SM0M223B000A-01 / MOVA AUTOMOTIVE PTE LTD [159722] ENTRY DATE & TIME: 11/03/2022 17:08 (SGT) SUBMITTED BY: Menglee VERSION: 2 (11/03/2022 17:13 (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.

- 4. The issue and acceptance of this is form by instrained 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 11/03/2022 17:08 (SGT) Date of Accident 04/02/2022 05:15 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG HOLLAND DRIVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsubishi

Vehicle Registration Number YN8532J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TRANSHUB INTERNATIONAL PTE LTD Company Reg No 200105572G Email Address TRANSHUB@SINGNET.COM.SG Mobile Phone No (Phone) +65-97629540 Alternative Phone No (Office) +65-63420111

VEHICLE PARTICULARS

Manufacturer

Model CANTER FEB21ER4SDEB (CBU) 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 - Reporting only Vehicle Category Goods vehicle Transmission Manual CC 2998

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Type of Coverage Comprehensive Fleet Policy Policy Number Z22VC05009982 Cover Note Number

DRIVER

Name of Driver **REVENTHRAN S/O SUBRAMANIAM** NRIC No. S1731589G

Date Of Birth 09/07/1965 Occupation Outdoor Date Of Driving Pass 04/03/2003 Driving experience 18 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-87196941 Alt. Phone Number Email Address TRANSHUB@SINGNET.COM.SG Address **BLK 20 DOVER CRESCENT** Address complement #14-322 Postcode 130020 Is the driver the policyholder? Nο 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions NO IDEA Road Surface NO IDEA OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? 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? Yes Police Station Name Woodlands East Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007679999 Police Station Address 3 Woodlands Drive 63 Singapore 737890 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number PC4480R Vehicle Manufacturer Vehicle Model

Bus

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

Contact Number	<u>-</u>
Address	<u>-</u>
Address complement	
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.
- 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>.
- 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.
- 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)

l 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

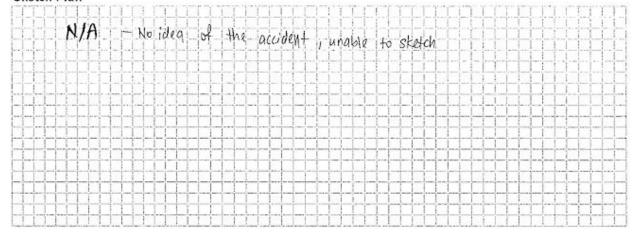
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Driver's Signature (If driver is not the policyholder) / Date & Time

MOVA PUTO

Witnessed by Reporting Centre Personnel

Sketch Plan



LICENSE PLATE: YN 8530J					ACCIDENT DATE & TIME: 4/2/22 5:150M				
CONTACT N	UMBER:	97629	1540 /	63420111	E-MAIL ADDRESS: †r,	anchuh @ sina	not com-sa		
LOCATION:	Along					Ų	3 -		
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	NOTE: F	LEASE N	OTE THAT	YOUR INSURE	R MAY HAVE 14 DAYS TIME FRA	ME FOR YOU TO	SUBMIT AN		
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lease state:									
()(Claim Own	Policy	() CI	aim Third Party	() Claim OD/TP at other v	workshop	Reporting Only		

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 On 20/2/22, my Company hand over a Traffic Police Letter on a hit and run accident involving YN8532J and PC4480R (Bus) along Holland Drive on 4/2/22 at 5.15am. My Company was close for Chinese New Year from 31/1/22 to 7/2/22. I did not use the truck the whole day on 4/2/22. My vehicle's tracking information is stated clearly that my truck is stationary the whole day. I made a police report on 22/2/22 (See attached Police Report and tracking information).

On 10/3/22, my Company received a call from my vehicle insurer on an accident claim that a third party (PC4480R) is claiming for the damages. The claim indicated that the accident is on 3/2/22 along Holland Drive at 7.45pm.

On 3/2/22 about 10.30am, I drove to Balestier and went to Penjuru Road to topup diesel (Company's appointed location). After pouring the diesel, I went to my Company's warehouse at Kian Teck Crescent to throw all carton boxes and plastic wrappers into my Company's disposal bin. Next, I drove to Clementi Avenue 1 to visit my relative and park my vehicle YN8532J at Clementi Avenue 1 up to 7.38pm. Then, I drove to a nearby foodcourt at Clementi Avenue 2 to buy food. At 7.45pm, I left Clementi Avenue 2 and went back to the Heavy

Vehicle Carpark at North Buona Vista Road and park my truck beside another vehicle (open canopy 14ft lorry - YM1188X). Most of the time, both vehicles YN8532J and YM1188X park beside/nearby each other's truck. My vehicle's tracking information has been recorded in my Company's Tracking system. When I park my truck at the heavy vehicle carpark, I did not notice any buses beside me. To the best of my knowledge, I did not hit onto any vehicles on 3/2/22 and 4/2/22 (See attached vehicle no. YN8532J tracking report on 3/2/22 & 4/2/22). I can try to request from the driver of YM1188X to be my witness.





















T/20220222/2083

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SING

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

1 of 3 Report No. T/20220222/2083

Date/Time Report Made: 22/02/2022 18:27			Vide Report No.:					Station Diary No.: 59		
nforman	t's Part	icula	rs.			477		1		
Name of I	nforma	nt:	UBRAMANIAM	Addre	ss: 3LK 20 DOVE					
D Type / NRIC NO	/ S173	15890	3	[11.00004105] [1.000000000000000000000000000000000000			e: 8719	: 87196941		
Nationalit SINGAPO		IZEN	l	Email	:					
Sex: Male	Age: 56		Date of Birth: 09/07/1965	Type Drive	of Informant:		100000 00000			
Race: ndian		3673790		Language: Instituti English				tion / S	School Name:	
Occupation Lorry driv				Driving Licence Information: Class: 3,4 Date of Expiry:					ry:	
		Hit	and Run		No.		nt: 022 05:1	5	Car Park	
Type of Accident:			n-Injury and Run		Drink Drive: No	Date/Tir Acciden 04/02/2	ıt:	5	Type of Locatio Car Park	
HOLLANI		E							24.3	
Weather:			Road Surface:					d Speed Limit:		
Traffic Flow: Two Way				Traffic Control: Not Controlled				100000000000000000000000000000000000000	Traffic Volume: No Traffic	
Type of C	ollision	:							one conveyed by ulance:	
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2 of 3 Report No. T/20220222/2083

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

CONTINUATION OF REPORT

Name	REVENTHRAN S/O	SUBRAM	ID No. S1731589		S1731589G	
Related Vehicle	YN8532J (Lorry)			Conta	ct No.	87196941
Hospital/Clinic	NIL	Class Drivin Liceni Expiry	g	Class: 3,4 Date of Expiry: NIL		
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	NIL	Degree o		NIL		

Brief Details.

On 21/02/2022 at 2000hrs, I was informed by my boss namely Kiran, HP: 97629540 that he received a letter from Traffic Police dated on 07/02/2022 on a case of "Alleged Hit-and-run accident involving YN8532J & PC4480R along Holland Drive on 04 February 2022 at 0515hrs".

I am the assigned driver for my company vehicle bearing registration number YN8532J.

I wish to state that my company is closed for Chinese New Year from 31/01/2022 to 07/02/2022. I did not drive the company's truck at all on 04/02/2022.

I have checked with my boss who had checked the vehicle's GPS and it shows that the vehicle is in stationary position at the designated carpark on 04/02/2022.

For more information, you may contact my office at 63420111 / 97629540.

The TP IO in charge is Irman Bin Mohamad Said, HP: 97370069, TP Reference No: TP/IP/03011/2022





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999 3 of 3 Report No. T/20220222/2083

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.

L/SGT-3 LIM SUI LIN		Signature of Informant:	
Signature Of Interprete Not applicable	r:	Date/Time: 22/02/2022 18:27	
Officer In Charge Of Co TP / HRT / SR STAFF SGT IRMAI Contact No.: 65476145	N BIN MOHAMAD SAID	Classification Of Case:	
NP168	Singapore P	The state of the s	



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADD	ENDUM
) PARTICULARS OF PERSON MAKING THE AMEND	MENTS:
Original Report No: SMOM 233B000A	Vehicle Registration No: YN 85337
Name (as shown in NRIC):	NRIC/FIN/Passport No:
(*Vehicle Driver/Vehicle Owner) (*) Please delet	e as appropriate
Address:	Singapore (
Contact (Tel):	Mobile No.:
Email Address:	
Date of Accident: 색기고	Time of Accident: 5:15 0,m
Place of Accident: Along Holland Drive	
Insurance Company: Longac Insurance B	nd
Attach TP letter and GPS location	reward of NN8530]
	M (CA AUTO)
Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC Addendum Form