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 30/03/2022 17:04 (SGT) Date of Accident 29/03/2022 16:00 (SGT) Exact Location of Accident Mandai Rd, Singapore Additional Location Information T-JUNCTION MANDAI LAKE ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Employment

Manual 3000

No - Claiming third party

Commercial vehicle

Vehicle Registration Number GBB6377P

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MANTECH MARINE SERVICES PTE LTD Company Reg No 201222075D Email Address sharm@mantech8.com Mobile Phone No (Phone) +65-87149774

Alternative Phone No +65-87149774

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna 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

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage ThirdPartyFireTheft

Fleet Policy

Policy Number 7210017956-01 Cover Note Number

DRIVER

Name of Driver RENGAIAH RAMANATHAN Passport No/FIN G7315107X

Date Of Birth 05/05/1977 Occupation Outdoor Date Of Driving Pass 01/12/2006 Driving experience 15 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-80295186 Alt. Phone Number Email Address sharm@mantech8.com Address 119 TUAS VIEW WALK 1 Address complement Postcode 637736 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 on collision Weather Conditions DRIZZLING 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? Yes Was any injured conveyed to hospital by ambulance? Nο 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? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: T/20220329/2080. 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 SHA7455A Vehicle Manufacturer

Taxi

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RENGAIAH RAMANATHAN
Gender	Male
Phone No	_
Address	_
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBB6377P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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.

Policyholder's Signature / Date & Driver's Signature (if driver is n

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: GBB 6377P

B: SHA 7455A

T. Junction of Mandai Road

Mandai Road

Mandai Lake

Poad

SM AUTO

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Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel























Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

l of 4 Report No. T/20220329/2080

REPORT OF A TRAFFIC ACCIDEN

Date/Time Report Made: 29/03/2022 19:13		Vide Report No.: L/20220329/0086	Station Diary No.:			
Informa	nt's Partici	dars continued	CHARLES CONTRACTOR IN	The second secon		
Name of Informant: RENGAIAH RAMANATHAN		Address: 119 TUAS VIEW WALK 1 #02-02 WESTLINK TECHPARK SINGAPORE 637736				
ID Type / ID No.: FIN NO / G7315107X		′X	Contact No.: Home/Office:	Mobile: 80295186		
Nationality: INDIAN			Email:			
Sex: Age: Date of Birth: Male 44 05/05/1977			Type of Informant: Driver			
Race: Indian			Language:	Institution / School Name:		
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3,4 Date of Expiry:			

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 29/03/2022 16:00	Type of Location: T-Junction
Location: MANDALLAK Weather: Drizzling	KE ROAD	Road Surface:		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Wo		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Colon ()	Condition	No of Passenger
GBB6377P	Lorry	тоуота	DYNA 150 MANUAL 3SEATER	Silver		0
SHA7455A	Car	MERCEDES BENZ	E220 BLUETEC	White		0

Details of Person Involved	也是是他的情况的第三个一个一个一个一个一个一个一个一个一个一个
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Report No. T/20220329/2080

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver	The second second	NO METERS	2000 BEER	AL SALES	SE 124	and the Park of the
Name	RENGAIAH RAMANATHAN		ID No		G7315107X	
Related Vehicle	GBB6377P (Lorry)			Contact No.		80295186
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	f Injury	NIL	
Driver	NAME OF THE PARTY OF THE	及此类化。与自	数3000000000000000000000000000000000000	数1660年	2000年	通過機能的條件的領域。
Name	Unknown Driver		ID No		NIL	
Related Vehicle	SHA7455A (Car)		Contact No.		NIL	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	f Injury	NIL	Service Control of the Control of th

Brief Details.

AS STATED ON THE DATE, TIME AND LOCATION

ON 29 MARCH 2022, @1600HRS, I WAS DRIVING ALONG MANDAI ROAD. I REACHED AT A T-JUNCTION, MANDAI ROAD BY MANDAI LAKE ROAD. I SAW THAT THE TRAFFIC LIGHT WAS GREEN SO I PROCEEDED TO DRIVE STRAIGHT THROUGH THE T-JUNCTION, HOWEVER, A TAXI FROM THE OPPOSITE LANE WANTED TO MAKE A RIGHT TURN INTO MANDAI LAKE ROAD. THE TAXI DID NOT WAIT FOR ME TO PASS AND TRIED TO MAKE THE TURN. UNFORTUNATELY, THIS RESULTED IN ME COLLIDING WITH THE TAXI'S LEFT SIDE. DUE TO THIS, THE TAXI MOUNTED A CURB. AFTER THE ACCIDENT, I ALLIGHTED MY VEHICLE AND TOOK PICTURES OF THE ACCIDENT, I ASKED THE TAXI DRIVER IF HE WAS ALRIGHT AND HE SAID HE WAS NOT INJURED. AT THE TIME, I ALSO DID NOT FEEL ANY PAIN BUT AFTER 1 HOUR, I STARTED TO HAVE BACK PAINS, WE DID NOT EXCHANGE PARTICULARS BECAUSE IT STARTED TO RAIN HEAVILY AND NO ONE WAS SERIOUSLY INJURED. THE TAXI DRIVER SAT BACK INSIDE HIS TAXI DUE TO THE RAIN AND TOLD ME TO MAKE AN INSURANCE CLAIM. AFTER THAT, I LEFT THE SCENE.

@1720HRS, I RECIEVED A CALL FROM TP REGARDING THE ACCIDENT. IO JEYA TOLD ME TO LODGE A POLICE REPORT ABOUT IT.

THAT IS ALL.

IO IN-CHARGE: JEYATHESH EXTENSION: 65476178



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



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Report No. T/20220329/2080

CONTINUATION OF REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20220329/2080

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: TP /	Signature Of Informant:
Other MUHAMAD DANI BIN ABDUL RAHMAN	Queen of
Signature Of Interpreter: Not applicable	Date/Time: 29/03/2022 19:13
Officer In Charge Of Case: TP / GIA /	Classification of Cese:
Other MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	POLICE FORCE
NP168	Signature: 12



CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY FIRE AND THEFT COMMERCIAL VEHICLE

Name of Policyholder

: MANTECH MARINE SERVICES PTE LTD

Period of Insurance

: 25 Feb 2022 To 24 Feb 2023

Engine No.

: 1KD1931563

Chassis No. : JTFAT35Y50K200850 Policy No.

: 7210017956-01

Endorsement No.

Issued Date

: 27 Jan 2022

ABOUT THE COVER

Make/Model

: TOYOTA DYNA 150 [Lorry]

Engine Capacity/Tonnage : 1.7 Tonnage Driver Restriction

· NA

Off Peak Car : No

Sum Insured : Market Value

First Year of Registration : 2009

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if helshe meets the specified age condition.

Age Condition

: All Age Condition

Limitation as to use*

1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; b) use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle, and c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1997 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Fire - \$0 Theft - \$0

Section 2

Property Damage - \$0

Windscreen: NA

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).
For Approved Reporting Centres/AlG Authorised Repairers, please contact our 24-hour accident emergency hobine at +65 6338 8200. Alternatively, you may refer to AlG website www.aig.sg or AlG SG Mobile App. Simply search and download "AlG SG" from l'Unles or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: CREDIT LINK PTE LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

ALLINK INSURANCE AGY-TOYOTA CV

BLK 153 BUKIT BATOK ST 11 #02-290

SINGAPORE 650153

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Allink Insurance Agency Pte Lt

