ASSIGNMENT  Voh Nov.   No Dela:   Yer Regit: 25   106    To Inspect Vehicle Nov.   Yer Regit: 25   106    To Inspect Vehicle Nov.   Make:   White Vehicle Nov.    Inspect Vehicle Nov.   Make:	ASS. REC. BY: STEVE REF: C(4/FC1)	1012101/eg3
Veh No:   Veh		GNMENT
Estimated Cost:  Do IPY WEST TRESTOD RESTEVATINY INV To Inspect Vehicle No.  of		VM8041D 25/1/08
Truck   Trailer or   Make:   Mirabit,   FE 83   C.   C.   Mirabit,   FE 83   C.   Mirabit,   FE 8		
To Inspect Vehicle No:  at Workshop m/s  of  at Colour  white  AC: Insured 18d J NI J NA  Sp. Reading  LETYO  T/Readic, Insured 18d J NI J NA  Sp. Reading  LETYO  T/Readic, Insured 18d J NI J NA  Sp. Reading  LETYO  T/Readic, Insured 18d J NI J NA  Sp. Reading  LETYO  T/Readic, Insured 18d J NI J NA  Sp. Reading  LETYO  T/Readic, Insured 18d J NI J NA  Sp. Reading  LETYO  T/Readic, Insured 18d J NI J NA  Sp. Reading  LETYO  T/Readic, Insured 18d J NI J NA  Sp. Reading  LETYO  T/Readic, Insured 18d J NI J NA  Sp. Reading  LETYO  T/Readic, Insured 18d J NI J NA  Sp. Reading  Lety 19d J Leaked J Burnt or  Medi: NI J Sirkim 1 SQ Alighm or  Nee Size:  Feront  Sp. Double Sp. Consistent? : Yes or No  Lum Sum:  Sp. Double Sp.		
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2) Add Fee: : Site Insp (\$ ) _s+Rs_si		
: Interview (\$)   Photos		
Report Format :       : Tech. Invs (\$)       Others         Lump Sum / I.B.I: (\$)       : Weekend (\$)	2)Add Fe	A
Lump Sum / I.B.I: (\$ ; Weekend (\$)	Report Format :	
		TOTAL

# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Vehicle Registration Number

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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

Information provided must be as truthful and accurate as possible. Any willul misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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.
 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	23/11/2021 17:06 (SGT)
Date of Accident	22/11/2021 14:30 (SGT)
Exact Location of Accident	30 Sembawang Dr, Singapore 757713
Additional Location Information	SUN PLAZA BUILDING (BASEMENT 1 LOADING & UNLOADING)
Country/State of Loss	Singapore

# **DETAILS OF OWN VEHICLE**

YM8041P

INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MILLION AUTO RENTAL PTE LTD
Company Reg No	2XXXXX025G

Fmail Address GRACE@MILIONAUTO.COM Mobile Phone No (Phone) +65-62649091 Alternative Phone No +65-62649091

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FE83BE6SRDEA
Variant	
Exact purpose for which vehicle was being used at time of	
accident	Employment

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual 2977

#### INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number D20MFL0002377 Cover Note Number

#### DRIVER

Name of Driver MEENATCHISUNDARAN NAGASUBRAMANIAN Passport No/FIN GXXXX590M

Accident report SM0M21BN000D

Page 1 of 12

ate Of Birth	07/05/1985
Occupation	Outdoor
Date Of Driving Pass	05/02/2010
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84209359
Alt, Phone Number	•
Email Address	GRACE@MILIONAUTO.COM
Address	77A HILLCREST ROAD
Address complement	***************************************
Postcode	288952
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer No
Does Driver Own Other Vehicles?	NO
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	•
insulance company of care	
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
	Collided into Parked Vehicle
Type of Accident	Clear
Weather Conditions	
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s)	No
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	<u>\$</u>
CIRCUMSTANCES OF ACCIDENT	
•	
ATTACHMENT(S)	
	44
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	R VEHICLE PROPERTY 1
Vehicle Registration Number	YQ727B
Vehicle Manufacturer	Mitsubishi
Vehicle Model	FUSO
Vehicle Variant	•
Vehicle Colour	• worth discount
Vehicle Category	
Name of Driver	Commercial vehicle
	Commercial vehicle
Contact Number	Commercial vehicle
Address	Commercial vehicle
	Commercial vehicle

€ Accident report SM0M21BN000D

Page 2 of 12

ostcode
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.
- This form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 lodgment 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.
- S. 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:
  - 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: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centro Epracimer's Signature

Name:

NRIC/FIN No.:

	SKETCH PLAN  Open sporte  Locaded a unloaded
	Joseph F an ingan
•	7m8041PD 444 YQ717BD 2 20 20 20 20 20 20 20 20 20 20 20 20 2
	Wat behalin & behali
	DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
	long 7M 8041 P MTF FE OR at Sun Plaza Building (Bossement): tondon & unloaded). I Stopped 7M8041P & Waiting (but, The driver Who drive 7 R 77TR reverse and but my
	His particulare as per following:
	Hame: Awtar Snah (security) Phone on: 287-to 4493
	thone no. > 0+5044093
	DECLARATION  I/We declare the foregoing particulars are true in every respect.
	Policyholder's Signature Date & Time:  Policyholder's Signature  Date & Time:  Reporting Centre Pprsonnel's Signature  Name: NARIC/FIN No.: