SA1J237E0001 / ASM Automotive Services Pte Ltd ENTRY DATE & TIME: 14/07/2023 09:42 (SGT) SUBMITTED BY: Nicole Ng VERSION: 1 (14/07/2023 09:42 (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.

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 14/07/2023 09:42 (SGT) Reported by **Actual Driver** Date of Accident 12/07/2023 10:30 (SGT) Exact Location of Accident Singapore Additional Location Information Along Tuas Basin Link (near 12 Tuas Basin Link) Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number XE3273Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner POH TIONG CHOON LOGISTICS LIMITED Company Reg No 196900049H Email Address jinming.hu@ptclogistics.com.sg Mobile Phone No (Phone) +65-66628822 Alternative Phone No (Office) +65-66628822

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model FUSO FP51SDR3VDEA 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 Auto CC 11967

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Policy Number / Cover Note Number D-23101246MFVS/44

DRIVER

Name of Driver Kwok Yin Kit NRIC No S1200195I Date Of Birth 10/02/1956 Occupation Outdoor

Date Of Driving Pass 02/10/1979 Driving experience 43 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-80108724 Alt. Phone Number Email Address jinming.hu@ptclogistics.com.sg Address Apt Blk 476A Yishun Street 44 Address complement Postcode 761476 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 Collision - Major/Minor Rd 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 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 Refer to attached sketch plan. 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 GBK8840H Vehicle Manufacturer Toyota Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

Lee Geok Soon

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)		_

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 4. The issue and acceptance of this Formby 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 w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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;
- (ii) carrying out and/or dealing w ith 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 Purposa

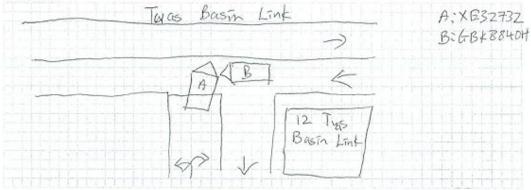


Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Sketch Plan



Describe Circumstances of the Accident

On 12/07/2023 at about 1030 hours, I was driving Vehicle

A XE3273Z along Twas Basin Link. I was turning right

into Twas Basin Link at the uncomprolled intersection. I was
checking for traffic from my left side. Suddelily,

Vehicle B GBK8840H came from my right and our valides
collided.

No one was Typiced.

Declaration

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



Policyholder's Signature / Date &

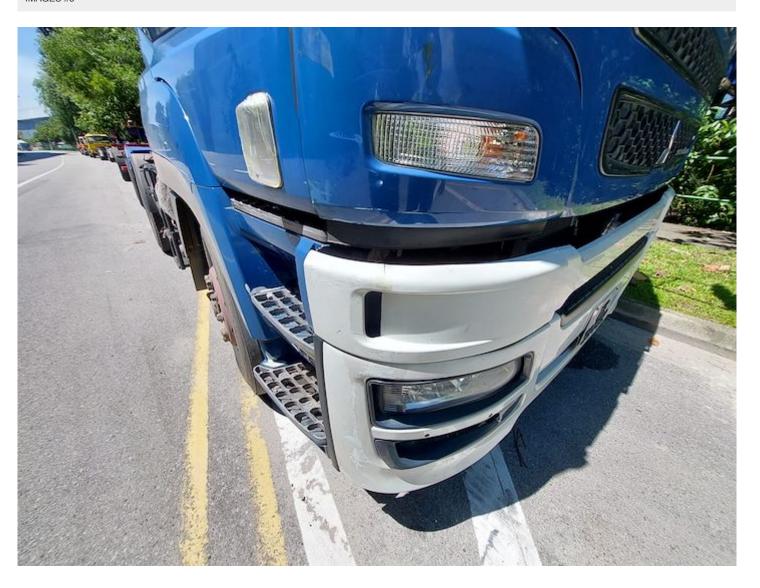
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel









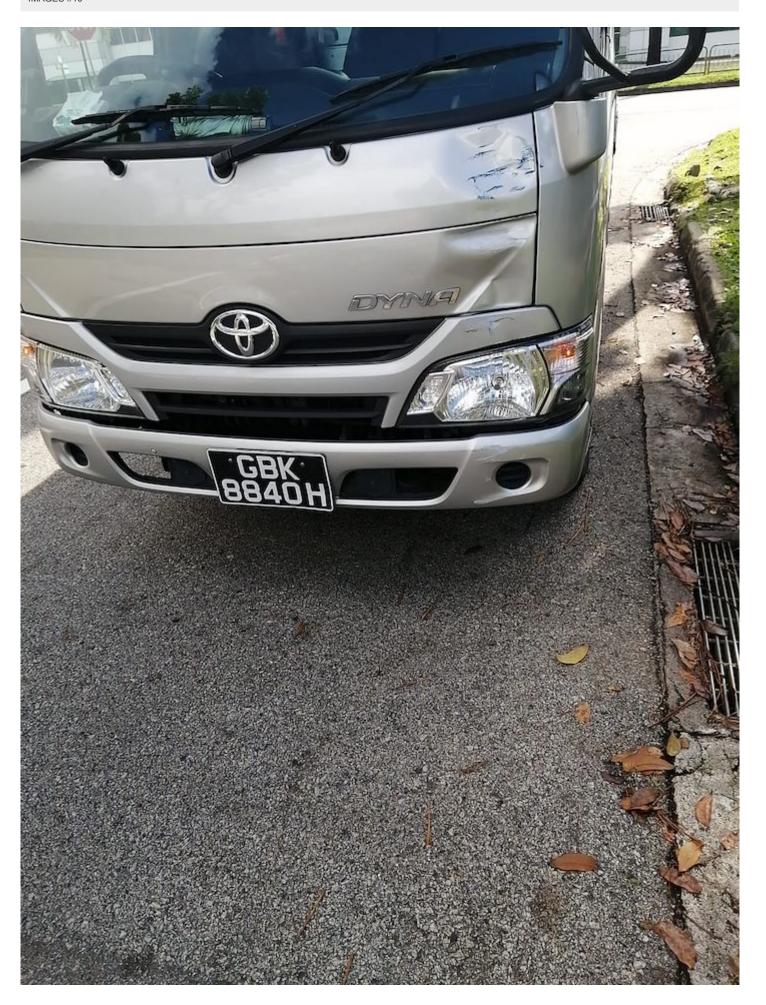














Company Reg. No. 195000106C GST Reg. No. M2-0001676-9

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. FLEET - HEAVY COMMERCIAL VEHICLE

Type of Cover. : Third Party

Certificate No. : D-23101246MFVS/44

Vehicle No / Chassis No : XE3273Z / FP51SDA20215

Name of Insured POH TIONG CHOON LOGISTICS LIMITED

Period Of Insurance : 01.07.2023 To 30.06.2024

Insured Estimated Value : 0.00

Excess:

SGD3,500.00 SECTION II AN ADDITIONAL EXCESS OF SGD2,500.00 ON SECTION II IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE ALL EXCESS AMOUNTS ARE SUBJECT TO GST

Authorised Driver*

ANY AUTHORISED DRIVER

Persons or classes of persons entitled to drive*

Any person who is driving on the Insured'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*

- (1) Use in connection with the Insured's business.
- (2) Whilst the Motor Vehicle is being so used the carriage of passengers is permitted.

The Policy does not cover:-

- (1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a greater no. of trailers in all that is permitted by law.

* 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)

LIC.

SUSAN/D0069/MZ801A1

Issued at Singapore on 28.06.2023

Authorised Signature

MS First Capital Insurance Limited 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547 www.msfirstrapital.com.s Claims 8 Motor Underwriting Dept: 16 Raffles Quay #42-01 Hong Leong Building Singapore 048581 Tel: (65) 6507 3848 Fax: (65) 6507 3849