

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 Authorised 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 ability.
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 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 Report | 29/11/2017 14:19 |
| Date Of Accident | 28/11/2017 14:30 |
| Exact Location Of Accident | JUNCTION OF TUAS BAY DRIVE AND TUAS CRESCENT ROAD. |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | GZ7664T |
| Insured/Policyholder | |
| Name Of Registered Owner | STVE PTE LTD |
| Co Reg No | 198703585C |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-94880862 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | MITSUBISHI |
| Model | L300 HR M |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|-----------------------------|
| Name of Insurance Company | FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | YES |
| Policy Number | D-17087422MFCV |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | KRISHNAMOORTHY KAVIARASAN |
| NRIC No | G6583057X |
| Date Of Birth | 30/06/1986 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 24/11/2014 |
| Driving Experience | 3 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98116360 |
| Fax Number | |
| Contact Number | |
| EMail Address | HEXADOME@YAHOO.COM.SG |

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own Vehicle
 Insurance Company of Driver's Own Vehicle

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 this accident? NO
 Was any body injured in the Accident? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

I was Travelling along Tuas Crescent towards Tuas Ave 2 on 28/11/2017 at 1432hrs as I was approaching the junction of Tuas Avenue 2. Vehicle YL4652H suddenly dash out of the road. As such, it collided into the right rear of my vehicle GZ7664T. Damages were on my vehicle right rear portion.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YL4652H
 Vehicle Make/Model/Colour MITSUBISHI/FB511BOSRDEA/BLUE
 Details Of Properties
 Name of Driver SIM BEE SOON
 NRIC/Passport Number S1464506C
 Contact Number 97705720
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name YONG YEW KONG
 Phone Number 84883355
 Email Address

Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GUA Report Management Centre (established by the General Insurance Association of Singapore (GIA)) for archiving and that copies of the report will for a fee be made available to interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the production of the report to the Centre and to copies of the report being made available elsewhere.
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 be permitted to collect, use, disclose and process my personal information contained in this Form and any other information provided by me or possessed by me, my insurer collectively the "Personal Information" and disclose and transfer the Personal Information to all insurers who have insured my vehicle(s) involved in this accident (as insurers who have insured vehicle(s) involved in this accident will be collectively referred to as the "Insurers"); the Insurers, together with 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 or requests from any third parties, which could involve administering my claims (including the issuing of correspondence, statements, etc.) and/or actions to me, which could involve disclosure of certain personal data about me to bring about delivery of the goods as well as on the external cover of envelopes/postal packages; and/or
 (iv) complying with applicable law in administering, processing, handling and/or dealing with my claims;
 (b) all insurers who have insured vehicle(s) involved in this accident and the relevant government agency/authority may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s); and
 (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to third parties, service providers or agents (including their respective law firms), which may be sited outside of Singapore, for one or more of the above Purpose(s).

VERIFIED BY AJAX MAPS
REPORTING OFFICER
Mohammad Azaly Bin Angiliah

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Officer
Personnel

Sketch Plan

| | | | |
|--|--|--|--|
| | | <p>VERIFIED BY AJAX MAPS REPORTING OFFICER Mohammad Azaly Bin Angiliah</p> | |
| | | <p>Witnessed by Reporting Officer Personnel</p> | |

STATEMENT (2000 characters)

was Travelling along Tuas Crescent towards Tuas Ave 2 on 28/11/2017 at 1432hrs as
was approaching the junction of Tuas Avenue 2. Vehicle YL4652H suddenly dash out
the road. As such, it collided into the right rear of my vehicle GZ7664T.
images were on my vehicle right rear portion.

Taxi Voucher No:

DECLARATION

I declare that the above particulars & information provided above are true in every aspect

DECLARED BY AJAX MARS REPORTING OFFICER -
MIMAD AZALY BIN ABDULLAH

MARS Officer



Registered Owner or Driver's Signature

Report Date/Time

29 November 2017 at 1:31 PM

Date/Time:

29 November 2017 at 1:31 PM