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*N6: Repair Co-ordination 525 *N7: Fost Repair Inspection 525	*N6: Repair Co-ordination 310 *N7: Post Repair Inspection 325 *N7: Post Repair Inspection 35	Inimant's Particulars: river/Owner: ontact No: armaged Portion: C Checked by (Engr-In-Charge):		1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow- For cleiming 6) TR: Re-insp 7) N1: Idao DA 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / C	tReporting (330); Assessment (\$100); I Fee Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Joection + SMRT Survey ional Services:- Ty Car / Tpt Allowance Co-ordination chair Inspection ollect Excess Coordination	NC (\$80) \$40/\$45 \$120 \$30 \$21,20 \$75 \$75 \$160 \$55 \$510 \$25 \$510	
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*N6: Repair Co-ordination 370 *N7: Fost Repair Inspection 525 *N8: DV / Collect Excess Coordination 55 TP (N11): TP (N-10 INC) against INC 520 9) N12: Idac Mobile 566 Charved	*N6: Repair Co-ordination 575 *N7: Post Repair Inspection 525 *N8: DV / Collect Excess Coordination 55 *N8: DV / Collect Excess Coordination 50 TP (N11): TP (N-1n INC) against INC 520 9) N12: Idaa Mobile 58-56 Charves	Inimant's Particulars:- river/Owner: ontact No: armaged Portion: C. Checked by (Engr-In-Charge):		1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idao DA 8) NTUC Addi OD!* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / C TP (N11): 9) N12: Idao DA	tReporting (330); Assessment (\$100); If Fee Chrough Survey (Resurvey) against INC Only (wef 10 Je cotion + SMRT Survey ional Services:	NC (\$80) \$40/\$45 \$120 \$300 \$2005) \$75 \$5160 \$55 \$510 \$525 \$520 \$30	BILL Add
*N6: Repair Co-ordination 370 *N7: Post Repair Inspection 525 *N8: DV / Collect Excess Coordination 35 TP (N11): TP (N2n INC) against INC 520 *N12: Idae Mobile 30	*N6; Repair Co-ordination 370 *N7; Post Repair Inspection 325 *N8; DV / Collect Excess Coordination 33 *N8; DV / Collect Excess Coordination 33 TP (N11): TP (Non INC) against INC 320 9) N12: Idac Mobile Fee Charged Involve dated Fee Charged	Inimant's Particulars:- river/Owner: ontact No: armaged Portion: C. Checked by (Engr-In-Charge):		1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idao DA 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / C TP (N11): 9) N12: Idao A Invoice dated	tReporting (330); Assessment (\$100); I Fee Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Joection + SMRT Survey ional Services:	NC (\$80) \$40/\$45 \$120 \$300 \$75 \$75 \$160 \$25 \$510 \$25 \$20 \$30 haryed	BILL Add

SN0922BE0002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 14/11/2022 11:30 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab

VERSION: 1 (14/11/2022 11:30 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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

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 Form by insurance companies is not an admission of policy hability 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	14/11/2022 11:30 (SGT) Driver 07/11/2022 14:10 (SGT) Singapore TANAH MERAH COAST RD INSIDE CHANGI EAST PROJECT SITE Singapore

DETAILS OF OWN VEHICLE

Mercedes

		OD 140071	
Vehicle Registration Number	********************************	GBJ1627J	

INSURED/POLICYHOLDER

Is company?	Yes
Name of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Company Reg No	2XXXXX271R
Email Address	car.rental@sianghock.com.sg
Mobile Phone No	(Phone) +65-98792002
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	CITAN 109 CDI EL 5MT 6DR
Variant	-
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to	Employment
your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1461

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099203MFCV/241

DRIVER

Name of Driver	DARPER LIM SENG HWEE
	SXXXX731H
NRIC No	5XXXX/310
	12/05/1968
Date Of Birth	12/03/1900

Occupation Outdoor Date Of Driving Pass 20/08/2015 Driving experience 7 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-81825995 Alt. Phone Number Email Address car.rental@sianghock.com.sg Address BLK 208 YISHUN ST 21 Address complement #09-93 Postcode 760208 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **LEASING** 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 No Collision Weather Conditions Raining 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? No Number of Passengers (Including Driver) 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

No

Was there any video captured by Car Camera?

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 flability 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)

Tunderstand, 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 not the policyholder) / Date

Time

Sketch Plan

TANAH MERGH COAST RA INSIDE CHANGE EAST PROJ

\$ 170

Describe Circumstances of the Accident
On 07/11/2022 @ 02:10 PM I was Dirving the vehicle GBJ1627J inside the Changi East Project site - tanah merah
Coast road it was a bit raining and water along the road suddenly i felt a sudden impact down my vehicle, when i con
down see it was a pot hole i came across which caused impact on my vehicle

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

Witnesses by Reporting Centre
Personnel

Azin/

ACCIENT STATEMENT

ACCIDENT DATE: $(07/11/2022)$ (DD/MM/YYYY), TIME($02:10$ PM)(HH:MM
LOCATION: TANAH MERAH COAST ROAD - INSIDE CHANGI EAST PROJECT SI
1.DETAILS OF VEHICLE
a) VEHICLE NUMBER: GBJ1627J b) INSURANCE COMPANY: MS FIRST CAPITAL INSURANCE LTD c) POLICY NO: D-2209920MFCV/241 d) POLICY TYPE: (COMPREHENSIVE/THIRD PATY/THIRD PARTY FIRE & THEFT) e) MAKE/MODEL: f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS) g) VEHICLE CATEGORY: (PRIVATE/COMNARCIAL/MOTORCYCLE) h) PURPOSE OF USING AT TIME OF ACCIDENT: 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 : SIANGHOCK CAR RENTAL PTE LTD (MALE/FEMALE) B) NRIC/FIN/PASSPORT : 201538271R CONTACT: 9879 2002 C) ADDRESS : 21 JALAN MASJID , SINGAPORE 418946 *CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER
3. DRIVER
A) NAME: DARPER LIM SENG HWEE B) NRIC/FIN/PASSPORT: S6821731H CONTACT: 81825995 C) ADDRESS: APT BLK 208 YISHUN STREET 21 #09-93 SINGAPORE 760208 D) DATE OF BIRTH: (12 / 05 / 1968)(DD/MM/YYYY) E) OCCUPATION: (INDOOR/OUTDOOR) F) YEARS OF DRIVING EXPERIENCE: 7 Y & 3 M
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: RENTAL LEASING
5.A) WEATHER CONDITION: (CLEAR/ RAMING/OTHERS) B) ROAD SURFACE: (DRY/WET/OTHERS)
6. WAS ANYBODY INJURED: (YES/NO) 7. REPORTED TO POLICE: (YES/NO) IF YES PLEASE STATE WHICH POLICE STATION:
8.THIRD PARTY VEHICLE: A) VEHICLE NO: MODEL:
B) DRIVER'S NAME:
B) DRIVER'S NAME :
9. THIRD PARTY VEHICLE: A) VEHICLE NO: MODEL:
B) DRIVER'S NAME :
B) DRIVER'S NAME : 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.

: COMMERCIAL VEHICLE - FLEET

Type of Cover.

: Comprehensive

Certificate No.

: D-22099203MFCV/241

Vehicle No / Chassis No

: GBJ1627J / WDF4156052U254893

Name of Insured

: SIANG HOCK CAR RENTAL 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 DRIVER

Persons or classes of persons entitled to drive*

(1) Whilst the vehicle is being used in connection with the Insured's business:-

(a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-

(a) 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\$1,000.00 on Section I & II separately (for Long Term Lease - 1 year or more) S\$2,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)

S\$1,000.00 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\$3,000.00 on Section I & II separately (for Long Term Lease - 1 year or more) S\$4,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)

S\$2,000.00 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 Vehicle

Limitations as to use*

Use in connection with the Insured's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

Use for social, domestic and pleasure purposes.

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 of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward.

* 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)

SUSAN/D0067/MZ301A9

Issued at Singapore on 31.03.2022

Authorised Signature