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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.

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

22/05/2023 17:38 (SGT) **Actual Driver** 20/05/2023 14:45 (SGT) PIE, Singapore TOWARDS CHANGI (BEFORE CTE/SLE EXIT) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBK1129A

INSURED/POLICYHOLDER

Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

Is company?

Yes RIDPEST PTE LTD 1XXXXX076N dan@ridpest.com.sg (Phone) +65-97377190

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model

Nissan Nv200

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?

Vehicle Category Transmission CC

Employment

No - Claiming third party Commercial vehicle

Manual 1598

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number India International Insurance Pte Ltd D19MCV0006763 03

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

HO SIEW ONN SXXXX074G 05/12/1958 Outdoor

13/10/1979 Date Of Driving Pass 43 YEARS AND 7 MONTHS Driving experience Male Gender (Phone) +65-96489346 Mobile Number Alt. Phone Number dan@ridpest.com.sg Email Address BLK 406 TAMPINES STREET 41 #10-03 Address Address complement 520406 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured **Employee** 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 Chain Collision Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Yes 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH AND ATTACHMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No DETAILS OF OTHER VEHICLE PROPERTY 1 PC7283Z Vehicle Registration Number Vehicle Manufacturer

Commercial vehicle

Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category 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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF8909X
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	•
Vehicle Colour	•
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	
Address complement	-
Postcode	1-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

HO SIEW ONN Male (Phone) +65-96489346
-
-
-
BODY PAIN
GBK1129A
Yes
No

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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)

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 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' 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.

Policyholders Signature / Date & Time

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

Witnessed by Reporting Centre Personnel Name as in NRIC/ID card)

Sketch Plan

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Pescribe Circumstance of the Accident	
	/
Refer to Attached	
Refer 50 Affacties	

Declaration

I/We declare the foregoing particulars are true in every respect.

olicyholiere Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

On 20.05.2023 at about 14:45 hours along PIE towards Changi (Before CTE/SLE Exit), I was travelling straight on lane 2 at the above mentioned location and when the front vehicle (C) slowed down and stopped, hence I also followed suit.

Suddenly, I heard a loud bang from behind and the great impact forced my vehicle (A) to propel forward and hit onto the front vehicle (C). When I alighted, I then realised it was vehicle (B) that collided onto the rear portion of my vehicle (A), thus causing damages onto the front and rear portion of my vehicle (A).

Vehicle (A): GBK 1129A

Vehicle (B): PC 7283Z

Vehicle (C): GBF 8909X

RIDALIS T

au 22/05/2003



SINGAPORE ACCIDENT STATEMENT

Accident Date: 20/05/2023 Time: 14:45 (hh:m	m) 24 hr format
Location PIE towards Changi (Before CTE/SLE Exit	
7,700 (2)	
Vehicle Number GBK 1129A	
Insured Name Ridpest Private Limited	
NRIC/FIN 197301076N Contact Number 973	F 7190
Make Nissan Model NY200 1.5MT	, , , , ,
Make Nissan Model NV200 1.5 MT Are you claiming under your own insurance policy for repair to your vehicle?	
() Yes If No,Pls select: (/) Third Party () Reporting	
Insurance Company India International	() TP Only
Type of Policy (/) Comphensive () Third Party Fire & Theft	() II Only
Policy Number DIAMCV0006763_03	
Name of Driver Ho Siew Onn)Same as Insured
NRIC / FIN \$13080746 Contact Number 964	8 9346
Date of Birth 05/12/1958	
Diving Page Date 13 10 10 #G	-
Occupation () Indoor (/) Outdoor	
)NO EMAIL
Email Address dan @ ridpest.com.sg	
Address of Driver BLK 406 Tampines Street 41 #10	7-03
Singapore 520406	
Was driver an employee of the Insured's Company? (/) Yes () No	
If No, Relationship of the Driver with the Insured	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
() Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No	
If Yes, Vehicle Registration Number of Driver's Own Vehicle	
Insurance Company of Driver's Own Vehicle	
Weather Conditions (/) Clear () Raining () Others	
Road Surface (/) Dry () Wet () Others	
Was any foreign vehicle involved in this accident? () Yes (/) N	
Was anybody injured in the accident? (/) Yes () N	0
If yes, injured detail Driver - Body Pain	
Was there any video captured by Car Camera? () Yes (/) No	
	s attach police repor
DETAILS OF 3 rd party Name / Nric	Contact
Veh B PC7283Z	
Veh C GBF8909X	
Veh D	
Veh E	
Veh F	

Driver Only



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711

Office (65) 63476100 Email insure@iii.com.sg Fax (65) 62244174 Website www.ili.com.sg

CERTIFICATE OF INSURANCE

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D19MCV0006763 03

COVER: Comprehensive

1. Index Mark and Registration Number of Vehicle

GBK1129A

Chassis No

VSKYBAM20Z0180009

2. Name of Policyholder

RIDPEST PTE LTD

3 Effective date of Insurance

28 Dec 2022

4. Expiry date of Insurance

27 Dec 2023

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder'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*

a) Use in connection with the Policyholder's business.

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

c) Use for social, domestic and pleasure purposes.

The Policy does not cover

a) Use for hire or reward.

b) Use for racing, pace-making, reliability trial or speed-testing.

c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

*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.

Excess Sect I

: SGD600.00

Windscreen Excess: SGD100.00

Hire Purchase Company : DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE. ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.

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).

Agent/Broker

: A000041/P & CINSURANCE AGENCY

Date of Issue

: 27/12/2022 17:21:21

M.Z. 300C - GOODS CARRYING(ORGANIZATION)

For India International Insurance Pte Ltd

Nalini Venugopal MD & CEO