
Email Address	sianghockholding@yahoo.com.sg
Address	PPT1P DORMITORY
Address complement	*
Postcode	
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	w)
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	DURAIRAJAN RAMACHANDRAN
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	_
ii yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH AND ATTACHMENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	DODGE:
Was there any audio recorded?	
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
VIII I Delan Ber Mende	CIOE01M
Vehicle Registration Number	
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car

Name of Driver	NG KHUM LOONG SXXXX661F
Contact Number	(Phone) +65-81898404
Address	(1 110110) 100-01030404
Address complement	·-
Postcode	
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	標
No. Of Passenger (Including Driver)	n=

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 insrepresentation 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 talse 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 archwing 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)

Lunderstand, 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 another 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
- III 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 enquines by me.
- (iv) administering my claims (including the making 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/taw 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 Signature / Date &

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

Personnel

Sketch Plan

A: GBJ 59654

13 STQ 501 M

sed by Reporting

\$ 3 C

Punggol Field Road

3	Circumstances of the Accident	
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	Manager 1-0177 - 1-00	
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

K. In

Witnessed by Reporting Centre

Personnel

On 22.10.2021 8.30am, I was travelling straight along the road in front of multistorey car park at blk 217, Punggol Field Road. Suddenly a car SJQ501M did not stop and come out of the carpark and hit onto the front left hand corner of my van . I got out of the vehicle and take photo immediately.

Passenger: Durairajan Bala Ramachandran

Male

WP: 035420185

KAMMUS AMY KARUPPATYAN

979424240

25/10/5051 10:20 MM

Jun/26/10/2027

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ACCIENT STATEMENT

em.
ACCIDENT DATE: (22) 10 / 2021 ((DD/MM/YYYY), TIME(08 : 30)(HH:MM)
LOCATION: Road in front of Matheterey corpork BIK 217 Punggol Field Road
1.DETAILS OF VEHICLE
GBJ 5965G
a) VEHICLE NUMBER: 485 STORY b) INSURANCE COMPANY: M) FIRST CAPITAL
c) POLICY NO:
d) POLICY TYPE: (COMPREHENSIVE/THIRD PATY/THIRD PARTY FIRE & THEFT)
e) MAKE/MODEL HUSAN NU 350
f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS)
g)VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE)
h) PURPOSE OF USING AT TIME OF ACCIDENT :
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE : (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM/REPORTING ONLY)
2. INSURED / POLICY HOLDER
A) NAME: Siang Hock air Rental Ac Ltd (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: 201538271R CONTACT: C) ADDRESS: 21, Talan May 1d - Sing apor 418946
C) ADDRESS: 21 JAIN Major Sing pore 71977
*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER
3. DRIVER
A) NAME: KUMUSAMY KURUDDAIYAN (MALEXFEMALE) BI NRIC/FIN/PASSPORT: 674424244 CONTACT: 83035819
B) NRIC/FIN/PASSPORT
D) DATE OF BIRTH: (14) 05 / 1963)(DD/MM/YYYY)
E) OCCUPATION : (INDOOR/OUTDOOR)
F) YEARS OF DRIVING EXPERIENCE: /3/1/10/10
F) TEARS OF DRIVING CAPERITINGE
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED : HILL!
THE PROPERTY OF THE PARTY OF THE PER
S.A) WEATHER CONDITION: (CLEAR) RAINING/OTHERS
B) ROAD SURFACE : (DRY/WET/OTHERS)
6. WAS ANYBODY INJURED: (YES/NO)
7. REPORTED TO POLICE : (YES/NO)
IF YES PLEASE STATE WHICH POLICE STATION:
8.THIRD PARTY VEHICLE:
A) VEHICLE NO: SJOSOT M MODEL:
B) DRIVER'S NAME : NY KNYM LOONS
8. THIRD PARTY VEHICLE: SJUSUI M MODEL: A) VEHICLE NO: SJUSUI M MODEL: B) DRIVER'S NAME: Ng 14 Nm Loong C) NRIC FIN PASSPORT NO: S 70 40 60 F CONTACT: 818984 04
9. THIRD PARTY VEHICLE:
A) VEHICLE NO:MODEL:
B) DRIVER'S NAME : C) NRIC FIN PASSPORT NO.: CONTACT:
C) NRIC FIN PASSPORT NO.: CONTACT:
) pay me closer comes - no

DURAIRAJAN RAMACHANDRAN

(m)



MS First Capital Insurance Limited Co Reg No 195000105C CST Reg No M2-0001676-9 5 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.se

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-21097524MFCV/62

Vehicle No / Chassis No

GBJ5965G / JN1MC2E26Z0031034

Name of Insured

SIANG HOCK CAR RENTAL PTE LTD

Period Of Insurance

01 04 2021 To 31 03 2022

Insured Estimated Value

Market Value At Time Of Loss

Financial Institution

MOTOR CREDIT PTE LTD

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

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess: S\$1,000.00 on Section I & II separately (for Long Term Lease - 1 year or more) S\$2,500.00 on Section I & II separately (for Short Term Lease - less than 1 year) S\$1,000.00 on Section I & II separately (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess . S\$3,000.00 on Section I & II separately (for Long Term Lease - 1 year or more) S\$4,500.00 on Section I & II separately (for Short Term Lease - less than 1 year) S\$2,000.00 on Section I & II separately (for Staff)

* 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

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 the 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)

LILIA/D0067/MZ301A9

Issued at Singapore on 01 04 2021

Authorised Signature