

Yours faithfully,

*[Signature]*

In the event we do not hear from you within 2 days, our client will have no alternative but to proceed with the repair of his vehicle.

Singapore 569538  
Tel: 6483 4586 / 9145 4773

#01-351  
Blk 5035 Ang Mo Kio Ind Pk 2  
M/s Alfred Auto Services & Supplies

We are instructed to claim for damages against you and/or your insured. Please arrange for your surveyor to inspect our client's vehicle at the following address:

We act for Yarkus Insurance P. J., whose vehicle registration number YF 9147X was damaged in the above accident.

AT JUNCTION OF Marine Bay Financial Centre Tower 2 & Boat Quay  
ACCIDENT INVOLVING YF 9147X AND GBF 4182B ON 11/12/18

NOTIFICATION OF ACCIDENT AND PRE-REPAIR INSPECTION

Dear Sirs,

M/S: Mt & Pacific Insurance Co. P. J.  
78 Chertan Way #09-16  
S. 079129

URGENT  
BY FAX ONLY: 68357416

DATE: 12/12/2018

YOUR REF: GBF 4182B

OUR REF: 121218

Blk 5035 Ang Mo Kio Ave 3 # 01-351 Industrial Park 2 Singapore 569538  
Tel: 6483 4586 Fax: 6483 4882 Reg. No. 391089/00-E  
www.yakoo.com.sg id: alfredauto@yakoo.com.sg  
Email: alfredauto@hotmail.com

**ALFRED AUTO**  
Services & Supplies



## 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 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 Report 12/12/2018 13:38  
Date Of Accident 11/12/2018 16:10  
Exact Location Of Accident MARINA BAY FINANCIAL CENTRE TOWER 2 LOADING BAY  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number YP0147X  
**Insured/Policyholder**  
Name Of Registered Owner TARKUS INTERIORS PTE LTD  
Co Reg No 189004710D  
Email Address NICOLELOW@TARKUS.COM.SG  
Mobile Phone No  
Alternative Phone No OFFICE-62856142

### Vehicle Particulars

Manufacturer HINO  
Model XZU710R 14FT WIDE CAB 5T

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken REPORTING ONLY

Vehicle Category COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 5103231860  
Cover Note Number 28/08/2018 TO 27/08/2019

### Driver

Name of Driver RAVISHANKAR MANIKANDAN  
NRIC No G6919983L  
Date Of Birth 22/10/1990  
Occupation OUTDOOR  
Date Of Driving Pass 06/07/2017  
Driving Experience 1 YEAR AND 5 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-81522036  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address

BLK 46 DEFU LANE 9 SINGAPORE 539286

Postcode

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 - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

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

refer with attach.

### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons:

VIDEO FILE SIZE IS TOO LARGE, UNABLE TO UPLOAD

Was there any audio recorded? NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF41828

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

SIVABALAN SARABANI @ SIVABALAN S/O SARABANI @ KRISHNAN

NRIC/Passport Number

S8181094Z

Contact Number

94231028

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

**SKETCH PLAN**

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7. By the lodgment 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 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 (a) 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:

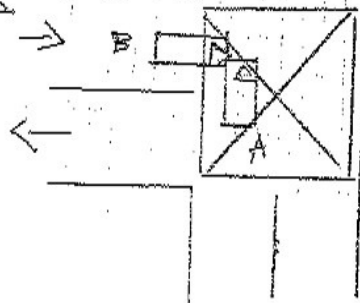
P. NAW KAY (12/12/18)  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

Marina Bay  
Financial Centre

tower 2



A: YP 9147X

B: GBF 4182B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I drive my company lorry YP 9147X enter the marina bay financial centre tower 2 loading bay. Suddenly a Van GBF 4182B drive out from the car park without notified any lorry & hit side of van front section.

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 Person's Signature  
Name:  
NRIC/FIN No.:

