

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 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. 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 05/05/2022 18:43 (SGT)
Date of Accident 29/03/2022 17:12 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLIP RD (JLN BUROH TOWARDS JURONG PORT ROAD)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP4102H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MONZONE AIR-CONDITIONING PTE LTD
Company Reg No 200102928W
Email Address michelle_yeoh@monzone-aircon.com
Mobile Phone No (Phone) +65-85001315
Alternative Phone No (Office) +65-63651315

VEHICLE PARTICULARS

Manufacturer Hino
Model HINO XZU710R-HKFMS3
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 4009

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNA00119112101
Cover Note Number 06/12/21 - 28/09/22

DRIVER

Name of Driver MUHAMMAD HAFIZ BIN ZOLKIPLE
NRIC No S9132124F

| | |
|--|-----------------------------------|
| Date Of Birth | 12/09/1991 |
| Occupation | Outdoor |
| Date Of Driving Pass | 20/10/2016 |
| Driving experience | 5 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-87768393 |
| Alt. Phone Number | - |
| Email Address | michelle_yeoh@monzone-aircon.com |
| Address | BLK 940 JURONG WEST ST 91 #02-443 |
| Address complement | - |
| Postcode | 640940 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 - Head to Rear |
| Weather Conditions | AFTER RAIN |
| Road Surface | Wet |

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) | 1 |
| 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? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED

ATTACHMENT(S)

| | |
|---|-----------------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | Not sure if recorded. |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|-------------|
| Vehicle Registration Number | SLM5283G |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| 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

1. VEHICLE NO.: YP4102H
 2. INSURER CO: China Taiping
 3. ACCIDENT
 DATE & TIME: 29/3/22 17:12

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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.

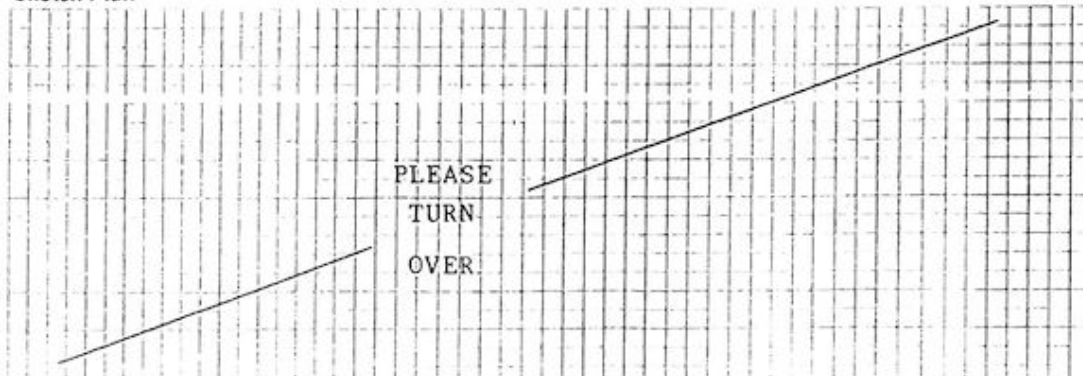


Policyholder's Signature / Date & Time

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

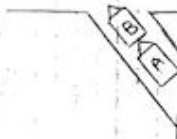
(TS) ong 5/5/22
 Witnessed by Repairing Centre Personnel

Sketch Plan



Sketch Plan

Jurong Port Rd



Jin Buroh

A: YP 4102 H

B: SLM 5283 G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DOA: 29/3/22 17:12

SLM 5283 G moved & I followed it then suddenly stop & my vehicle touches onto it rear portion.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/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:

(75) eng 5/5/22
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

() Claim Own Policy () Claim Third Party (/) Reporting Only
() Claim OD/TP at other workshop ()

2















中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #15-00 Springleaf Tower Singapore 079909
Tel: 6389 6111 Fax: 6222 1033
Website: www.sg.cntaiping.com
Co. Reg. No. 200208394E

Our Ref : SNM22D202302/YP4102H/C01

Date : 27 Apr 2022

Via Ordinary Mail

MONZONE AIR-CONDITIONING PTE LTD
6 GUL LANE

SINGAPORE 629405

REMINDER

Dear Policyholder

RE: ACCIDENT INVOLVING OUR VEHICLE NOS. YP4102H AND SLM5283G ON 29 Mar 2022 17:12 ALONG SLIP ROAD (JALAN BUROH TOWARDS JURONG PORT ROAD)
Policy : DMCVSNA00119112101

We refer to the above-mentioned accident.

Please be informed that you or your driver has not filed an accident report within 24 hours as per the Motor Claims Framework.

We would urge you to comply with the condition to file your accident report with your vehicle to us IMMEDIATELY, through our designated Accident Reporting Centres which are also our authorised workshops, regardless of whether or not it would give rise to a claim. You may log onto our website www.sg.cntaiping.com for location of the respective centres/workshops.

Please take note that your NO CLAIM DISCOUNT will be penalized upon renewal of your policy if you fail to comply with this condition.

Please contact our claims department at 63896116 should you require our assistance or clarification.

Regards

(This is a computer generated letter and no signature is required)

cc : AN0707B KHC HOLDINGS PTE LTD



VDO NO: VDO 001741

VEHICLE LOAN DELIVERY ORDER

| PARTICULARS OF CUSTOMER | EQUIPMENT PARTICULARS |
|---|---|
| NAME OF CUSTOMER: RICH RESOURCES LOGISTICS PTE LTD | TYPE OF EQUIPMENT |
| REGISTERED ADDRESS: Blk 198 Boon Lay Drive #12-55 S(640198) SINGAPORE. TEL: 6 FAX: 6 | MODEL: HINO VEHICLE NO.: YP4102H CHASSIS NO.: |
| CONTACT PERSON: | HANDPHONE NO.: |
| DELIVERY ADDRESS/SITE: | RENTAL RATES |
| - SELF COLLECTION / DELIVERY REQUIRES - | DAILY RATE: S\$ - |
| PERIOD OF USAGE: | WEEKLY RATE: S\$ - |
| COMMENCEMENT DATE: | MONTHLY RATE: S\$2,500 BEFORE GST |
| DATE OF RETURN: | SUB-TOTAL: S\$ - |
| INSURANCE: INCLUSIVE **Terms & conditions applies | LESS DISCOUNT: - |
| | NETT RENTAL: S\$ - |
| | TRANSPORTATION: - |
| | GRAND TOTAL: - |
| I/WE, THE CUSTOMER & DRIVER, HAVE READ AND HEREBY ACCEPT & AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT. | *INTEREST ON LATE PAYMENT AT 1.5% PER MONTH |
| - GIVING AUTHORITY TO THE ATTACHED DRIVER/DRIVERS PARTICULARS TO DRIVE THIS VEHICLE & TO ACCEPT & AGREE TO UNDERTAKE ALL SUMMONS OR FINES INCURRED DURING THE PERIOD OF USAGE. | IMPORTANT NOTICE:- KINDLY BE REMINDED THAT RENTAL DOES NOT COVERS DIESEL SUPPLY. ATTENDING TO BREAKDOWN REQUEST DUE BY CUSTOMER/DRIVER FORGOTTEN TO PUMP DIESEL WILL BE CHARGEABLE AT PER TRIP S\$120.00. |
| - SHALL UNDERTAKE TO PAY ON BEHALF OF DRIVER/DRIVERS FOR INSURANCE EXCESS OR REPAIR COST OF DAMAGES (WHICHEVER IS LOWER) TO THE OWNER OF THIS VEHICLE | INSURANCE EXCESS: REFER TO TERMS AND CONDITIONS. |
| **CONDITIONS FOR INSURANCE CLAIMS: IN CASE OF ACCIDENT, ACCIDENT REPORT MUST BE REPORTED WITHIN 24 HRS FROM TIME OF ACCIDENT, REGARDLESS HOLIDAY OR AFTER OFFICE HOURS. WE RESERVE THE RIGHTS TO REJECT/DECLINE ANY CLAIMS IF REPORT IS NOT DONE WITHIN 24 HRS. ALL DAMAGES CLAIMS FROM 3 RD PARTY FOR PERSONAL INJURY & PROPERTY DAMAGES DUE TO CUSTOMER OR CUSTOMER'S DRIVER ILLEGAL USAGE OF VEHICLE eg. DRINK & DRIVE, DRUG ABUSE, CARRYING ILLEGAL GOODS, SICKNESS.....ETC OWNER WILL NOT HONOUR SUCH CLAIMS AND CUSTOMER HEREBY AGREE TO UNDERTAKE TO PAY & SETTLE ALL 3 RD PARTY CLAIMS & OWN DAMAGES DUE BY SUCH INAPPROPRIATE & ILLEGAL USAGE ACCIDENT INCURRED. CUSTOMERS/DRIVERS HEREBY ACKNOWLEDGE THAT THEY ARE WELL AWARE THAT INSURANCE CLAIMS ARE NOT ELIGIBLE FOR INSURANCE ACCIDENT CLAIMS OCCURRED DUE BY SUCH ILLEGAL & INAPPROPRIATE USAGE OF VEHICLES. | THE ABOVE USAGE CHARGES INCLUDE: SERVICING, PREVENTIVE MAINTENANCE AND REPAIRS OF THE ABOVE SAID EQUIPMENT UNLESS THE DAMAGES WERE CAUSED BY OPERATOR NEGLIGENCE / ACCIDENT / OVER STRESS. |
| FOR AND ON BEHALF OF THE CUSTOMER | DATE OF CONTRACT: |
| CLIENT SIGNATURE (CO. STAMP) | REMARKS: MONTHLY RENT AT \$2,500 BEFORE GST PER MONTH (FOR 1 YEAR) |
| | FOR AND ON BEHALF OF THE OWNER |
| | AUTHORISED SIGNATURE |

MONZONE AIR-CONDITIONING PTE LTD

41 SENOKO DRIVE SINGAPORE 758249 TEL: 6365 1335 FAX: 6368 2063 WEBSITE: www.refrigerated-truck.com
GST no.: 20-0102528-W EMAIL: monzone@singnet.com.sg



VEHICLE DELIVERY ORDER NR: VDO 001741

| | | | | | | | |
|---|----------|---|--------|-------------------|---|---|--|
| VEHICLE NO | YP4103 H | Fuel Type : | DIESEL | | | | |
| MODEL | HINO | Fuel Tank Level: | | | | | |
| SYSTEM TYPE | | * | | | | | |
| BASIS OF CHARGES: | | | | | | | |
| CUSTOMER NAME: | | R | ¼ | ½ | ¾ | F | |
| RICH RESOURCES LOGISTICS PTE LTD | | | | | | | |
| DRIVER'S DETAILS: | | Collection Condition | | Return Condition | | | |
| DRIVER (1) | | | | | | | |
| NAME: | | | | | | | |
| NRIC / WP NO: | | | | | | | |
| DRIVER (2) | | | | | | | |
| NAME: | | | | | | | |
| NRIC / WP NO: | | | | | | | |
| DRIVER (3) | | | | | | | |
| NAME: | | | | | | | |
| NRIC / WP NO: | | | | | | | |
| MILEAGE READING: 130614 KM (OUT) | | | | | | | |
| MILEAGE READING: (IN) | | | | | | | |
| 01 Engine oil | | | | | | | |
| 02 Gear Oil | | | | | | | |
| 03 Brake Oil | | | | | | | |
| 04 Water | | | | | | | |
| 05 Wiper Water | | | | | | | |
| 06 Air-con | | | | | | | |
| 07 Freezer | | | | | | | |
| 08 CD Player | | | | | | | |
| 09 Reverse Horn | | | | | | | |
| 10 Safety Belt | | | | | | | |
| 11 Jack | | | | | | | |
| 12 Tyre Opener | | | | | | | |
| 13 Spare Tyres | | | | | | | |
| Renewal Payment Terms : | | Collection Date/Time: | | Return Date/Time: | | | |
| 05 Days in advance before next rental period starts | | Collect by (Name): | | Return by (Name): | | | |
| Refer to Page 1 Additional terms & conditions | | Sign: | | Sign | | | |
| IMPORTANT NOTICE:- KINDLY BE REMINDED THAT RENTAL DOES NOT COVERS DIESEL SUPPLY. ATTENDING TO BREAKDOWN REQUEST DUE BY CUSTOMER/DRIVER FORGOTTEN TO PUMP DIESEL WILL BE CHARGEABLE AT PER TRIP S\$120.00. | | For And On Behalf of The Customer:- | | | | | |
| INSURANCE ACCESS: KINDLY REFER TO THE TERMS AND CONDITIONS | | Signature & Company's stamp Customer's signature signifies acceptance of agreement | | | | | |

MONZONE AIR-CONDITIONING PTE LTD

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