SC1K21BN0002 / ComfortDelGro Engineering Pte Ltd [579701] ENTRY DATE & TIME: 25/11/2021 16:11 (SGT) SUBMITTED BY: Rohani VERSION: 1 (25/11/2021 16:11 (SGT))

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.

 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 25/11/2021 16:11 (SGT) Date of Accident 20/11/2021 08:30 (SGT) Exact Location of Accident 20 Changi N Cres, Singapore 499613 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ5180D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SETSCO SERVICES PTE LTD Company Reg No 1XXXXX269D Email Address yongll@setsco.com Mobile Phone No (Phone) +65-82025223 Alternative Phone No (Office) +65-68950660

VEHICLE PARTICULARS

Nissan Model Nv350 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? Vehicle Category Commercial vehicle Transmission Auto CC 3500

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D20MFL0000790 01 Cover Note Number

DRIVER

Name of Driver THAN KOK LEONG SXXXX991C

Date Of Birth 01/01/1979 Occupation Outdoor Date Of Driving Pass 05/08/2003 Driving experience 18 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-81330625 Alt. Phone Number Email Address kokleong_than@yahoo.com.sg Address BLK 116 BEDOK NORTH ROAD #07-265 Address complement Postcode 460116 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 - Head to Rear Weather Conditions LIGHT RAINS Road Surface Wet 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? Nο DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Pasir Ris Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005852999 Alt. Police Station Phone No (Fax) +65-65855261 Police Station Address 1 Pasir Ris Drive 4 #01-01 Singapore 519457 Was notice of intended Prosecution given? Nο 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? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberSMH6367GVehicle ManufacturerMercedesVehicle ModelCls350Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate car

Name of Driver NRIC No	LEE KOON WONG SXXXX568D
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

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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.
- 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.
- By the ladgement 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)

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 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 GM to their third party service providers or agents (including their law yers/law) (including their law yers/law) (including their law yers/law) (including their law y

Policyholder's Signature / Date & Time 3.46pm Oxiver's Signature (# driver is not the policyholder) / Date & Time

Personnel

loading

Witnessed by Reporting Centre

Sketch Plan

A. GBJ 5180D

B. SMH 63676

Describe Circumstances of the Accident

Refer to Police Report No. G/20211120/2020	
	P. Communication of the Commun
Declaration	
We declare the foregoing particulars are true in every respect.	i i
	/ , ,
Driver's Signature / Date & Driver's Signature (K driver is not the policyholder) / Date	Witnessed by Reporting Centre



INDIA INTERNATIONAL INSURANCE PTE LTD

Gr. Reg. No. 190701792k | GST. Reg. No. M2-0073006c X GL | Cevil Street | 804 | 005 | 006-02 | 1018 20186ng | Segapore 0.19711 Office (65) 63476100 Email insure@ik.com.sq Eax (65) 62244174 Website www.iii.com.sq

COVER: Comprehensive

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THERD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THERD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THERD-PARTY RISKS) RULES, 1999 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D20MFL0000790 01 1. Index Mark and Registration Number of Vehicle

: GBJ5180D

Chassis No

: JN1MC2E26Z0030887

2. Name of Policyholder

: SETSCO SERVICES PTE LTD

3 Effective date of Insurance

: 01 Jan 2021

4. Expiry date of Insurance

: 31 Dec 2021

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder'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

- 6. 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 hire or reward or 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.

*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.

Hire Purchase Company

EXCESS: SS500/- SECTION I FOR INSURED'S EMPLOYEES & AUTHORISED DRIVERS & ADDITIONAL OF SS2,000/- SECTION I FOR DRIVERS AGED BELOW 21 YEARS &/OR THE HOLDER OF A PROVISIONAL DRIVING LICENCE.

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).

Agent/Broker : B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD

Date of Issue : 08/01/2021 11:20:14 M.Z. 300C - GOODS CARRYING(Company's use)

For India International Insurance Pte Ltd

Plan

Authorised Signatory

hueywen/08/01/2021 11:20:14

08/01/2021 11:22:34



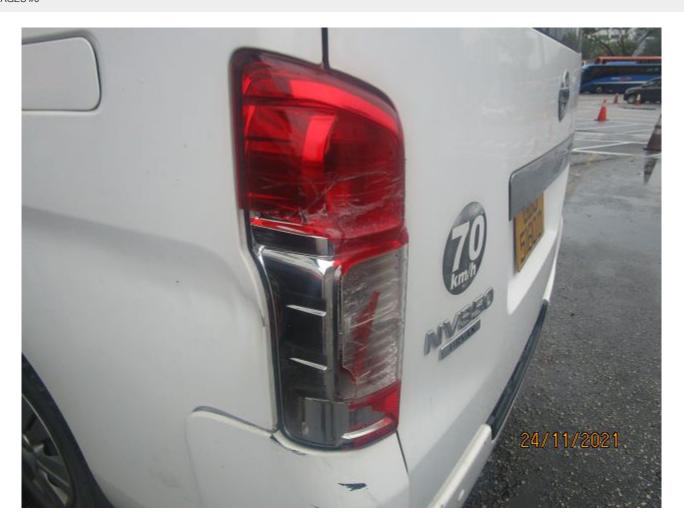






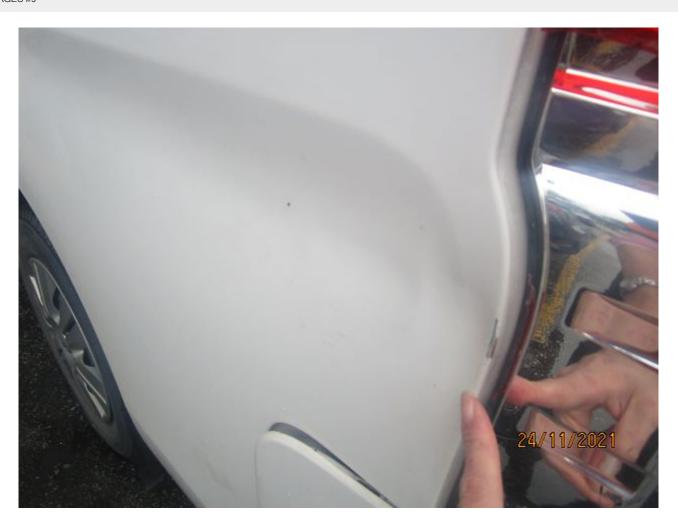






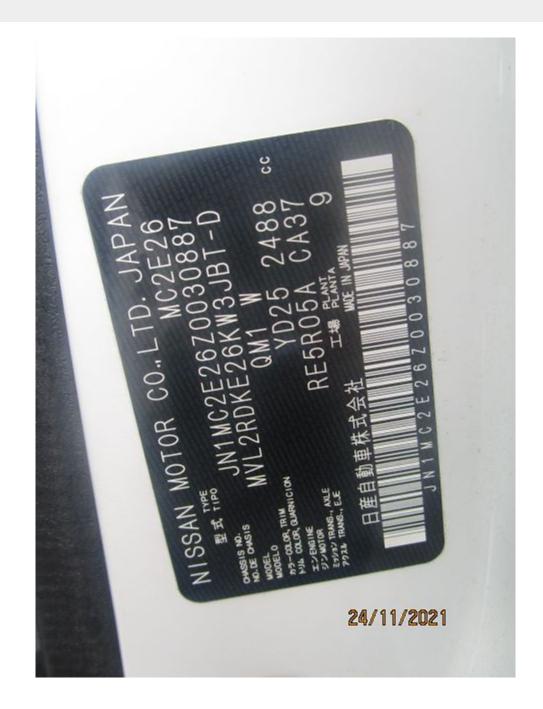




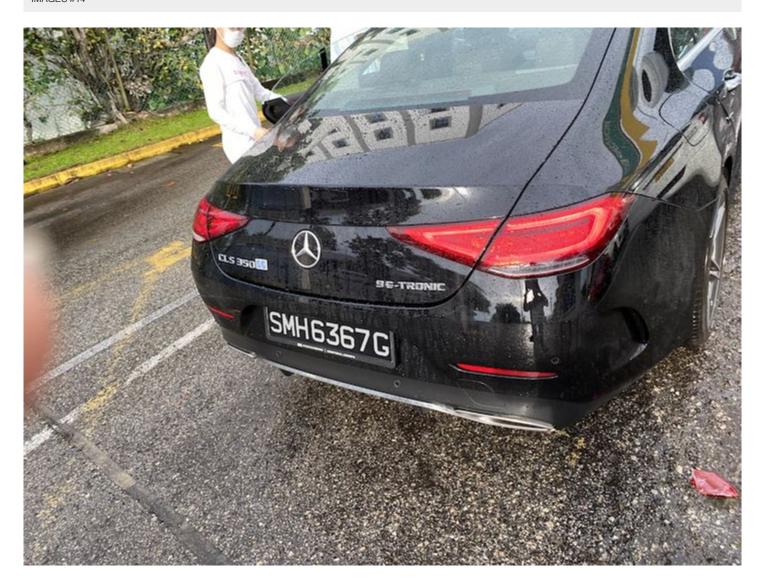
















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Report No. G/20211120/2020

POLICE REPORT (NP299)

Police Station Of Origin Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

Vide Re	port No.		Station Diary No 26
Address			
APT BLK 116 BEDOK NORTH ROAD #07-265 SINGAPORE 460116			
Contact No. Home/Office		Mobile 81330625	
Email Address			
Sex	Age	Date of Birth	Race
Male	42	01/01/1979	Chinese
Language			
Location Of Incident 20 CHANGI NORTH CRESCENT VICOM CHANGI INSPECTION CENTRE SINGAPORE 499613 vicinity of Vicom Inspection Centre			
	Address APT BL SINGAF Contact Home/C Email A Sex Male Language English Location 20 CHA INSPEC	APT BLK 116 BEDG SINGAPORE 4601 Contact No. Home/Office Email Address Sex Age Male 42 Language English Location Of Inciden 20 CHANGI NORTI	Address APT BLK 116 BEDOK NORTH ROAD SINGAPORE 460116 Contact No. Home/Office Mobile 81330625 Email Address Sex Age Date of Birth Male 42 01/01/1979 Language English Location Of Incident 20 CHANGI NORTH CRESCENT VICE INSPECTION CENTRE SINGAPORE

Brief details.

On 20 November 2021 at about 0830hrs, I went to my company van, white Nissan NV350 bearing registration plate number: GBJ5180D at the Vicom Inspection Centre (Changi), loading and unloading bay. Subsequently, I drove out the loading and unloading bay and turned right on the 1st lane, behind a long queue of vehicles. Due to the middle lane was congested, therefore I had to reverse my van and slowly maneuver out. Suddenly, I felt a jerk and discovered that I had collided a vehicle behind.

Signature Of Officer Recording The Report: G / Sgt 2 LOW JAMES GABRIEL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/11/2021 10:25
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / ASP (2) NABEEL AZHAR BIN MOHD MASHREN	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20211120/2020

After which, I alighted my van and noticed the other party's black Mercedes Benz, SMH6367G right rear passenger door was dented, and my van left rear light was broken.

I wish to state that after the accident, none of us sustain any visible injuries or feel any discomfort. My van has an in car-camara.

Signature Of Officer Recording The Report: G / Sgt 2 LOW JAMES GABRIEL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/11/2021 10:25
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / ASP (2) NABEEL AZHAR BIN MOHD MASHREN	Classification Of Case:
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