

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 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	06/07/2023 17:23 (SGT)
Reported by	Actual Driver
Date of Accident	06/07/2023 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	21 TAMPINES AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6606H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FIRST OCEAN FOODS PTE LTD
Company Reg No	2XXXXX766M
Email Address	sales@firstocean.com.sg
Mobile Phone No	(Phone) +65-89104061
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R-HKFMS3
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	4009

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300872375 MKC

DRIVER

Name of Driver	PARAMASIVAM CHOLAN
Passport No/FIN	GXXXX386W
Date Of Birth	20/04/1987
Occupation	Outdoor

Date Of Driving Pass	28/12/2021
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89104061
Alt. Phone Number	-
Email Address	sales@firstocean.com.sg
Address	KA FOODLINK , 171 KAMPONG AMPAT
Address complement	# 01-03
Postcode	368330
Is the driver the policyholder?	No
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

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	SFF5177M
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PARAMASIVAM CHOLAN
Gender	Male
Phone No	(Phone) +65-89104061
Address	KA FOODLINK , 171 KAMPONG AMPAT
Address Complement	# 01-03
Post Code	368330
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK
Injured person in which vehicle?	YP6606H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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)**

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.

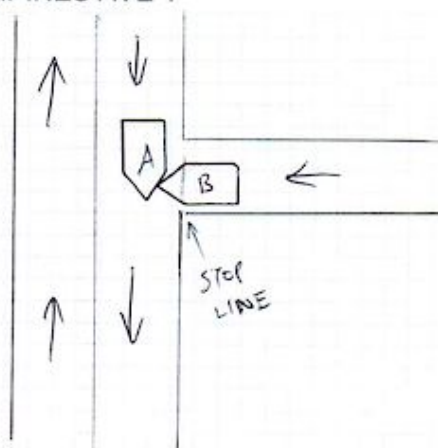
海裕食品私人有限公司
FIRST OCEAN FOODS PTE. LTD.

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

James 6/7/23
Witnessed by Reporting Centre Personnel

Sketch Plan

21 TAMPINES AVE 1



A: YP6606H
B: SFF5177M

Describe Circumstances of the Accident

I (YP6606H) WAS TRAVELLING ALONG 21 TAMPINES AVE 1. SUDDENLY, VEHICLE B (SFF5177M) EXITING SIDE ROAD ON MY LEFT, FAILED TO STOP BEFORE THE STOP LINE AND COLLIDED WITH THE LEFT PORTION OF MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

P. Choh
Policyholder's Signature / Date & Time

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

gmu 6/7/23
Witnessed by Reporting Centre Personnel

海裕食品私人有限公司
FIRST OCEAN FOODS PTE. LTD.







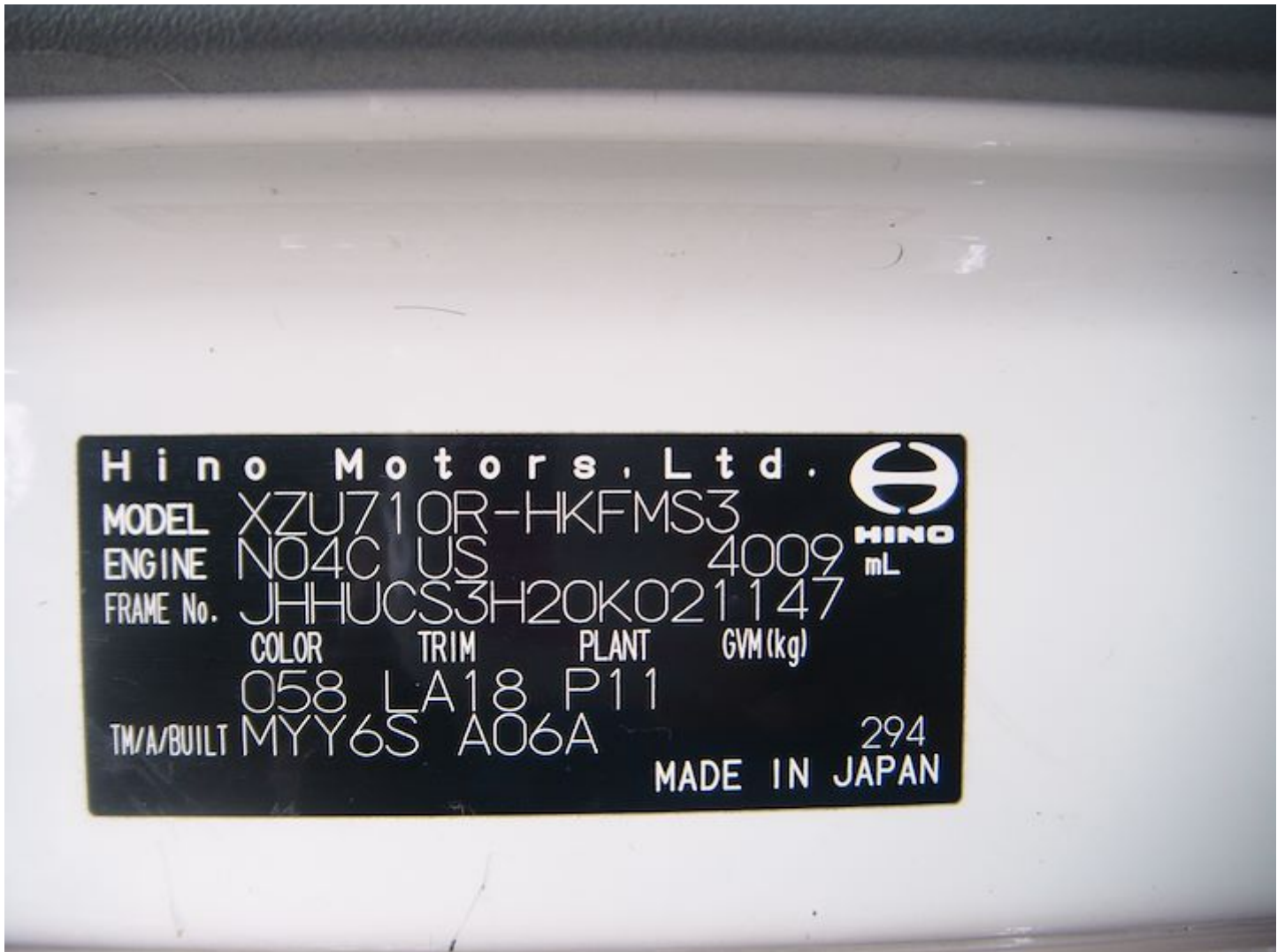














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SL0223760001 Vehicle Registration No: YP 6606H
 Name (as shown in NRIC): Paramasivam Cholen NRIC/FIN/Passport No: G251538640
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: KA Foodlink, 171 Kompong Ampet # 01-03 Singapore (368330)
 Contact (Tel): _____ Mobile No.: 8910 4061
 Email Address: sales@histocare.com.sg
 Date of Accident: 06/07/2023 Time of Accident: 13:30
 Place of Accident: 21 Tampines Avenue 1
 Insurance Company: MSIG

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend add vehicle property - SFFSIF7M

Policyholder / Actual Driver's Signature
 Date:

[Signature] 18/7/2023
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: