SC1R227J000F / ComfortDelGro Engineering Pte Ltd [579701] ENTRY DATE & TIME: 19/07/2022 16:26 (SGT) SUBMITTED BY: Sabrina Wong VERSION: 1 (19/07/2022 16:26 (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 19/07/2022 16:26 (SGT) Reported by Driver Date of Accident 18/07/2022 11:53 (SGT) Exact Location of Accident 1 New Loyang Link, Singapore 506931 Additional Location Information SHELL PETROL STATION Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1998

Vehicle Registration Number GBF1892E

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CHANGI AIRPORT GROUP (SINGAPORE) PTE LTD Company Reg No 200910817N Email Address lee.gianyi@changiairport.com Mobile Phone No (Phone) +65-92254558 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Ssangyong Model Actyon 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 No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Policy Number / Cover Note Number D-22098935MFCV/15

DRIVER

CC

Name of Driver LEE QIAN YI NRIC No S8918707I Date Of Birth 31/05/1989 Occupation Indoor

Date Of Driving Pass 13/08/2008 Driving experience 13 YEARS AND 11 MONTHS Gender Female Mobile Number (Phone) +65-92254558 Alt. Phone Number Email Address lee.qianyi@changiairport.com Address BLK 372 CLEMENTI AVE 4 #07-274 Address complement Postcode 120372 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 Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **DOROTHY LIM** Gender **Female** DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE SEE ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YP7021M

Accident report SC1R227J000F

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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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
- 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)

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' lawyers/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.



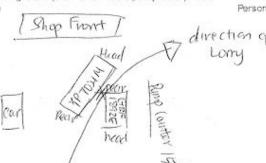
Policyholder's Signature / Date & Time

Sketch Plan

Jan 19/7/2012

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

Witnessed by Reporting Centre Personnel



De	scribe Circumstances of the Accident
	Vehicle GBF1897 E was parked at Pump Counter 15 at Shell Petrol Station (1 New Loying Link) when lorry 8P 702114 8quazed between 2 other stationary vehicles at the adjacent pump counters and hit the right rear of GBF 1892 E. GBF 1892 E Briver (Loe Gron 8i) was aitside the vehicle refilling flue and Passenger (Dorothy Line) was in the vehicle who needs the accordant happened:
	Station (1 New Lugna Link) when lorry 88 702114 squared
	hot ween 2 other stationary vehicles at the adjacent pump
	counters and hit the ciaht near of GBF 1892 E.
	GBF 1892 F. DOVER (Lee Green &) was outside the relate refilling
	thet and Passinger (Dorthy Line) was in the vehicle whon
	the accident happened:
	- c. sagaraci
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Declaration

VWe declare the foregoing particulars are true in every respect.



Driver's Signature of driver is not the policyholdery / Data

Witnessed by Reporting Centre Personner

PCV Accident Report (For Reporting only)



And the second second second	Completed By Driver Who Is In	volved in the A	add-life-photo-	BUNGAL SERVERS	
Date & Time of Accident	Date: 18/7/2022 115	3 hrs	Time: 1153 hv	2	
Date & Time of Reporting	Date: 19/7/2012		Time: 1530 hv	3	
Place of Accident	Shell Petrol Station,	1 New Loyan	g Link		
Vehicle Reg. No. :	GBF 1892 E	Make / Model :	Struggong A.	Ctyon Sports	
Purpose of Use at Time o	f Accident : Goods transportation / private use	age-/-others:.			
Name : Lee (Qian Yi	NRIC / FIN No.	38918707	Γ	
Address : BIL 372	BIK 372 Armenti Ave 4 #07-274, 120372				
Postcode :		Date Of Birth :	31 May 19	189	
Home :		Handphone:	97754558		
Email: [lee.g.c	anyi Ochangiairpost com	Gende	r ; Male / Female		
Occupation : Managemen	nt / Sales / Retiree / Housewife / Technical / E	Education / Others : /	Harticulturest		
	y / Own-Damage / Reporting Only-			ass Date :	
Driver Status :	-Owner / Non-owner Years of Driving 8	Experience :	14 3/0	8006/8	
If you are not the owner, the	e owner's name & tel: Changi Awpo	and Greens			
1	anyi @ changiairport can contact		Video & PIN	No. 08 80x : 2	
Relationship with Owner:	/			Managa led	
Vehicle Towed In ?		Company Rag. No : 2	The state of the s	Hame led Gender Do	
		r	First Capital		
Police Reported ?	Yes / No Police Report Reference No	0. :	-		
Company's Vehicle ?	Yes /-No: Insurance Policy No:	1	2098935ME		
Do you have witness ?	Yes /-Ne Type of Policy: Comprehens	sive / Third-Rarty-Fire-	& Theft / Third Party Only		
	ntact No ;				
(If Yes, Witness Name & Cor					
	: Clear /-Cloudy-/-Light-Rains-/-Hes	avy Rains			
(If Yes, Witness Name & Cor Weather Condition Road Condition		avy Rains injuried in the accident	?	Yes / No	
Weather Condition	: Dry / Wet- Was anyone			Yes / No	
Weather Condition Road Condition Other vehicle or property dan	: Dry / Wet- Was anyone mago? Yes / No. Was Notice o	injuried in the accident	ı given ?		
Weather Condition Road Condition Other vehicle or property dan Describe How Accident Happ	: Dry / Wet- Was anyone in mage? Yes / No. Was Notice of the made: Please use SKETCH PLAN for accident	injuried in the accident if Intended Prosecution Jent description & sket	ı given ?		
Weather Condition Road Condition Other vehicle or property dan Describe How Accident Happ	: Dry / Wet- Was anyone mago? Yes / No. Was Notice o	injuried in the accident if Intended Prosecution dent description & sket chment)	given ? ch of accident scane	Yes / No	
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Weather Condition Road Condition Other vehicle or property dan Describe How Accident Happ Third Party's Details (Us /ehicle Make / Model lame of Oriver:	: Dry / Wet- Was anyone mage? Yes / No. Was Notice of mened: Please use SKETCH PLAN for accide Annex 2 for Chain Collision as attackness.	injuried in the accident if Intended Prosecution dent description & sket chment) Vehicle Reg. No : NRIC No. :	given ? ch of accident scane	Yes / No	
Weather Condition Road Condition Other vehicle or property dan Describe How Accident Happ Third Party's Details (Us	: Dry / Wet Was anyone inage? Yes / No. Was Notice of the was Please use SKETCH PLAN for accide Annex 2 for Chain Collision as attacked the Annex 2 for Chain Collision as attacked the China Taiping Insurance the China Taiping	injuried in the accident if Intended Prosecution Jent description & sket chment) Vehicle Reg. No	of accident scane	Yes / No	

AUTHORIZATION LETTER

	To Whom It May Concer	n:	
	1 Changi Amport	Group	, Company Reg No 200910&17N
f	nereby like to authorized	Lee Olon YI	IC SSAMS SSANSTO
to	o make accident report b	ehalf of company .	

Signature / Company Stamp



MS First Capital Insurance Limited co. Reg. No. 195000106C GST Reg. No. MR-0001676-9 5 Raffles Quay #21-00 Singapore 048580 Tel: (65) 5222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept. 36 Robinson Road #16-01 City House Singapore 068877 Tel: (55) 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) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy.

COMMERCIAL VEHICLE - FLEET

Type of Cover.

: Comprehensive

Certificate No.

: D-22098935MFCV/15

Vehicle No / Chassis No

GBF1892E / KPADA1ETSGP271714

Name of Insured

: CHANGI AIRPORT GROUP (SINGAPORE) PTE LTD

Period Of Insurance

: 01.04.2022 To 31.03.2023

Insured Estimated Value

Market Value At Time Of Loss

Excess

SGD3,500.00 SECTION I (APPLICABLE TO RISK NO. 41 & 42)
SGD2,500.00 SECTION I (APPLICABLE TO RISK NO. 1 & 39)
SGD750.00 SECTION I (APPLICABLE TO RISK NO. 29, 37, 38 & 40)
SGD500.00 SECTION I (APPLICABLE TO RISK NO. 2 TO 26, 30 TO 36)
ADDITIONAL SGD3,500.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE
ALL EXCESS AMOUNTS ARE SUBJECT TO GST

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 Vehicle.

Limitations as to use*

- (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 (Malaysla), 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 I/V of the Road Transport Act, 1987 (Malaysia)

MS First Capital Insurance Limited (Approved Insurers)

STELLAL/B0046/MZ300C

Issued at Singapore on 28.02.2022

Authorised Signature

