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 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.

- 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 17/11/2022 15:57 (SGT) Reported by Driver Date of Accident 16/11/2022 12:30 (SGT) Exact Location of Accident Singapore Additional Location Information Along Sims Avenue towards Upper Changi Road Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsubishi

7545

Vehicle Registration Number YM3264X

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner POH TIONG CHOON LOGISTICS LIMITED Company Reg No 196900049H Email Address jinming.hu@ptclogistics.com.sg Mobile Phone No (Phone) +65-82991887 Alternative Phone No (Office) +65-66628822

VEHICLE PARTICULARS

Manufacturer

Model Fm657msrdec 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? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Policy Number / Cover Note Number D-22099586MFCV/13

DRIVER

Name of Driver Zhan Xianhui Passport No/FIN G2279216X Date Of Birth 16/02/1982 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	10/04/2017 5 YEARS AND 7 MONTHS Male (Phone) +65-82835567 - jinming.hu@ptclogistics.com.sg 657A Jurong West Street 65 - 641657 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender	No 2 No - Yes 2 No No Ng Voon Yee T0072410B (Phone) +65-85491223 nicoleng@asmauto.com.sg Mandarin Siva Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
	M3264X along Sims Avenue towards Upper Changi Road on lane 3. ned red. I then brake my vehicle but my brake is not working well. I side. My vehicle round mirror also dropped.
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	YN8693C

Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Tan Teng Boon
NRIC No	S1289816I
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.
- 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 Standard (CIA) for each like and that project of the second o
- of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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.

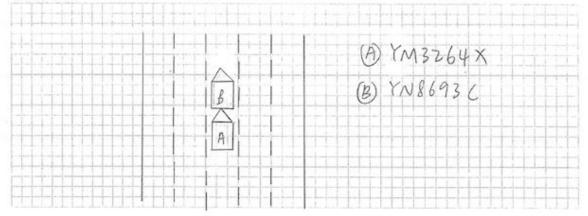
(collectively the "Purposes")

- (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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Dn. 16/11/22 ground 1): 30 hours 1	WAS driving umanimum
on 16/11/22 around (2:30 hours, I vehicle YM3264 X along Sims Aven Changi Road on lane 3. While do the front vehicle stopped as traffic I then brake my vehicle but my wall. I also pulled up my handbrake by the front vehicle rear side. Min a/50 drapped.	us towards Upner
Changi Doud on lane 2 While d	Vivina . I naticed
the fruit valiate stanced as traffer	15.17 toward red
T they broke an valide let	Ly to it not wanting
I then brake my venicle but my	1 still 1-4 states
well pallo bulled up my nandprake bu	7 7111 417 647 6
THE FRONT VEHICLE VEAR SIDE. MI	y conicie round mivoor
also dropped.	
ν.	
Declaration	
	2
We declare the foregoing particulars are true in every respect.	(2000 100)
Jan xian har	(87 g)
Voorge View View	0 /1/

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

Policyholder's Signature / Date & Time

& Time

Witnessed by Reporting Centre

Personnel





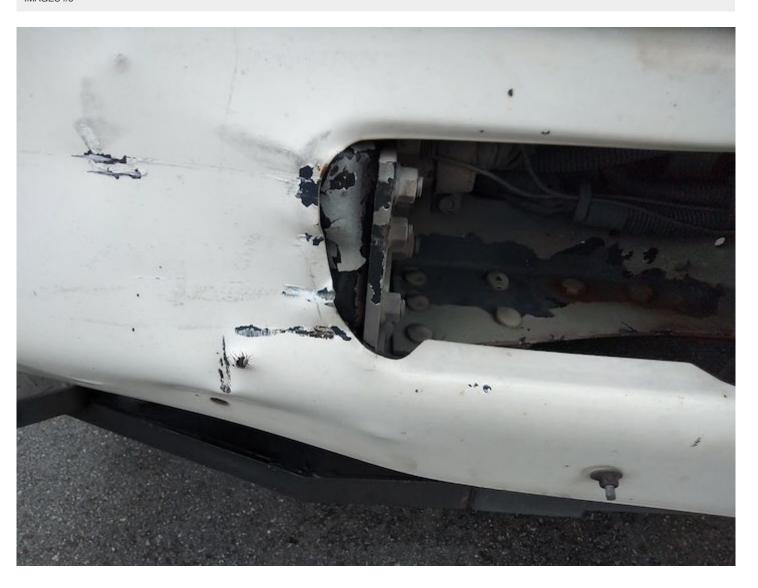












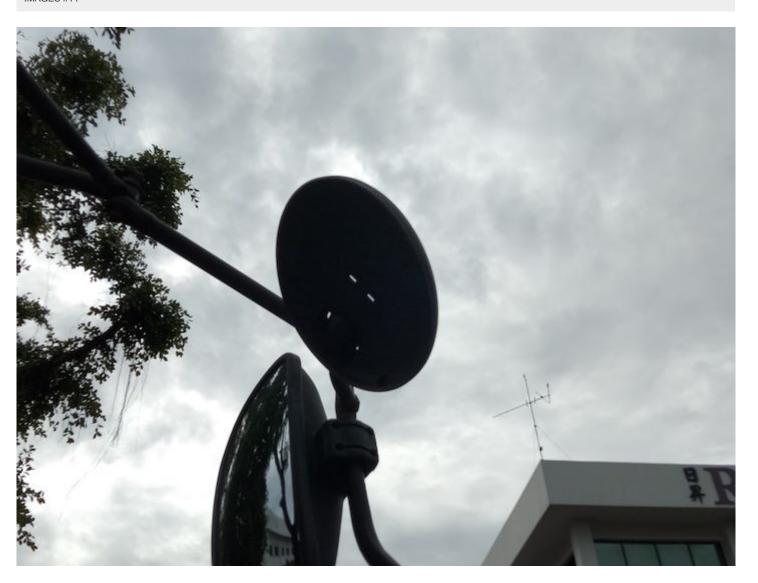






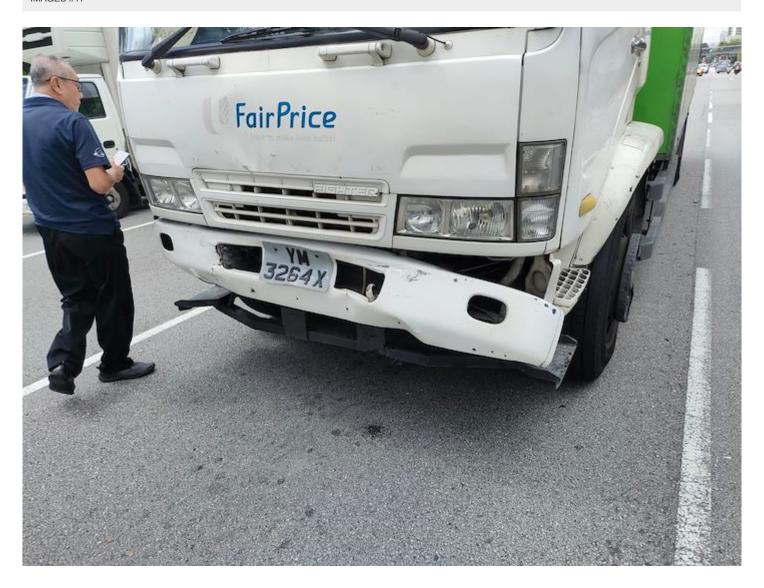


















MS First Capital Insurance Limited Co. Reg. No. 195000108C GST Reg. No. M2-0001676-9 5 Raffles Quay #21-00 Singapore 048580

Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Hotor 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.

: Third Party

Certificate No.

: D-22099586MFCV/13

Vehicle No / Chassis No

: YM3264X / FM657MB10071

Name of Insured

: POH TIONG CHOON LOGISTICS LIMITED

Period Of Insurance

01.07.2022 To 30.06.2023

Insured Estimated Value

0.00

Excess:

SGD3,500.00 SECTION II

AN ADDITIONAL EXCESS OF SGD2,500,00 ON SECTION II 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 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.
- * 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:-

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 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/D0069/MZ301

Issued at Singapore on 30.06.2022

Authorised Signature

A Member of MISSIAIDI INSURANCE GROUP