SN0921770005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 07/07/2021 17:21 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (07/07/2021 17:21 (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 07/07/2021 17:21 (SGT) Date of Accident 27/06/2021 17:30 (SGT) Exact Location of Accident Jurong West Ave 5, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number GBG8748M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner A&R ELECTRICAL & INSTRUMENTATION PTE. LTD. Company Reg No 2XXXXX715R **Email Address** admin@areipteltd.com.sq Mobile Phone No (Phone) +65-97380245 Alternative Phone No (Office) +65-66843920

VEHICLE PARTICULARS

Manufacturer

Model Cabstar 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 2953

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SD21V06864/VCV/R00 Cover Note Number

DRIVER

Name of Driver GOVINDARAJAN SHANTHAKUMAR Passport No/FIN GXXXX110Q

Date Of Birth 27/10/1983 Occupation Outdoor Date Of Driving Pass 23/04/2014 Driving experience 7 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-87757662 Alt. Phone Number Email Address admin@areipteltd.com.sg Address 5 SOON LEE STREET #05-41 Address complement Postcode 627607 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? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Jurong West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002689999 Alt. Police Station Phone No (Fax) +65-62672438 Police Station Address 700 Corporation Road Singapore 649818 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20210629/2016 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SH7644D Vehicle Manufacturer

Toyota

Prius

Taxi

Vehicle Model

Vehicle Variant Vehicle Colour 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)				_

SKETCH PLAN

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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 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' 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.

Witnessed by Reporting Ce Driver's Signature (# driver is not the policyholder) / Date Policyholder's Signature / Date & Personnel WEST AVANUE 5 Jupoul Sketch Plan A) GBK 8748M B) SH 7644D

REFER TO POLICE REPORT 7/20010628/2016
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre Personnel





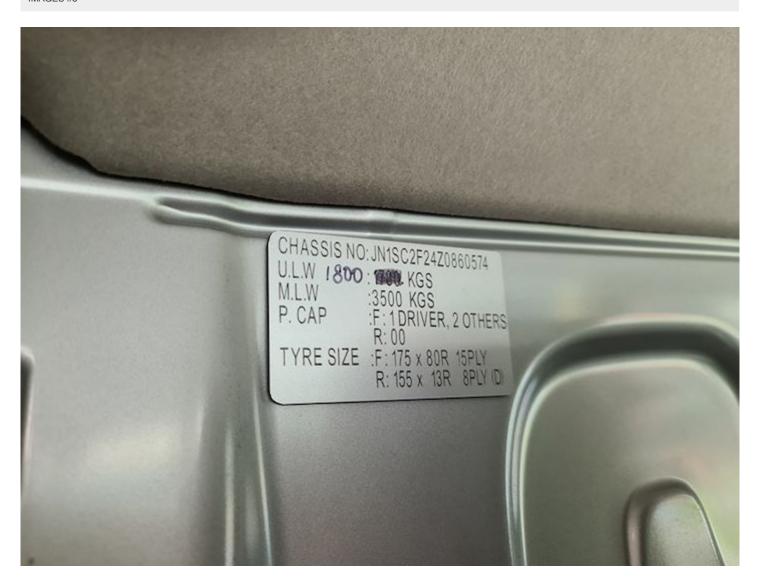






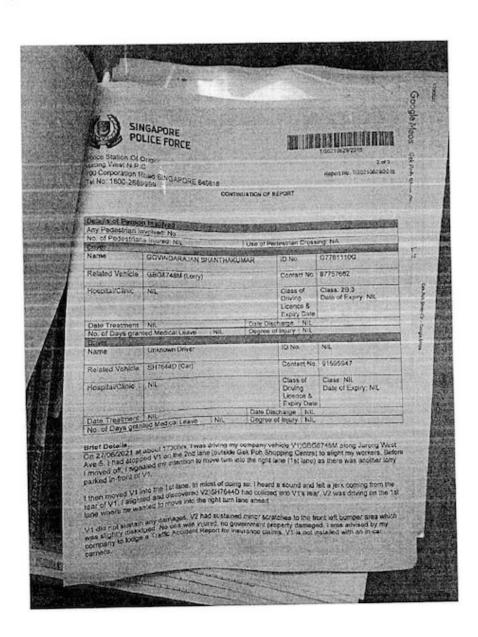




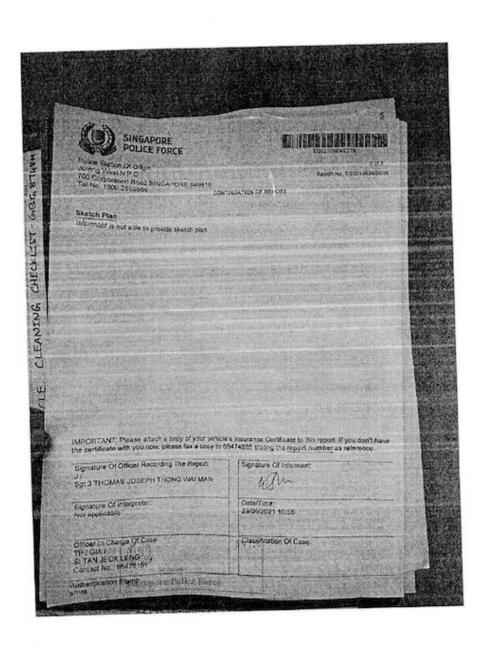


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Date/Time 29/08/202	Report 1 10:55	Made	o .		eport No			Statio 29	n Diary No.	
GOVINDA ID Type / FIN NO / I Nationalis	RAJAN D No.	SHANTH	KUMAR	Conta	AS ROAD SING		38496 Mobile: 8	775786	2	
INDIAN Sex: Male Race: Indian	Age. 37		of Birth (1982)	Type of Down		Line State of Echanol Name				
Occupation DRIVER			English Driving Licence Information Class: 28,3 Date of Expiry:							
General lo Type of Accident:		on al the Non-Injer Others	Accident Y	11500	Orink Orive: No	Date/Time Accident 27/06/202			ype of Location traight Road	
Location: JURONG	WEST	AVENUE !								
Weather: Clear			Road Surface: Dry Traffic Control:				Road Speed Limit: Traffic Volume:			
Traffic Flo Type of C Between		Valueles -	Head To	STATE OF THE PARTY OF	Controlled				e conveyed by ance:	
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