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.

- 4. The issue and acceptance of this is form by instrained 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 16/06/2021 10:25 (SGT) Date of Accident 15/06/2021 08:00 (SGT) Exact Location of Accident Singapore Additional Location Information SLE towards Woodlands Ave 12 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD2194F

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner JDK ENGINEERING & CONSTRUCTION PTE. LTD. Company Reg No 201543566W Email Address idkconstruction2016@gmail.com Mobile Phone No (Phone) +65-90259531 Alternative Phone No (Office) +65-65195939

VEHICLE PARTICULARS

Manufacturer Mitsuhishi Model FV51JJD4RDEA 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 12882

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage ThirdParty Fleet Policy Yes Policy Number GA567065 Cover Note Number

DRIVER

Name of Driver **ARJUNAN RAMAN** Passport No/FIN G7252283X

Date Of Birth 15/01/1978 Occupation Outdoor Date Of Driving Pass 05/09/2018 Driving experience 2 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-84241518 Alt. Phone Number Email Address jdkconstruction2016@gmail.com Address 48 SUNGEI KADUT STREET 1 Address complement Postcode 729377 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 - Head to Rear 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 On 15/6/2021, around 08:00AM, I was driving vehicle XD2194E along SLE towards Woodlands Ave 12. There was a car SLX6587R in front of me suddenly stopped, I was depress my brake immediately but I still hit onto its rear portion. No injury. 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** R

Vehicle Registration Number	SLX6587R
Vehicle Manufacturer	-
Vehicle Model	-
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)	_

SKETCH PLAN

IMPORTANT NOTICE

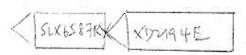
- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 ladgment 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:
 - 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 (d) 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: IS | 06 | 2021

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/	6/200	21,000	ound!	08:00	AM	J	Was	deixi-	, N	hicle	XD21948
along Si	LE to	ourvols	Wood	lands	Au	2 12		There U	lucis	4 ('ecc '
SLX 65	87R	in f	ont o	f me	Suc	delenly	840	pped.	I	was	olepress
my bro	ake	immed	intely	but	I_{\perp}	still	hit	onto	its	recr	olepress portion
No inje	ury.		,								,
								Market Inc.			
		111. 200									
T 201 PC											
			Q.,						****		
									7.		
	-										
				277							
					<u> </u>						
					5=1000					-05	

DECLARATION

I/We declare the foregoing particulars are true in every respect.

(If driver is not the policyholder)
Date & Time: 15/06/2021

Reporting Centre Personnel's Signature

NRIC/FIN No.:



