SJ0B21530004 / Jin Auto Services Pte Ltd ENTRY DATE & TIME: 03/05/2021 17:12 (SGT) SUBMITTED BY: Foong Sau Wah VERSION: 1 (03/05/2021 17:12 (SGT))

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 03/05/2021 17:12 (SGT) Date of Accident 28/02/2021 16:45 (SGT) Exact Location of Accident Bukit Timah Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsubishi

Vehicle Registration Number GBF4061S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner JFS FOOD PTE LTD Company Reg No 201135480D Email Address sundarjj1995@gmail.com Mobile Phone No (Phone) +65-67425522 Alternative Phone No (Office) +65-67425522

VEHICLE PARTICULARS

Manufacturer

Model Canter 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 - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 2998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00098222000 Cover Note Number

DRIVER

Name of Driver KATHAN SUNDARAN Passport No/FIN G2881708N

Date Of Birth 18/03/1995 Occupation Outdoor Date Of Driving Pass 08/11/2018 Driving experience 2 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-90815456 Alt. Phone Number Email Address sundarjj1995@gmail.com Address 658 JALAN TENAGA DOOR NO #08-160 Address complement Postcode 410658 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 - Change/cross lane 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? No 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I filtered to the lane on my right, taxi on my right stopped, so i filtered halfway and stopped because not enough space for my lorry to fliter totally. Taxi moved forward and hit my vehicle. 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 SHC360A Vehicle Manufacturer

 Vehicle Registration Number
 SHC360A

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Taxi

 Name of Driver

 Contact Number
 (Phone) +65-96794330

 Address

Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

SKETCH PLAN

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- 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
- 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' law yers/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
- (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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

ROOD PTE LTD Reg. No. 201135480D Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel Sketch Plan Towards CTE -> Bukit Timah Rd A GBF 40618 TOTAL BUTCH OF THE repaired to low men

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	377 114 GDG7121
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eclare the foregoing particulars are true in every respect.	
PROCEED PRIE LITED	
Republic Septembries	SERVICE

Witnessed by Reporting Centre Personnel























JFS Food Pte Ltd

1 Kaki Bukit Road 1 #05-31 Enterprise One Singapore 415934

Tel: (65) 6742 5522 Fax: (65) 6742 2922 Co. Reg. No.: 201135480D

03 May 2021

To Whom It May Concern

Dear Sir/ Madam

AUTHORIZATION FOR USE OF VEHICLE (VRN : GBF4061S)

- 1 This is to certify that Mr Kathan Sundaram (FIN No. G2881708N) is permitted to use above-mentioned vehicle for work purposes only.
- We understand that he was involved in a road incident during work hours on 28 February 2021. For this reason, kindly assist him with accident reporting and/or any necessary purposes.
- 3 Should you need any further clarifications, please contact me at 67425522.

Yours sincerely

Anjolone Aeria (Mrs)

FOOD PTE LTD

HR Manager