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TP Particu	dars:	Veh No:	SNF5416	S INC() / Non-INC ()		
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Ci	onfirmed by : (THE RESIDENCE OF THE PROPERTY		Date:	Time:)	
Insured/f	Driver Liability:	(%) [No	te-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: \$0-	100%]	
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SN09229K0004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 20/09/2022 10:50 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (20/09/2022 10:50 (SGT))



SINGAPORE ACCIDENT STATEMENT

- 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 Actual 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.

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Date of Submission 20/09/2022 10:50 (SGT) Reported by Date of Accident 12/09/2022 06:30 (SGT) Exact Location of Accident Singapore Additional Location Information LOR MYDIN PUBLIC CAR PARK LOT 1 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Private car

Auto

4969

Vehicle Registration Number SCZ2Y

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SIANG HOCK HOLDING PTE LTD Company Reg No 1XXXXX681M **Email Address** car.rental@sianghock.com.sg Mobile Phone No. (Phone) +65-98792002 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model **LEXUS** 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? Vehicle Category Transmission CC

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd D-22099205MFZH Policy Number / Cover Note Number

DRIVER

Name of Driver TAY LEE KHENG SXXXX376B NRIC No 01/08/1961 Date Of Birth Indoor Occupation

Date Of Driving Pass 04/10/1985 Driving experience 36 YEARS AND 11 MONTHS Gender Female Mobile Number (Phone) +65-98792002 Alt. Phone Number Email Address car.rental@sianghock.com.sg Address 21 JALAN MASJID Address complement Postcode 418946 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 Hit and run / Vandalism / Damaged whilst parked 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) 0 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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 PLS REFER TO THE ATTACHED STATEMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number SNF5411S Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

Vehicle Category

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

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)

Lunderstand, 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/mei 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 not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan

myoral public

A-5CZ24

Describe Circumstances of the Accident 2022 SCZ 27 MM Vehicle din public PARK CAR L07 Received mound around am A the name Call that h.7 hove onto CAR. 90 SAW Over CAR and B (SNF 54115) hit Rear of Vehicle Vehicle damage

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

Irfan Wood

ACCIENT STATEMENT
ACCIDENT DATE: ($4 \int 9 \int 2022$)(DD/MM/YYYY), TIME($6 : 30$)(HH:MM)
LOCATION: JW MYDIN PUBLE CAR PARK LOTI
1.DETAILS OF VEHICLE
a) VEHICLE NUMBER: SCZ 2 T b) INSURANCE COMPANY: MS FINST CAP. c) POLICY NO: D - 22 099 205 MF 2 M d) POLICY TYPE: (@OMPREHENSIVE/THIRD PATY/THIRD PARTY FIRE & THEFT) e) MAKE/MODEL: Lews LS 600 f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS) g) VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE) h) PURPOSE OF USING AT TIME OF ACCIDENT: Work 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: SIANG HOCK HOLDING PTG LTD (MALE/FEMALE) B) NRIC/FIN/PASSPORT: 19840068111 CONTACT: 98792002 C) ADDRESS: 21 JALAN MASSID SCHIBSAG)
*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER
3. DRIVER
A) NAME: TAV LGE KHENG (MALE/FEMALE) B) NRIC/FIN/PASSPORT: S/49376B CONTACT: 98792002 C) ADDRESS: 21 JALAN MASSID S (418846)
D) DATE OF BIRTH: (01 / 08 / /96 /)(DD/MM/YYYY) E) OCCUPATION: (INDOOR/OUTDOOR) F) YEARS OF DRIVING EXPERIENCE: 37 YAS:
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (VES)NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED :
5.A) WEATHER CONDITION: (CLEAR/ RAINING/OTHERS) B) ROAD SURFACE: (IDRY/WET/OTHERS)
6. WAS ANYBODY INJURED: (YES/NO) 7. REPORTED TO POLICE: (XES/NO) IF YES PLEASE STATE WHICH POLICE STATION:
8.THIRD PARTY VEHICLE: A) VEHICLE NO: SNF 5411S MODEL: C-180 B) DRIVER'S NAME: SIMON C) NRIC.FIN PASSPORT NO.: CONTACT: 86867214
C) NRIC.FIN PASSPORT NO.: CONTACT: 6867214
9. THIRD PARTY VEHICLE: A) VEHICLE NO: MODEL: MODE
C) NRIC.FIN PASSPORT NO.:CONTACT:



MS First Capital Insurance Limited Co. Reg. No. 195000106C GST Reg. No. M2-0001676-9 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) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy.

: HIRED CARS - HIRER DRIVING - FLEET

Type of Cover.

: Comprehensive

Certificate No.

D-22099205MFZH

Vehicle No / Chassis No

SCZ2Y / JTHDU46F005013289

Name of Insured

: SIANG HOCK HOLDING PTE LTD

Period Of Insurance

01.04.2022 To 31.03.2023

Insured Estimated Value

: Market Value At Time Of Loss

Financial Institution

MOTOR CREDIT PTE LTD

EXCESS AS INDICATED BELOW - 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.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess: S\$ 5,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)

S\$ 7,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)

S\$ 2,500.00 on Section I & II separately (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess: S\$ 7,500.00 on Section I & II separately (for Long Term Lease - 1 year or more) S\$10,000.00 on Section I & II separately (for Short Term Lease - less than 1 year)

S\$ 5,000.00 on Section I & II separately (for Staff)

* 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

Limitations as to use*

Use only for the carriage of passengers or goods in connection with the Insured's business. Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired. The Policy does not cover:-

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

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)

JENNY/D0067/MZ406Q

Issued at Singapore on 01.04.2022

Authorised Signature