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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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

06/12/2021 09:48 (SGT) 03/12/2021 12:45 (SGT) Ang Mo Kio Ave 3, Singapore TURNING RIGHT INTO ANG MO KIO STREET 11 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBF5729T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

Company Reg No **Email Address** Mobile Phone No

Alternative Phone No

SP POWERASSETS LIMITED

2XXXXXX108D

tantongheng@spgroup.com.sg (Phone) +65-91269375

+65-91269375

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Renault

Kangoo

Employment

No - Claiming third party Commercial vehicle

MS First Capital Insurance Ltd

Manual 1461

ThirdParty

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

DRIVER

Name of Driver NRIC No

TAN TONG ENG SXXXX649J

D-21097419MFCV/8

Accident report SN0821C30004

Date Of Birth 24/12/1991 Occupation Outdoor Date Of Driving Pass 24/12/2016 Driving experience 5 YEARS Gender Male Mobile Number (Phone) +65-91269375 Alt. Phone Number **Email Address** tantongheng@spgroup.com.sg Address BLK 14 ST. GEORGE'S ROAD #12-58 Address complement Postcode 320014 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 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? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 CHIANG YIENHAI Name Male Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Commonwealth Neighbourhood Police Post Police Station Name Police Station Phone No (Phone) +65-18004749999 (Fax) +65-64715297 Alt. Police Station Phone No Blk 111 Commonwealth Crescent (Annex) #01-288A Singapore Police Station Address 140111 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20211203/2107 (TYPE OF COLLISION IS HEAD TO SIDE) ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes WITH TRAFFIC POLICE Reasons for not uploading a video of the accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Was there any audio recorded?

| Vehicle Registration Number | GBL2360K |
|--|---------------------|
| Vehicle Manufacturer | - |
| Vehicle Model | 4 12 |
| Vehicle Variant | |
| Vahiala Oalaan | - |
| Valida Ostana | - |
| Name of the Park | Commercial vehicle |
| Unio M | SHAHRIN BIN OTHMAN |
| NRIC No | SXXXX866I |
| Contact Number | - |
| Address | - |
| Address complement | |
| Postcode | |
| Insurance Company Name | - |
| | - |
| The first of the contract of t | - |
| Details of property damaged in accident | - |
| No Of Passanger (Including Driver) | |

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, 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.

SP PowerGrid Ltd Distribution Network Central Section Telok Blangah Depot Office 501 Telok Blangah Road Block A, Level 2, Singapore 1090 20. Registration No.: 2003069500

Policyholder's Signature / Date &

3/12/21 4.34 pm

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

Witnessed by Reporting Centre

Time Personnel AUG MO KIO 5711 Sketch Plan A) GBF 5729 B) GBL 2360 K ROBO WOLL > 1 A mo Kio

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We declare the foregoing particulars are true in every respect.

SP PowerGrid Ltd
Distribution Network Central Section Telok Blangah Depot Office 501 Telok Blangah Road Block A, Level 2, Singapore 109023 Co. Registration No.: 20030695620

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

Police Pupper:

ACCIDENT STATEMENT

| ACCIDENT DATE: ()3 / 12 / 21)(DD/MM/YYYY), TIME: (12 : 4) (HH:MM) | |
|--|-------|
| LOCATION: AMIC AVE 3 TOWARDS AMK STIL | |
| DETAILS OF VEHICLE d) VEHICLE NUMBER: GRF 5 729 T b) INSURANCE COMPANY: MS First (apita) c) POLICY NUMBER: D - 2109 7419 MFC V/8 d) POLICY TYPE: (COMPREHENSIVE (THIRD PARTY) / THIRD PARTY FIRE & THEFT) e) MAKE & MODEL: Rengy / T kgag of 2: E. f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: WORKING 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: SP POWER ASSETS LIMITED (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 200306959 2 CONTACT: 014307133 (COLI | · · · |
| HAT STANKESS TWO SO FILES | |
| *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER TO THE PERSON 903. DRIVER | •. |
| (Including driver) DINENCE TAN Tong HENG. [MALE/FEMALE] | |
| b) NRIC/FIN/PASSPORT: SY148649T CONTACT: 9126 9375 | |
| CIADDRESS: BILL 14 ST George's Rd, #12-58 | |
| Singapore 320014 | 90 |
| "d) DATE OF BIRTH: (24/12/1991)(DD/MM/YYYY) | |
| e)OCCUPATION: (INDOOR) OUTDOOR) | |
| FIDATE OF DRIVING PASS 3 | 5 |
| 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) | |
| b)ROAD SURFACE: (DRY / WET / OTHERS | |
| 6. WAS ANYBODY INJURED (TES / NO) | |
| 7. a) REPORTED TO POUCE (YES / NO) | |
| IF YES, PLEASE STATE WHICH POLICE STATION: | - |
| R THIOD DADTY VEHICLE | |
| He of passenger a) VEHICLE NUMBER: GBL 236014 MODEL: | |
| Including driver) b) DRIVER'S NAME: SHAHRIN BIN OTHMAN | |
| c) NRIC/FIN/PASSPORT: \$72338661 CONTACT. | |
| 9. THIRD PARTY VEHICLE | |
| Mo of passanger d) VEHICLE NUMBER: MODEL: Induding driver) F) NRIC/FIN/PASSPORT: CONTACT:: | |
| Induding driver) FL NRIC (FILIDA STROOT | |
| NRIC/FIN/PASSPORT: CONTACT: | |
| | |
| | |

email = tantong heng@spgroup.com.sg





1 of 3

Report No. T/20211203/2107

olice Station Of Origin: Commonwealth NPP

111 Commonwealth Crescent (Annex) #01-

288A SINGAPORE 140111 Tel No: 1800-4749999

REPORT OF A TRAFFIC ACCIDENT

| 03/12/2021 18:27 | | Made: | Vide Report No.: Station Diary N F/20211203/0113 20 | | | | |
|---|-------------|-------|---|--|--|--|--|
| Informa | nt's Partic | ulars | | COLUMN TO THE TEXT OF THE PERSON OF THE PERS | | | |
| Name of Informant: TAN TONG HENG | | | Address: APT BLK 14 ST. GEORGE'S ROAD #12-58 SINGAPORE 320014 | | | | |
| ID Type / ID No.: NRIC NO / S9148649J | | | Contact No.: Home/Office: | Mobile: 91269375 | | | |
| Nationality: SINGAPORE CITIZEN | | ĽEN | Email: | | | | |
| Sex: Age: Date of Birth: Male 29 24/12/1991 | | | Type of Informant: Driver | | | | |
| Race: Chinese | | | Language: | Institution / School Name: | | | |
| Occupation: SP GROUP | | | Driving Licence Information: Class: 3 | Date of Expiry: | | | |

| | mation of the Accident | | |
|-----------------------------------|------------------------------|---|------------------------------|
| Type of Accident: | Injury Attended by Police | | |
| Location: | | | |
| ANG MO KIC | 7,702.102.0 | Road Surface: Dry | Road Speed Limit: 60 Km/h |
| Clear | | | 00 1 (111111 |
| Clear Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Moderate |

| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------|----------------------|--------|---------------------|-----------------|
| GBF5729T | Van | RENAULT | KANGOO MAXI Z.E. | White | Slightly Damaged | 1 |
| GBL2360K | Van | TOYOTA | HIACE DX 2.8 AUTO | Silver | Slightly Damaged | 1 |

| Details of Person Involved | 是一场。到1995年到1995年,1996年1996年1996年,1996年1996年1996年1996年19 |
|---------------------------------|---|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





2 of 3

Report No. T/20211203/2107

Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111

Tel No: 1800-4749999

CONTINUATION OF REPORT

| Driver | | | | | A Fig. | |
|-------------------|--------------------|------------|-------------------------------------|--------------------------------------|---------------------------------|-----------------------------------|
| Name | TAN TONG HENG | | ID No | . IP of | S9148649J | |
| Related Vehicle | GBF5729T (Van) | | Conta | ct No. | 91269375 | |
| Hospital/Clinic | NIL | | Class Drivin Licena Expire | g | Class: 3 Date of Expiry: NIL | |
| Date Treatment | NIL Date Disc | | | | NIL | |
| | | | ree of Injury NIL | | | |
| Driver | | haritati : | | | | MERCHANIST SECTIONS |
| Name | SHAHRIN BIN OTHMAN | | ID No | | S7233866I | |
| Related Vehicle | GBL2360K (Van) | | Conta | ct No. | NIL | |
| Hospital/Clinic | NIL | | | Class Driving Licent Expiry | g | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL Date Disc | | | | NIL | |
| No. of Days grant | ted Medical Leave | NIL | Degree of | | Slight | |

Brief Details.

On 03/12/2021 at about 1243hrs, I was travelling along Ang Mo Kio Ave 3 on my company van (GBF5729T) together with my colleague. Before turning right towards Ang Mo Kio St.11, I ensure no vehicles approaching from the opposite direction and I noticed there is road works on the 2nd lane. Then I begin to drive slowly. Out of sudden, I heard long loud horning sound, I quickly accelerated my vehicle to avoid any collisions. However the oncoming vehicle (GBL2360K) did not managed to stop on time and banged onto my rear left side of the vehicle. There are slight damages on both vehicles. The other driver claimed he has injury on his leg. His passenger claimed has swollen leg. Ambulance arrived at scene and conveyed them to the nearest hospital. Traffic Police arrived at scene and I handed over In-car memory card footage for further investigation. I was advised to lodged a accident report of what has happened.





3 of 3

Report No. T/20211203/2107

Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111 Tel No: 1800-4749999

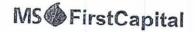
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| Signature of Officer Recording The Report D / | Signature Of Informant: |
|---|-------------------------|
| Sr Staff Sgt MOHAMMAD ASRI | |
| BIN MAZLAN | Lun |
| Signature Of Interpreter: | Date/Time: |
| Not applicable | 03/12/2021 18:27 |
| | |
| Officer In Charge Of Case: | Classification Of Case: |
| Sat 3 MUHAMMAD SYARIFUDDING V | SN 50 |
| MUHAMMAD AJMAIN Contact No.: 65476367 | RE SN 50 DRCE |
| // | Mh |
| | GNATURE |
| 3 | IGNATURE |



MS First Capital Insurance Limited Co. Reg. No. 195000106C GST Reg. No. MZ-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849

www.msfirstcapital.com.sg

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) Molor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy.

: COMMERCIAL VEHICLE - FLEET

Type of Cover.

: Third Party

Certificate No.

D-21097419MFCV/8

Vehicle No / Chassis No

: GBF5729T / VF1FW0ZHC56494640

Name of Insured

: SP POWERASSETS LIMITED

Period Of Insurance

: 01.04.2021 To 31.03.2022

Insured Estimated Value

: 0.00

Financial Institution

: N.A

Excess:

SGD3,500.00 ON ALL CLAIMS IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE

Authorised Driver* ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

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

(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 insured's business.

(3) Use for social, domestic or pleasure purposes.

The Policy does not cover:-

(1) Use for hire or reward or for racing, pacemaking, 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.

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)

> > LIC.

STELLAL/B0009/MZ300C

Issued at Singapore on 26.03.2021

Authorised Signature