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.

 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 28/04/2021 17:47 (SGT) Date of Accident 28/04/2021 13:40 (SGT) Exact Location of Accident Sims Ave, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ6770U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ATLAS FINEFOOD PTE, LTD. Company Reg No 2XXXXX336E Email Address gunakani3112@gmail.com Mobile Phone No (Phone) +65-67466251 Alternative Phone No (Office) +65-67466251

VEHICLE PARTICULARS

Manufacturer

Model NV350 PANEL VAN 2.5 5MT 5DR 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 your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2488

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SD20V06200/VCV/R00 Cover Note Number

DRIVER

Name of Driver NATESA MURTHY GUNASEKARAN Passport No/FIN FXXXX471M

Date Of Birth 12/05/1970 Occupation Outdoor Date Of Driving Pass 22/01/2019 Driving experience 2 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-84506002 Alt. Phone Number Email Address gunakani3112@gmail.com Address **BLK 50 CIRCUIT RD** Address complement #03-767 Postcode 370050 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 Side Swipe 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 PASSENGER 1 Name **AZIZ** Gender Male 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 PLS REFER TO THE ATTACHED STATEMENT. 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 SJU7587Z Vehicle Manufacturer

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Vehicle Model

Name of Driver NRIC No	LEE CHOON TIAN SXXXX410F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

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

ATLAS FINEFOOD PTE LTD

150, UBI AVENUE 4 05-02/03 UBI BIZ-HUB SINGAPORE 408825

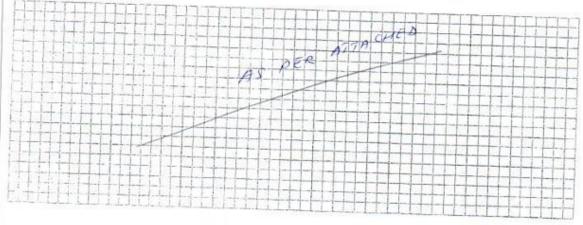
Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

Personnel

Sketch Plan



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We declare the foregoing particulars are true in every respect,

ATLAS FINEFOOD PTE LTD

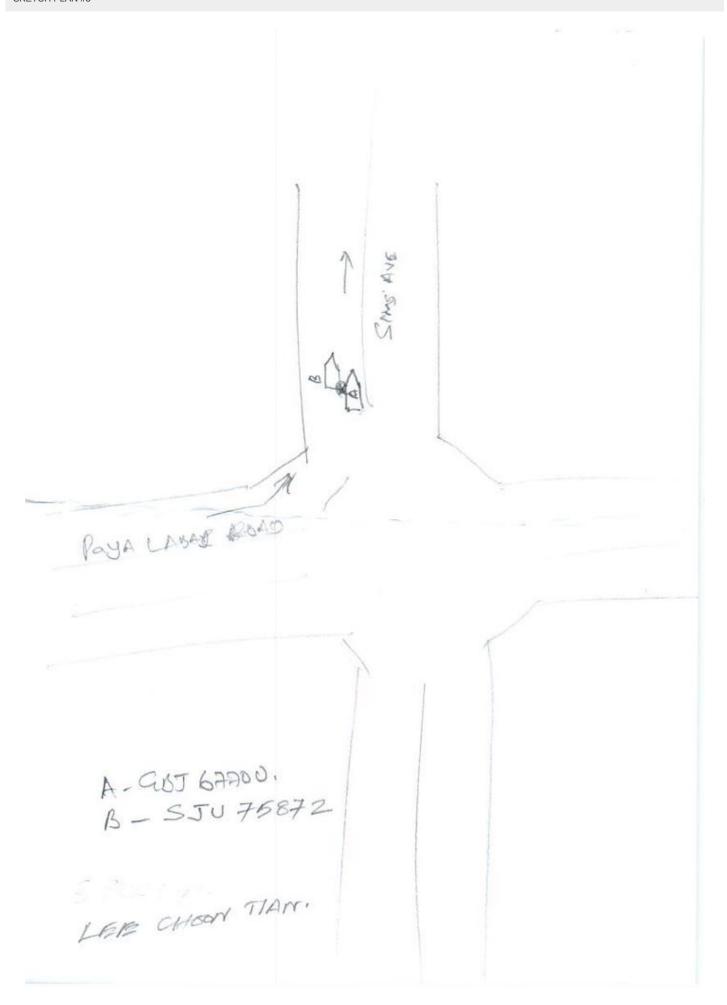
150, UBI AVENUE 4

#05-02/03 UBI BIZ-HUB
SINGAPORE 408825

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel





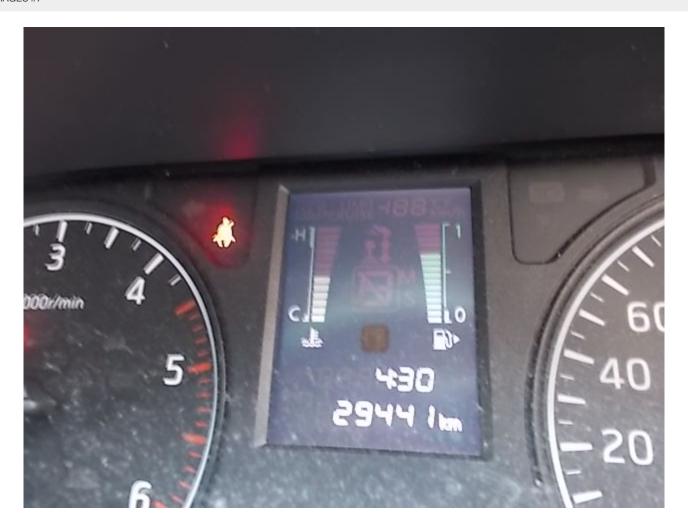














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax [65] 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDEN	NDUM	
A) PA	ARTICULARS OF PE	RSON MAKING THE AMENDME	NTS:	
		SN0921450009		o: <u>GBJ6770U</u>
Na	ame(as shownin NRIC) :	NATESA MURTHY GUNASEKA CAN nicle Owner) (*) Please delete a	NRIC/FIN/Passport No	: FXXXX4711
(*)	Vehicle Driver / Vel	nicle Owner) (*) Please delete a	s appropriate	
		BLK 50 CIRCUIT K		∠3700 Singapore(
Co	ontact (Tel) :		Mobile No.:_ 845	06002
Em	nail Address :			
Da	te of Accident :	28/04/21	Time of Accident :	13:40
Pla	ce of Accident :	SIMS AUE		
Ins		LIBERTY		
_	ADD IN	SKETCH PLAM	/	
_				
_			Hym	29/04/21
Polic	cyholder / Driver's S	ignature	Reporting Centre Pers Name: NRIC/FINNo.:	