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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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 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 16/02/2023 13:57 (SGT) Reported by Driver Date of Accident 16/02/2023 05:54 (SGT) Exact Location of Accident Singapore Additional Location Information BEDOK NORTH ROAD STREET 3 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC8098B

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) +65-90823869 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Nissan Model Nv200 Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 1461

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Policy Number / Cover Note Number D-22099214MFCV/113

DRIVER

Name of Driver WANG ZHONGWEI Passport No/FIN GXXXX334L Date Of Birth 17/11/1973 Occupation Outdoor

Date Of Driving Pass 12/11/2021 Driving experience 1 YEAR AND 3 MONTHS Gender Male Mobile Number (Phone) +65-88958909 Alt. Phone Number Email Address car.rental@sianghock.com.sg Address 15 JALAN TEPONG, JURONG FOODHUB Address complement # 04-05 Postcode 619336 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured RENTAL 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 Side Swipe 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 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 PLEASE 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 SHC7181D Vehicle Manufacturer Hyundai Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver

CHAN HUA TIONG SXXXX183Z

Address	(Phone) +65-97497933
Address complement	U.
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/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 Sign	2 2hon / We I ature (If driver is not the policyholde	Witnessed by Reporting Centre
Sketch Plan Bedok North Ro	ad Street 3	BEDOK NOONH SERES Z
A-GBC8098B B-SHC781D	84 k 359 A	

Describe Circumstances of the Accident	
On 16/02/2023 @ 05:54 Am 1 was	Principa Ha Vehicle
GBC 8098R. Along RIK 359A Bea	lox North road
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Declaration

UEN: 201538271R

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

ACCIENT STATEMENT

ACCIDENT DATE: (10) 0 = 1 FOL3 (IDD/MM/YYYY), TIME(US : 3 4 AH)(HH:MM)
LOCATION: BEDOK NORTH ROAD - STREET 3.
1.DETAILS OF VEHICLE
a) VEHICLE NUMBER: GBC 8098B b) INSURANCE COMPANY: MG FLOST CADITAL. c) POLICY NO: 1) -22099 244 MFCV/113 d) POLICY TYPE: (COMPREHENSIVE/THIRD PATY/THIRD PARTY FIRE & THEFT) e) MAKE/MODEL: NISSAN NO 200
f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS) B)VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE) h) PURPOSE OF USING AT TIME OF ACCIDENT: Locatal Loa Cina
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: STANGHOCK CAR RENTAL PTELTD(MALE/FEMALE) B) NRIC/FIN/PASSPORT: 2015 38 2 7 1 2 CONTACT: 90823869 C) ADDRESS: 21 JALAN MASJID SLEEB 946 Car. rental @ Stanghock. Com. *CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER
3. DRIVER
A) NAME: WANG ZHONGWET (MALE/FEMALE) B) NRIC/FIN/PASSPORT: G188493341. CONTACT 88958909 C) ADDRESS: 15 JIN TERONG #104-05 JUPONG F009 HUB 5 619336 D) DATE OF BIRTH: (17 / 11 / 1973) (DD/MM/YYYY) E) OCCUPATION: (INDOOR/OUTDOOR) F) YEARS OF DRIVING EXPERIENCE: Y 8 3 M.
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Leasing
5.A) WEATHER CONDITION: (CLEAR/ RAINING/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: SHCFIBIT MODEL: HYDUDAL B) DRIVER'S NAME: CHAN GUATION
C) NRIC.FIN PASSPORT NO.: S1379183Z CONTACT: 97497933
9. THIRD PARTY VEHICLE:
A) VEHICLE NO:MODEL:
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.

: Third Party

Certificate No.

: D-22099214MFCV/113

Vehicle No / Chassis No

GBC8098B / VSKYBAM20U0015936

Name of Insured

: SIANG HOCK CAR RENTAL PTE LTD

Period Of Insurance

: 01.04.2022 To 31.03.2023

Insured Estimated Value

: 0.00

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 All Claims (for Long Term Lease - 1 year or more)

S\$2,500.00 on All Claims (for Short Term Lease - less than 1 year) S\$1,000.00 on All Claims (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 All Claims (for Long Term Lease - 1 year or more)

S\$4,500.00 on All Claims (for Short Term Lease - less than 1 year)

S\$2,000.00 on All Claims (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 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/MZ301A10

Issued at Singapore on 01.04.2022

Authorised Signature