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 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.

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 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 Submission 28/12/2020 18:12 (SGT) Date of Accident 27/12/2020 13:50 (SGT) Exact Location of Accident Jln Toa Payoh, Singapore Additional Location Information TOWARDS CTE AND PIE (TUAS) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ7879J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AZ HITECH PTE. LTD. Company Reg No 2XXXXX825N Email Address alexlim@azhitech.com Mobile Phone No (Phone) +65-94552277 Alternative Phone No +65-81572121

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of **Employment**

accident Are you claiming under your own insurance policy for repair to

your vehicle?

No - Claiming third party Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00069092001 Cover Note Number

DRIVER

Name of Driver ARIRAMAN MURUGAN Passport No/FIN GXXXX071N Date Of Birth 03/06/1981 Occupation Outdoor

Date Of Driving Pass 30/04/2013 Driving experience 7 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-81572121 Alt. Phone Number Email Address alexlim@azhitech.com Address 35A LORONG 22 GEYLANG Address complement Postcode 398692 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 - Major/Minor Rd Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? No 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? Nο Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SJP5481J - -
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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	ARARAMAN MURUGAN
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ7879J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)
 I understand, acknowledge, agree and consent that:
- Investigation, accoverage, agree and content that:

 (a) My insurer, workshop and the General Insurance Association of Singapore ["GIA"] may/are permitted to collect, use, disclose and/or process impersonal data/personal information set out in this (form) and any other personal information provided by my insurer (collectively the "Terrosnal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured which(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 insurer is lawer(plaw infirm, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (ii) investigating the accident and/or my claims; including the settlement of the claims and any necessary investigations relating to the claims;
 (iii) investigating the accident and/or my claims;

 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iii) carrying out analyor dealing with my instructions or responsing to any structures of most (iv) administering my claims (including the mailing of correspondence, statements, involces, 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.(collect "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are per to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- to counce, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 (or my Personal Information may/can be disclosed by any of the Insurers and/or Glab to their third party service providers or
 agents/including their lawyers/law firms), which may be sitted 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:
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- 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.

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

NRIC,FIN No.:

NRIC,FIN NO.

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