SN09235A000C / National Assessment Centre Services [408933] ENTRY DATE & TIME: 10/05/2023 17:37 (SGT) SUBMITTED BY: NIVITHA VERSION: 1 (10/05/2023 17:37 (SGT))

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 10/05/2023 17:37 (SGT) Reported by **Actual Driver** Date of Accident 27/04/2023 13:20 (SGT) Exact Location of Accident Singapore Additional Location Information WHARF 9 & ROAD 166 JUNCTION-BUKOM Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Manual

2982

Vehicle Registration Number PC3431P

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

Model Hiace 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 Yes your vehicle? Vehicle Category Commercial vehicle

Transmission

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Policy Number / Cover Note Number D-23100894MFBP/8

DRIVER

CC

Name of Driver ROGERO ROMMEL MANIPOL NRIC No SXXXX541F Date Of Birth 16/03/1968 Occupation Outdoor

Date Of Driving Pass 20/10/2001 Driving experience 21 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-97807201 Alt. Phone Number Email Address car.rental@sianghock.com.sg Address APT BLK 273C JURONG WEST AVENUE 3 Address complement # 15-01 Postcode 643273 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 Collided into Property Weather Conditions Clear Road Surface Dry 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? Yes 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 PASSENGER 1 Name **UNKNOWN** Gender PASSENGER 2 Name **UNKNOWN** Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED POLICE STATEMENT ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Was there any video captured by Car Camera?

| Vehicle Registration Number | SENSOR |
|---|------------|
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Government |
| 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.
- 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.
- 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.
- 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)

l 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 deta/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 & Drive's Signature / (# driver is not the policyholder) / Date A Tirre

Sketch Plan Whalf 9 Road 166 Junchion - Bukom

BUKOM ISLAND

WHALF 9.

A - PC3431 P

B - H28 Gas Alarm

Sensor

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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



INTERVIEW PROFORMA

| | Witness Accused B | I.P/No: | Report No: | |
|---|---------------------------------|-------------------------------|---|--|
| Name: Rogero Rommel Man | ipol | Sex Male | Age. 55 | |
| Date of Birth 19.03.1968 | NRIC/ Passport No. S6862541F | Nationality Singaporean | Occupation Engineer | |
| Address: | | Vehicle No. PC 3431P | | |
| Place of Employment Sulzer Singapore Pte | | | Telephone No. (O) (HP) 97807201 | |
| at (time) 1450 hrs. | The second control and | corded on(date) /04/2023 | at (place) Bukom Auxiliary Police Station | |
| | | Recorded by Mohamed Haniff | Rank. of Recording Officer Staff Sergeant (SSG) | |

NOTE: The account given in the proforma is to be signed by the interpreter and the recording officer where applicable.

On the 27th of April 2023, Thursday, at about 1320hrs, I was driving along Rd 166, Wharf 9, driving on straight road with no vehicle in-front and behind as I was constantly checking on the traffic. As I approached the Wharf 9 & Rd 166 junction, I slowed down and checked the rear view mirror. Next thing I realised, I felt an impact like going over a hump and felt that something was underneath the vehicle. I then realised that the vehicle had hit a H2S gas alarm sensor along the said road. With me was two more passengers. I then alighted from the vehicle PC 3431P to inspect the damaged done. The front right side of the white colour Toyota van sustained damaged and also seen debris scattered along the road. I then informed MTAC Mr. Desmond Lim and few other peoples of the accident. The three of us later went to Bukom Clinic to be examined and was conveyed by safety Officer Mr. Naresh. That's all.

Questionnaire Asked?

- 1. Had the driver been awake for more than 15hrs at the time of incident?
- Ans: No.
- 2. Had the driver had less than 5 hrs sleep in the last 24hrs?
- Ans: No.
- 3. Had the driver less than 12hrs of sleep in the last 48hrs?
- Ans: No.
- 4. Was the driver sleep broken or disturbed?
- Ans: No.
- 5. Did the driver exhibit any signs of fatigue?
- Ans: No.
- 6. Any injury to the driver?
- Ans: No.

2

7. How long have the driver had his driving licence?

Ans: 22 years. Tem

I affirmed the above account given by me is true and correct.

Rogero Rommel Manipol S6862541F SSG 14 Md Haniffa Duty Team Leader Bravo















