

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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 First Submission 15/05/2024 11:09 (SGT) Reported by **Actual Driver** Date of Accident 10/05/2024 17:20 (SGT) **Exact Location of Accident** Singapore Additional Location Information TAGORE LANE NEXT TO 25 TAGORE LANE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Byd

Auto

Vehicle Registration Number GBL9622J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner EBENEZER LOGISTICS PTE. LTD. Company Reg No 2XXXXX844Z **Email Address** ENQUIRY@EBENEZER.COM.SG Mobile Phone No (Phone) +65-97617446 Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer

Model T3 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

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5131997704-01

DRIVER

Name of Driver AMARAN AZHAGIRI Passport No/FIN GXXXX342L Date Of Birth 15/03/1994 Occupation Outdoor

- Driving Pass Date 13/05/2022 Driving experience 2 YEARS Gender Mobile Number (Phone) +65-97617446 Alt. Phone Number Email Address ENQUIRY@EBENEZER.COM.SG Address 33 KIAN TECK WAY Address complement ... Postcode 628746 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 - Cross Junction 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 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 ZHANG SENHE Name **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? **DETAILS OF OTHER VEHICLE PROPERTY 1** GBC8861P Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

- Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	
NRIC No	FOO HOH LEE
Contact Number	SXXXX395C
Address	(Phone) +65-97668859
Address complement	BLK 359 ADMIRALTY ROAD, #11-186
Postcode	- 750359
Insurance Company Name	750559
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	
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SKETCHPLAN

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- Information provided must be as Itability and accurate as possible. Any wilful inverpresentation or withholding of material facts may allow ensurance companies to inquidinte collect yearby.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the bart 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 Managament Centre established by the General Insurance Association or Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested plantes.
- By the lodgement of this report to the insulers, 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") maylare 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 ad 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' havyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(f) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(li) 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 making 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 taw 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 corect 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-pady service providers or agents Uncluding their lawyers and finally which may be seed outside of Singapore, for one or more of the above Pulposes.

Poscyhalanna, Signatura (Lann & Time

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

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

TAGORE LANE

TAGORE LANE

VEH A (GBL-9625-3)

VEH B (GBC 3361 P)

VEH B (GBC 3361 P)

13/00/24 1000HDS

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ENDED ON	MY CEBT JOYJ) DEV	HR SIDE DOOR.	1 (GBL 9622J) W	AS.
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13/05/24

Policyholder's Signature / Date & Time

Actual-Driver's Signature (if driver is not the policyholder)

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

vJun2022

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company	
Owner ID: /ehicle Details	844Z	
/ehicle No.:	GBL9622J	
/ehicle to be Exported:	Yes	
ntended Deregistration Date:	23 Jul 2024	
Vehicle Make:	BYD	
Vehicle Model:	ET3	
Primary Colour:	White	
Manufacturing Year:	2022	
Engine No.:		
Chassis No.:	LC0CE4DB6N0065661	
Maximum Power Output:	•	
Open Market Value:	\$23,078.00	
Original Registration Date:	12 Aug 2022	
First Registration Date:	12 Aug 2022	
Transfer Count:	1	
Actual ARF Paid: Intended PARF Rebate Details	\$1,154.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	11 Aug 2032	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
PQP Paid:	\$52,602.00	
COE Rebate Amount:	\$42,081.00	
Total Rebate Amount: Message	\$42,081.00	

The information contained herein is correct as at 23 Jul 2024