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 29/10/2021 15:00 (SGT) Date of Accident 28/10/2021 13:50 (SGT) Exact Location of Accident Singapore Additional Location Information BLK 157 ANG MO KIO AVENUE 4 OPEN SPACE CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK4077X

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SIANG HOCK CAR RENTAL PTE LTD Company Reg No 2XXXXX271R **Email Address** REPORTING@MYCAR.SG Mobile Phone No (Phone) +65-98268590 Alternative Phone No (Office) +65-98268590

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace 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 2754

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D-21097524MFCV/119 Cover Note Number

DRIVER

Name of Driver RAMASAMY ANANDKUMAR Passport No/FIN GXXXX868L

Date Of Birth 24/09/1994 Occupation Outdoor Date Of Driving Pass 02/01/2018 Driving experience 3 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-98268590 Alt. Phone Number Email Address REPORTING@MYCAR.SG Address 21 JALAN MASJID Address complement Postcode 418946 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Hit and run / Vandalism / Damaged whilst parked 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? Nο 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 Rochor Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002949999 Alt. Police Station Phone No (Fax) +65-63918583 Police Station Address 11 Kampong Kapor Road Singapore 208678 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT NO T/20211029/2021. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YP5862R Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

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

IMPORTANT NOTICE

- 1. Disase report correctly the details of the accident to speed up the claims process.
- 2 Tra Formmust be completed by the Policyholder and/or the Authorised Driver
- I intermetion provided must be as truthful and accurate as possible. Any will instrumentation or withhouse of material facts may able insurance companies to reputiliste policy liability
- 4. The assertand acceptance of the Formity insurance companies a not as independent of policy laber, on the text of the insurance
- Any false reporting may be referred to the Police for investigation
- 4. The report will be forwarded by the insurers of the GW. Records Management Centre established by the General insurance Association.
- of Singapore (GIA) for archiving and that copies or this report will for a fee be made available upon application by interested bartles.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to cooks of the
- Consent under the Personal Data Protection Act (PDPA)
- (understand, acknowledge, agree and consent that
- (a) My insurer thry workshop and the General haurance Association of Singapore ("GIA") may/are permitted to collect, usin disclose and/or process my personal data-personal information act 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 insurers. who have caused vehicle(s) rivolved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers" I the Insurers lawyers/law firms the Monetary Authorey of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
- III processing handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (ii) investigating the addident and/or my claims.
- (a) carrying out and/or dealing with my instructions or responding to any oriquices by me
- (iv) administering my claims (including the making 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 wield as on the external cover of envelopes have
- (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 vehiclers) it volved 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 Porposes, 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 yersiliaw firms), which may be sked outside of Singapore, for one or more of the above Purposes

Policyholder's Signat

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

Sketch Plan

B & Revesed entranc

BUC 157 Ang Mo 100 ave 4 open space corpork

A GBK 4077X 7P 5862K

See Attempt	
Refer to police report - 1/202/1029/2021.	
-	
ation	
are the foregoing particulars are true in every respect	
(6 Yest 6)	
11 (* L) 11	1 Min.
V CO 316 R. Am	12
er's Signature (# driver is not the policyholder)	Date Witnessed by Reporting Centre

ON 28.10.2021 AT ABOUT 11.30 AM , I PARK MY VEHICLE AT BLK 157 ANG MO KIO AVE 4 CARPARK NO A78 AND LEFT TO DO MY WORK. LATER I COME BACK AND NOTICED SOME DAMAGES ON THE RIGHT SIDE OF MY VAN . SO I REPORTED TO CARPARK MANAGEMENT. WE SAW FROM THE CCTV FOOTAGE THAT A BLUE COLOUR LORRY HAVING A LICENSE PLATE YP5862R WAS TRYING TO REVERSE AND PARK IN THE LOT NEXT TO ME AND HIT MY VAN WHILE VAN WAS STATIONARY.

AM LODGING THIS REPORT TO CLAIM THE LORRY FOR MY DAMAGES .

R. ANAND EUNAR

R. Lung.









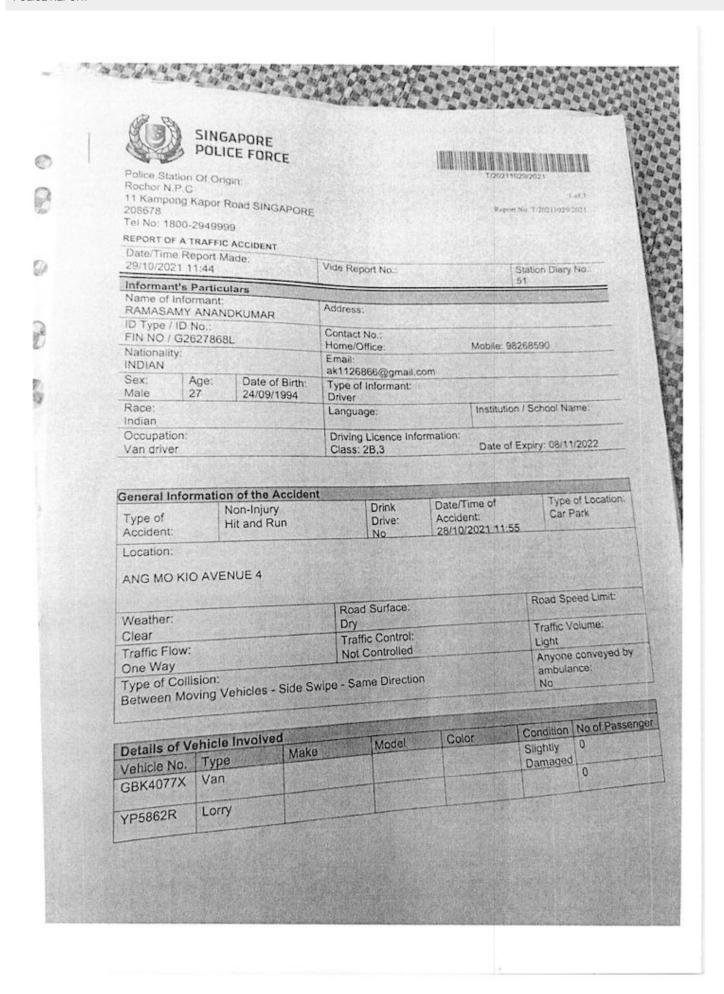














Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999 T/20211029/2021

2 of 3 Report No. T/20211029/2021

CONTINUATION OF REPORT

Brief Details.

On 28/10/2021, at about 1130hrs, I parked my Van at Blk 157 Ang Mo Kio Avenue 4 Carpark at the loading and unloading carpark lot.

At about 1350hrs, when I came back to my van, I noticed that there was a huge scratch and dent at the right side of the Van. I was working for Secure Parking Singapore Pte Ltd hence I asked them to assist to view the CCTV footage of the carpark gantry.

It was discovered that at about 1155hrs, there was a blue lorry that reversed into my van when he was parking, causing the damage to the right side of my van. He did not leave any particulars to contact him at. The detail of the lorry is YP5862R as seen from the CCTV at the gantry.

