

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 11/05/2022 18:08 (SGT)
Date of Accident 05/05/2022 08:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLIP RD (TEBAN GARDEN TO WEST COAST ROAD)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ2278S

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 XZU710R 14FT WID CAB 5T MT
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 Manual
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 29/09/21 - 28/09/22

DRIVER

Name of Driver RAVICHANDRAN MANIKANDAN
Passport No/FIN G7177498N

Date Of Birth	12/05/1977
Occupation	Outdoor
Date Of Driving Pass	17/05/2018
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-97781937
Alt. Phone Number	-
Email Address	michelle_yeoh@monzone-aircon.com
Address	-
Address complement	-
Postcode	-
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	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)	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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK5777H
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

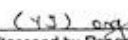
1 VEHICLE NO YQ2278S
2 INSURER CO China Taiping
3 ACCIDENT
DATE & TIME 5/5/22 8:20am

IMPORTANT NOTICE

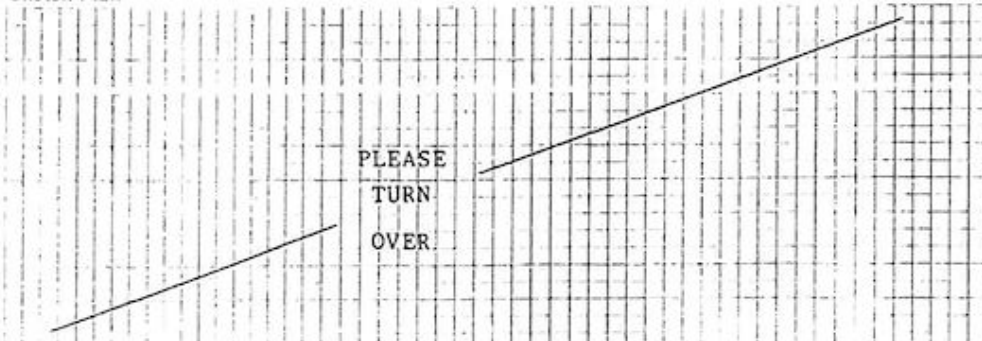
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- 8 **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' lawyers/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 making 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

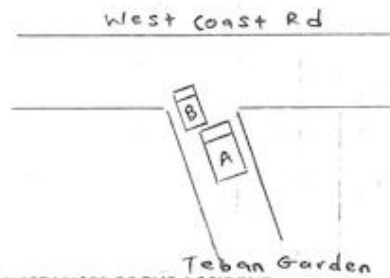

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan



A: YQ 2278S

B: SJK 5777H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DOA: 5/5/22 8:20am

SJK 5777H moved & I followed. SJK 5777H suddenly stop causing my vehicle hit onto rear portion of SJK 5777H.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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



VDO NO: VDO 001172

VEHICLE LOAN DELIVERY ORDER

PARTICULARS OF CUSTOMER	EQUIPMENT PARTICULARS
NAME OF CUSTOMER: ANGLISS SINGAPORE PTE LTD	TYPE OF EQUIPMENT
REGISTERED ADDRESS: 232 PANDAN LOOP S(128420)	MODEL: HINO VEHICLE NO.: 4Q 2278S CHASSIS NO.:
TEL: 6 FAX: 6	HANDPHONE NO: -
CONTACT PERSON:	RENTAL RATES
DELIVERY ADDRESS/SITE:	DAILY RATE: S\$ -
- SELF COLLECTION / DELIVERY REQUIRES -	WEEKLY RATE: S\$ -
PERIOD OF USAGE:	MONTHLY RATE: S\$ 2,050 Before GST.
COMMENCEMENT DATE:	SUB-TOTAL: S\$ -
DATE OF RETURN:	LESS DISCOUNT: -
INSURANCE: INCLUSIVE **Terms & conditions applies	NETT RENTAL: S\$ -
	TRANSPORTATION: -
	GRAND TOTAL: -
	*INTEREST ON LATE PAYMENT AT 1.5% PER MONTH
<p>I/WE, THE CUSTOMER & DRIVER, HAVE READ AND HEREBY ACCEPT & AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT.</p> <p>- 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.</p> <p>- 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</p> <p>**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.</p> <p>ALL DAMAGES CLAIMS FROM 3RD 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 3RD 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.</p>	<p>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.</p> <p>INSURANCE EXCESS: REFER TO TERMS AND CONDITIONS.</p> <p>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.</p> <p>DATE OF CONTRACT:</p>
FOR AND ON BEHALF OF THE CUSTOMER *	REMARKS: RENT for 2+1 years AT \$2,050 Before GST.
CLIENT SIGNATURE (CO-STAMP) ANGLISS SINGAPORE PTE LTD	FOR AND ON BEHALF OF THE OWNER
232 Pandan Loop Singapore 128420 Tel: (65) 6778 8787 Fax: (65) 6778 3966 RCB Reg. No. 194800011H	AUTHORISED SIGNATURE



VEHICLE DELIVERY ORDER NR: VDO 001172

VEHICLE NO	YQ22788	Fuel Type : DIESEL
MODEL	HINO.	Fuel Tank Level:
SYSTEM TYPE		
BASIS OF CHARGES:		
CUSTOMER NAME:		R ¼ ½ ¾ F
ANGUSS SINGAPORE 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: (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	21/6/2020.	
Refer to Page 1 Additional terms & conditions	Collect by (Name):	Return by (Name):
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.	Sign: *	Sign
INSURANCE ACCESS: KINDLY REFER TO THE TERMS AND CONDITIONS	For And On Behalf of The Customer:- * .	
	Signature & Company's stamp Customer's signature signifies acceptance of agreement	















