

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 5. Intermitted in provided midst be as it dufficing and accurate as possible. Any white misteries entailed to witholding of material facts may allow insurance companies to reputing 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 First Submission 22/11/2024 15:20 (SGT) Reported by Actual Driver Date of Accident 21/11/2024 08:38 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG UPPER BUKIT TIMAH Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

CAMC

Vehicle Registration Number WD6313P

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner GR ENGINEERING SERVICES PTE. LTD. Company Reg No 201118157K Email Address ANDY.LEE@PAS.SG Mobile Phone No (Phone) +65-92366363 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model HN5311X40D9M6 Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 11813 Vehicle Fuel First Regisration Date

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2009053157-01

DRIVER

Effective Date/Time of Ownership

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	DHATCHANAMOORTHY VIJAYAKUMAR G8174873Q 03/05/1984 Outdoor 21/02/2020 3 Valid 4 YEARS AND 9 MONTHS Male (Phone) +65-83008173 - ANDY.LEE@PAS.SG 48 SUNGEI KAKUT ST.1 - No Employee No		
GENERAL INFORMATION OF THE ACCIDENT			
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry		
OTHER INFORMATION			
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? 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? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No		
DETAILS OF POLICE ACTION			
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -		
CIRCUMSTANCES OF ACCIDENT			
REFER TO SKETCH PLAN			
ATTACHMENT(S)			
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes		
DETAILS OF OTHER VEHICLE PROPERTY 1			
Vehicle Registration Number Vehicle Manufacturer	SLE6455H -		

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)	_

SKETCH PLAN

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- 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.
- This report will be forwarded by the insurers to the GfA 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 Singapure ("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 sattlement 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, disclosed the insurers' lawyers, and

ay/can be disclosed by any of the insurers and/or GIA to their third-party service providers or agents.

(including (la (le lie a))), which may be sited outside of Singapore, for one or more of the above Purposes.

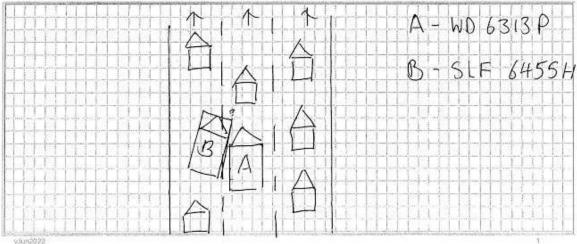
Policyholder Signature / Date & Time

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

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

Sketch Plan

(c) my P



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REG No: 201118157K		
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W	Time Actual Driver's Signature (if driver is not the policyho	elder) Witnessed by Reporting Centre Personne
cyholder's Signature / Date & 7	/ Date & Time	(Name as in NRIC/ID card)

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Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1956 (FEOERATION OF MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 185 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1966 (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1960
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number

SP2009053157-01

Date of Issue

: 21 December 2023

Coverage

COMPREHENSIVE - AUTHORISED WORKSHOP

Policyholder Name

GR ENGINEERING SERVICES PTE. LTD.

Period of Insurance

29 December 2023 to 28 December 2024

Finance Company Registration No.

UNITED OVERSEAS BANK LIMITED

: WD6313P

Chassis Number of Vehicle

: LZ5N2DE5XNB005151

Persons or Classes of Persons Entitled to Drive*:

- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with the his/her permission.

Limitation as to Use^:

- Use in connection with the Policyholder's business.
- Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- Use for social, domestic and pleasure purposes

Limitation rendered inoperative by Section 8 of 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.

Policy does not cover:

- (a) Use for racing, pace-making, reliability trials or speed-testing.
- Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

IWe 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).

21 December 2023

Issue Date

Hicham Raissi Chief Executive Officer Allianz Insurance Singapore Pte. Ltd.

Intermediary Code: 0000384 VIRTUAL INSURANCE AGENCIES PTE LTD

Excess

Section 1 : Own Damage : Section 1 : Windscreen

Section 2 : Liabilities to Third Parties

SGD SGD SGD

2000 200 0

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg

^{*} Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act. (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.







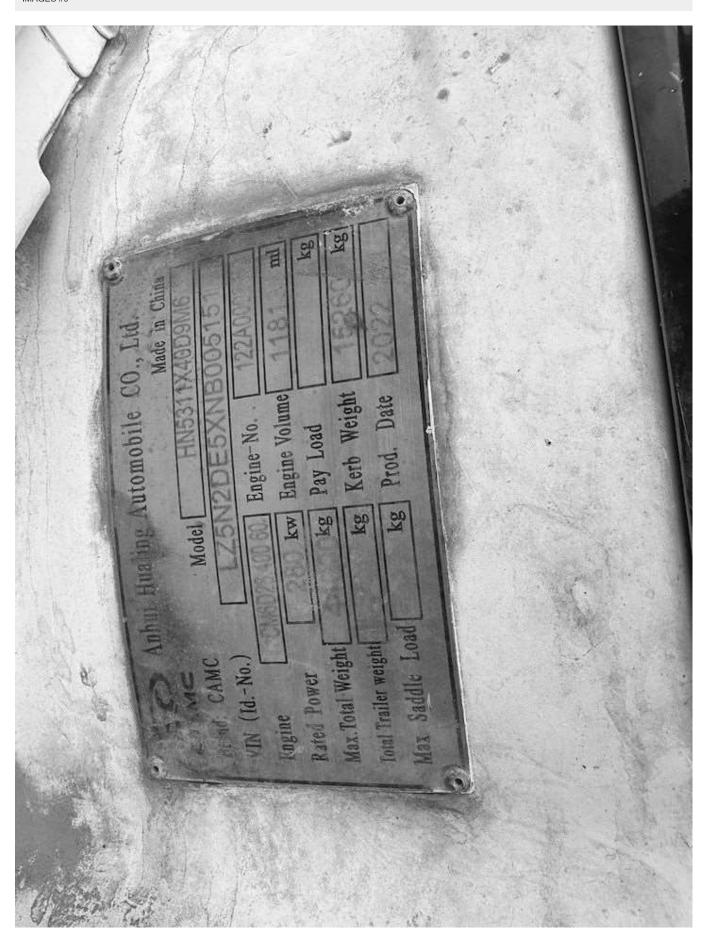














To Whom It May Concern,

Accident involving my vehicle no WD 63/3P on 21/11/2024 (date) with SLF 6455H (other veh no) along upper Bukit Timah

I, GR ENGINEERING CERVICES PTE PRIC NO: 201118157K owner of vehicle no - 6313P am aware of the accident of my vehicle on 21 11 2024 (Date) while car was driven by DHATCHAHA MOORTHY VIJAYA KUMAR IC No: 68174873QI hereby authorise him/her to make the report.

Name GR Engineering Survices

Date: 21/11/2224.

Date: 21/11/2024

Attn: Motor Claim Department

Dear Sir/Madam,

Re: LETTER OF AUTHORISATION FOR DHATCHANAMOORTHY VUAYAKUMAR(Fin No.G8174873Q) TO DRIVE WD6313P on 21/11/2024.

I/We the owner of GR ENGINEERING SERVICES PTE LTD (Uen No 201118157K) authorize Mr <u>DHATCHANAMOORTHY VIJAYAKUMAR</u> (Fin No G8174873Q) to drive and file the accident report for WD6313P that happened on 21/11/2024



