

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	14/12/2017 12:10
Date Of Accident	13/12/2017 08:10
Exact Location Of Accident	SENGKANG SQUARE BUS STOP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6120L
Insured/Policyholder	
Name Of Registered Owner	VELAN TRADING PTE LTD
Co Reg No	201405536R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91018356
Alternative Phone No	OFFICE-91018356

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20175075

Driver

Name of Driver	MOHANRAJ BALAJI
NRIC No	G3278771T
Date Of Birth	31/01/1983
Occupation	OUTDOOR
Date Of Driving Pass	30/09/2016
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91018356
Fax Number	
Contact Number	OTHERS-91018356
Email Address	NOEMAIL

Address	10,JALAN BESAR #17-02 SIM LIM TOWER
Postcode	206787
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP1816B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	FIRST CAPITAL INSURANCE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	MOHANRAJ BALAJI
------	-----------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBG6120L
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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' 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 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' 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 Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

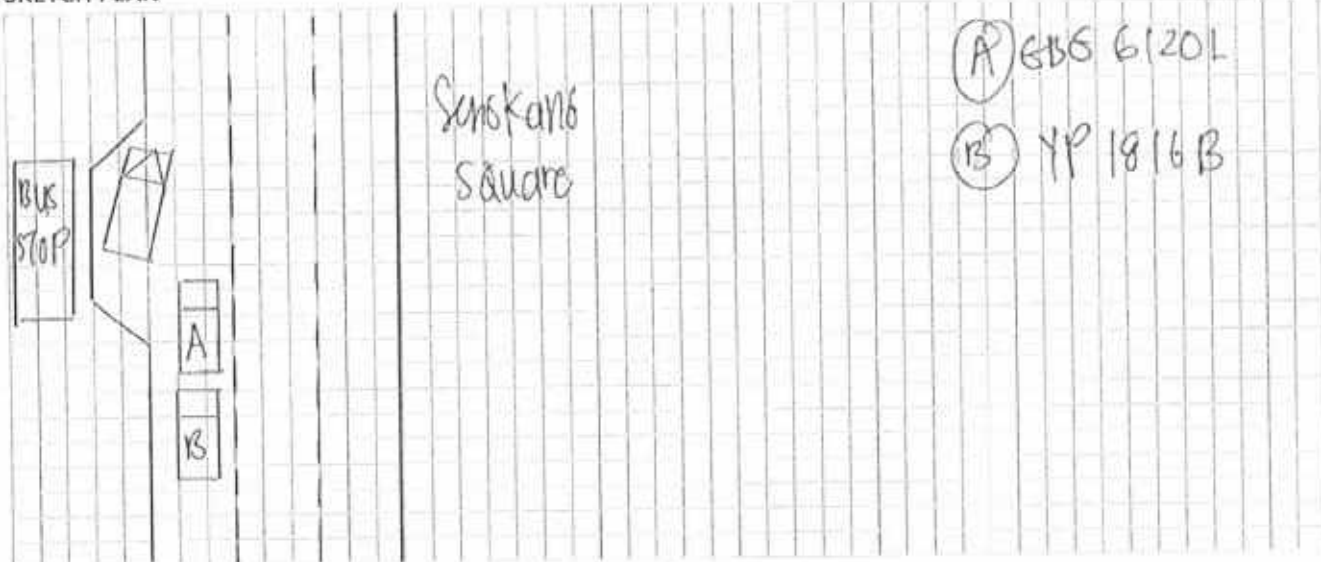


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Joshua*
NRIC/FIN No. *14/12/2017*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13.10.2017 at about 0810hrs. I was driving along Sungkang Square. As I approaching the bus stop, I saw a bus wanted to exit from bus bay, I slow down & give way. A second later I felt an hard impact from the rear. Then I realised a vehicle YP 1816B had collided with my rear. Due to the hard impact, my vehicle was badly damaged.

DECLARATION

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

Policyholder's Signature
Date & Time:



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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 12/12/17	TIME: 0.010	(hh:mm) 24 hrs Format
LOCATION: Sengkang Square Bus Stop		
VEHICLE NUMBER: 6B6 6120L		
INSURED NAME: VELAN TRADING PTE LTD		
NRIC / FIN: 201405436R	CONTACT: 91018356	
MAKE: Toyota	MODEL: Hiace	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY: Great American		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: M120175075		
NAME DRIVER: Mohanraj Balaji		() SAME AS INSURED
NRIC / FIN: 632787719	CONTACT: 91018356	
DATE OF BIRTH: 31-01-1986		
DRIVING PASS DATE: 30-09-2016		
OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS:		() NO EMAIL
ADDRESS OF DRIVER: 10, Jalan Besar #17-02 Sim Lim Tower S (201787)		
Number Of Passenger Include Driver: Driver only		
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) YES () NO		
If No, Relationship Of The Driver With The Insured		
() Owner () Spouse () Friend () Relative (<input checked="" type="checkbox"/>) Children () Sibling (<input checked="" type="checkbox"/>) Others		
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others		
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO		
If YES, Injured details :		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO		
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party		
Veh B	7P18168	FIRST CAMP
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

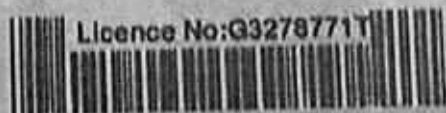
153 2B
153 3

Motorcycles =< 200 cc

Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg

30 Sep 2016

30 Sep 2016



Licence No: G3278771T

NP 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number

Name

G3278771T

MOHANRAJ BALAJI

Birth Date: 31 Jan 1983

Issue Date: 30 Sep 2016

Valid Till 29/09/2021



002615041E

VISIT PASS
Immigration Regulations

Name
MOHANRAJ BALAJI



Date of Birth	Sex	Nationality
31-01-1983	M	INDIAN
FIN	Date of Issue	Date of Expiry
G3278771T	30-06-2016	30-06-2018

MULTIPLE JOURNEY VISA ISSUED

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
VELAN TRADING PTE. LTD.



Name
MOHANRAJ BALAJI
Occupation
BUSINESS DEVELOPMENT EXECUTIVE

FIN
G3278771T

Date of Application

03-05-2016

Date of Issue

30-06-2016

Date of Expiry

30-06-2018

G3278771T



L6970702

**GREAT AMERICAN INSURANCE COMPANY**

UEN: T157 C65298 GST REG. NO.: M60376011T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6204 8000
FAX: +65 6235 2516

MOTOR COVER NOTE: MT20175075

The Insured mentioned in this Cover Note, having proposed for Insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover be terminated by the Insurer by notice in writing in which case the Insurance will thereupon cease and a proportionate part of the annual premium payable for such Insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: Velan Trading Pte Ltd
Insured Nric/Passport No/ Ric	: 201405536R
Policy Coverage	: COMPREHENSIVE
Make And Description Of Vehicle	: Toyota Hiace Manual White
Vehicle Registration No.	: TBA
Year Of Manufacture	: 2017
Engine No.	: 1KD2751553
Chassis No.	: JTEHT02P600233747
Engine Capacity/ Tonnage/ Seater	: TBA
Hire Purchase	: UNITED OVERSEAS BANK LIMITED
Value (\$)	: AS PER MARKET VALUE
Period Of Insurance	: FROM: 16/09/2017 TO: 17/09/2018
Excess (\$)	: Section I : \$600
	: Section II : Nil
	: Windscreen Excess : \$100
Great American Authorized Workshop	: DEALER WORKSHOP

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 159) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company
Authorized Signatory

Date of Issue : 16/02/2017

Intermediary : OKU

MTRCOVERNOTE/V02/16

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Company
Owner ID	5536R

Vehicle Details

Vehicle No.	GBG6120L
Vehicle to be Exported	No
Intended De-registration Date	31 Dec 2017
Vehicle Make	TOYOTA
Vehicle Model	HIACE VAN TURBO 5DR MT
Primary Colour	White
Manufacturing Year	2017
Engine No.	1KD2751653
Chassis No.	JTFHT02P600233747
Maximum Power Output	-
Open Market Value	\$28,138.00
Original Registration Date	18 Sep 2017
First Registration Date	18 Sep 2017
Transfer Count	0
Actual ARF Paid	\$1,407.00

Intended PARF Rebate Details

PARF Eligibility	No
PARF Eligibility Expiry Date	-
PARF Rebate Amount	\$0.00

Intended COE Rebate Details

COE Expiry Date	17 Sep 2027
COE Category	C - Goods Vehicle & Bus
COE Period(Years)	10
PQP Paid	\$31,023.00
COE Rebate Amount	\$30,135.00
Total Rebate Amount	\$30,135.00

The information contained herein is correct as at 14 Dec 2017

OK