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 18/08/2021 13:51 (SGT) Date of Accident 18/08/2021 07:50 (SGT) Exact Location of Accident Upper Bukit Timah Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Isuzu

Vehicle Registration Number XF7627

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SHINGDA EQUIPMENT LEASING PTE LTD Company Reg No 201723619M Email Address william.go@shingda.com Mobile Phone No (Phone) +65-96797561 Alternative Phone No +65-96797561

VEHICLE PARTICULARS

Manufacturer

Model Fxz77m 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 your vehicle?

No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual CC 12000

INSURANCE COMPANY

Name of Insurance Company Great Eastern General Insurance Limited Type of Coverage Comprehensive Fleet Policy Policy Number 2020-V0108212-VCV-R001 Cover Note Number

DRIVER

Name of Driver PERIYANAN MANI Passport No/FIN F4502273X

Date Of Birth 30/11/1972 Occupation Outdoor Date Of Driving Pass 07/11/2014 Driving experience 6 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-98969149 Alt. Phone Number Email Address william.go@shingda.com Address 10, KRANJI CRESCENT Address complement Postcode 728660 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 - Change/cross lane 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? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT AND SKETCH ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMV8594E

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 FRANZISKA GROBLER

 Passport No/FIN
 G3249486U

 Contact Number
 (Phone) +65-84555350

 Address

Address complement	-
Postcode	-
nsurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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
- 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.
- 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

Date & Time:

(If driver is not the policyholder) Date & Time:

Reporting Centre Perso

Name:

NRIC/FIN No.:

1/30/2020

Protected By Symantec

BUKITIMAH ROAD SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 18/8/2021 AT AROU DRIVINGS MY VEHICL UPPER BUKIT TIMAH	ROAD IN THE
MIDDLE LANE TRAT WAS VERY HEAVY. STATIOARY. WAITING TO MOVE OFF.	MY VEHICLE WAS TERONT VEHICLE WHEN FRONT VEHICLE
WAS A VEHICL CHT INTO MY L	B" (SMV 8594E) ANE FROM MY
LEFT AND HIT C LEFT PORTION. NO	DNTO "A" FRONT ONE WAS TAUURES

DECLARATION I/We decla

particulars are true in every respect.

Policyholder's Date & Time:

's Signature

(If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

Reporting Centry Personnel's Signature

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18/08/2021

Dear Sir/Mdm,

Re: Letter of Authorization

Vehicle Number: XE762Z

This is to authorize my staff PERIYANAM MANI (FIN: F4502273X) to make the accident report and submit the claim on behalf of the company.

Please feel free to contact #@ at 96797561 shall you required further clarification.

Thank you.

Your Sincerely,

William Go

Motor Claims Executive

Shingda Equipment Leasing Pte Ltd

For Customer Service please visit 1 Pickering Street #01-01 Great Eastern Centro Tel: +65 6248 2888 Fax: +65 6327 3080

Certificate of Insurance



58 175-32

ORIGINAL

The Meter Policy to which this Cortificate relates is inseed in accordance with the provisions of the Legislation:
Legislation:
Motor Vehicles (Third-Derry Risks and Compensation) Act (Conclude of the Revised Sattion) (Singapore)
Motor Vehicles (Third-Derry Risks) Roles, 1959 inf Federation of Malsya)
Read Transport Act 1907 (nf Egisyata)
Read Transport Incompensation (Singapore) Policy to which this Certificate relates is inseed in accordance with the provisions of the following

Policy Ne. : 2020-V0108212-VCV-R001 Policy Type : Commercial Vehicle

Risk# : 0001 Cover : Comprehensive

DESCRIPTION OF VEHICLES:

Vehicle Registration : XE7628 Vehicle Make & Model : ISUZU EX277M

Name of Insured : SHINGDA EQUIPMENT LEASING FTE LTD

Period of Insurance : 26-06-2020 (0000HRS) to 25-06-2021

PERSONS OR CLASSES OF PERSONS ENTITIED TO DRIVE *
Any person who is driving on the Policybolder's order or with their

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 dumage.

LIMITATIONS AS TO USE

(1) Use in Connection with the Policyholder'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 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 imperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987(of Malaysia) are not to be included under these headings.

Signed for and on behalf of the Company

5/45/A Allerai Storet, Chena Legan Building

28-05-2020

Great Eastern General Insurance Limited (Feg. No. 1920 COXSV) 4A wholly-gwined subsitizing of Great Eastern Holdings Limited) 1 Pickering Steam, 401-01 Creat Eastern Contin. Singapore 048559 141-455-6248-2000 Fax +05-6532-2214 (mediastrangeneral.com



















