SV0L21190007-01 / VICOM LTD (VAC) - Kaki Bukit [415933] ENTRY DATE & TIME: 09/01/2021 13:32 (SGT) SUBMITTED BY: Siti Fadhlon Abdul Kader VERSION: 2 (09/01/2021 13:44 (SGT))

SINGAPORE ACCIDENT STATEMENT

Please report <u>correctly</u> 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 willful misrepresentation or witholding of material facts may allow insurance companies to repudiate

9. Internation provided must be as truther and decented of 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 here by 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 09/01/2021 13:32 (SGT) 08/01/2021 18:55 (SGT) Date of Accident **Exact Location of Accident** Singapore SLIP RD OF EDGEFIELD PLAINS ENTERING PUNGGOL FIELD Additional Location Information Singapore Country/State of Loss **DETAILS OF OWN VEHICLE** YM6358P Vehicle Registration Number INSURED/POLICYHOLDER Yes Is company? SRI THUVIMUGA GANAPATHY SERVICES Name Of Registered Owner 5XXXX640L Company Reg No

alexpandian27@yahoo.com.sg **Email Address** (Phone) +65-92405366 Mobile Phone No +65-92405366 Alternative Phone No

VEHICLE PARTICULARS

Mitsubishi Manufacturer MITSUBISHI / FE83BEOSRDEA Model 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 No - Claiming third party

INSURANCE COMPANY

your vehicle?

Vehicle Category

Name of Insurance Company Type of Coverage No Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver Work Permit No Date Of Birth Occupation Accident report SV0L21190007 NTUC Comprehensive 5077185628-04

Commercial vehicle

NITHYANANTHAM VINOTHKUMAR GXXXX610M 20/06/1986 Outdoor

22/09/2020 Date Of Driving Pass 4 MONTHS Driving experience Male Gender (Phone) +65-84314819 Mobile Number Alt. Phone Number alexpandian27@yahoo.com.sg Email Address BLK 507 #03-2700 ANG MO KIO AVENUE 8 Address Address complement 560507 Postcode 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 Collision - Head to Rear Type of Accident Raining Weather Conditions Wet Road Surface 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 material or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER ATTACHED: 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

SLJ7127C Vehicle Registration Number Mazda Vehicle Manufacturer MAZDA / BIANTE 5-DOOR WAGON 2.0L SP.6EAT Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category 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)

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SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
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 7. By the bidgement 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 aforesald.

- report being made available aforesaid.

 8. Consient under the Personal Data Protection Act (PDPA)
 Linderstand, acknow look, agree and consent that:

 (a) My insure, 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 ensure (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicles) involved in this accident (all insurer(s) who have insured vehicles) involved in this accident (all insurer(s) who have insured vehicles) involved in this hacked in the police), for the purpose(s) of "processing, handling aedior dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.

- the claims;
 (iii) investigating the accident and/or my claims;
 (iii) carrying out and/or depling with my instructions or responding to any anquiries by me;
 (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosurs 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
 (iv) complying with applicable law in administering, processing, handling and/or dealing with my claims.

- (iv) complying with applicance and incurrence and i

23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: var-historicom.com.5g STATE OF STATE OF Driver's Signature (if driver is not the policyholder) / Date

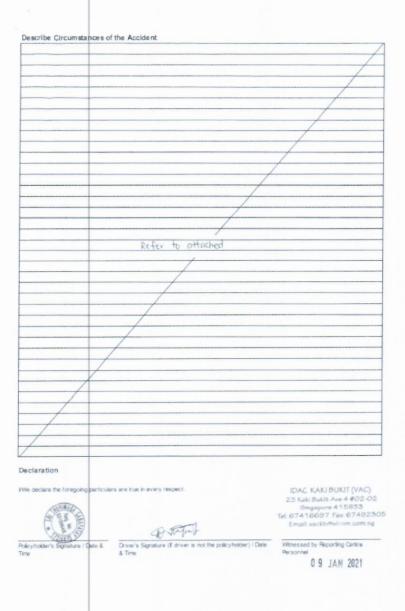
1,517

Witnessed by Reporting Centre 0 9 JAM 2021

Sketch Plan

Aunggol Field

A= YM 6358P B= SLJ7127C Slip Road of Edgefield Plains Entering Punggal Field



On 08.01.2021 at about 18:55 hours at Slip Road of Edgefield Plains entering Punggol Field. I was stationary at the above mentioned slip road and waiting for the traffic condition to clear.

Suddenly, I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

Vehicle (A): YM 6358P

Vehicle (B) SLJ 7127C



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID: Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make: Vehicle Model:

Primary Colour:

Manufacturing Year: Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value: Original Registration Date: First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

POP Paid:

COE Rebate Amount:

Total Rebate Amount:

Message

Business

640L

YM6358P

No

09 Jan 2021 MITSUBISHI

FE83BEOSRDEA

COE till 04/2022

\$ 13599.00

FE83BEOSRDE

White

2007

4M42A41196 FE83BEA10009

-

\$25,482.00 25 Apr 2007

25 Apr 2007

5

\$0.00

No

\$0.00

24 Apr 2022

E - Open Category

-

\$24,005.00

\$6,201.00

\$6,201.00

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle. The information contained herein is correct as at 09 Jan 2021

OK