SF0F224D0002 / FALCON-AIR AUTO SERVICES PTE LTD [575721] ENTRY DATE & TIME: 13/04/2022 11:59 (SGT) SUBMITTED BY: Jacqueline Ng VERSION: 1 (13/04/2022 11:59 (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.

 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 13/04/2022 11:59 (SGT) Date of Accident 11/04/2022 14:25 (SGT) Exact Location of Accident Singapore Additional Location Information **HOUGANG AVE 3** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

3000

Vehicle Registration Number GBJ2714J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TARKUS INTERIORS PTE LTD Company Reg No 199004710D Email Address TARKUS@SINGNET.COM.SG Mobile Phone No (Phone) +65-62856142 Alternative Phone No (Office) +65-62856142

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna 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 - Claiming third party Vehicle Category Commercial vehicle Transmission Manual

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Type of Coverage Comprehensive Fleet Policy Policy Number Z22VC05010131 Cover Note Number

DRIVER

Name of Driver THANGARASU SANKAR Passport No/FIN G7630431P

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement	10/01/1983 Outdoor 10/07/2007 14 YEARS AND 9 MONTHS Male (Phone) +65-82867359 - TARKUS@SINGNET.COM.SG NA
Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	- No Employee No -
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Raining Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 Yes No Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Paya Lebar Neighbourhood Police Post Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114 No -
CIRCUMSTANCES OF ACCIDENT	
REFER POLICE REPORT	
REPAIR AT OWNER'S WORKSHOP	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category	XD1652G Commercial vehicle

lame of Driver	
Contact Number	
Address	
Address complement	
Postcode	
nsurance Company Name	
lature Of Damage	
Details of property damaged in accident	
lo. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	THANGARASU SANKAR
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HAND INJURY
Injured person in which vehicle?	GBJ2714J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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.
- 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.
- 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. 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 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")

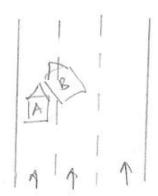
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

PTE ATO

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(B) GBJ 2714J

B XD16529

Describe Circumstances of the Accident				
Refer Police Report				
V				
the state of the s				

Declaration

We declare the foregoing particulars are true in every respect.

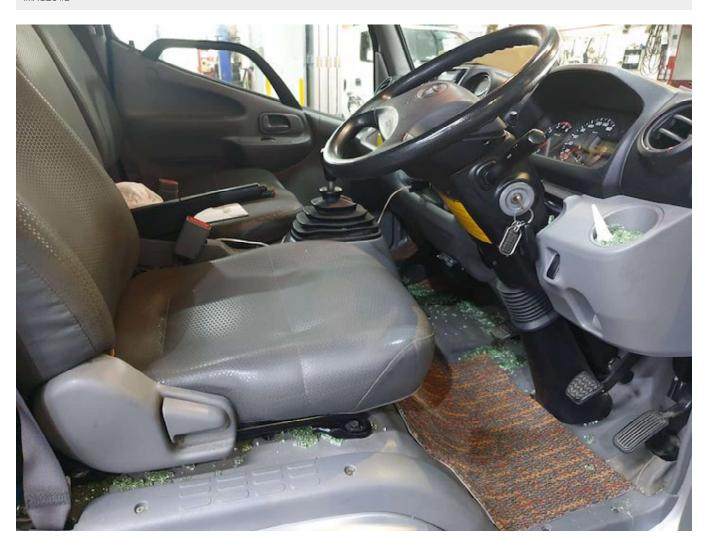


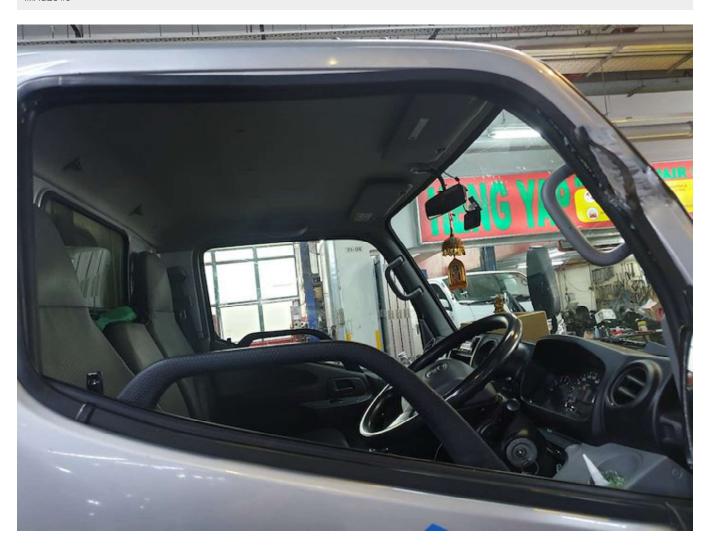
Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time

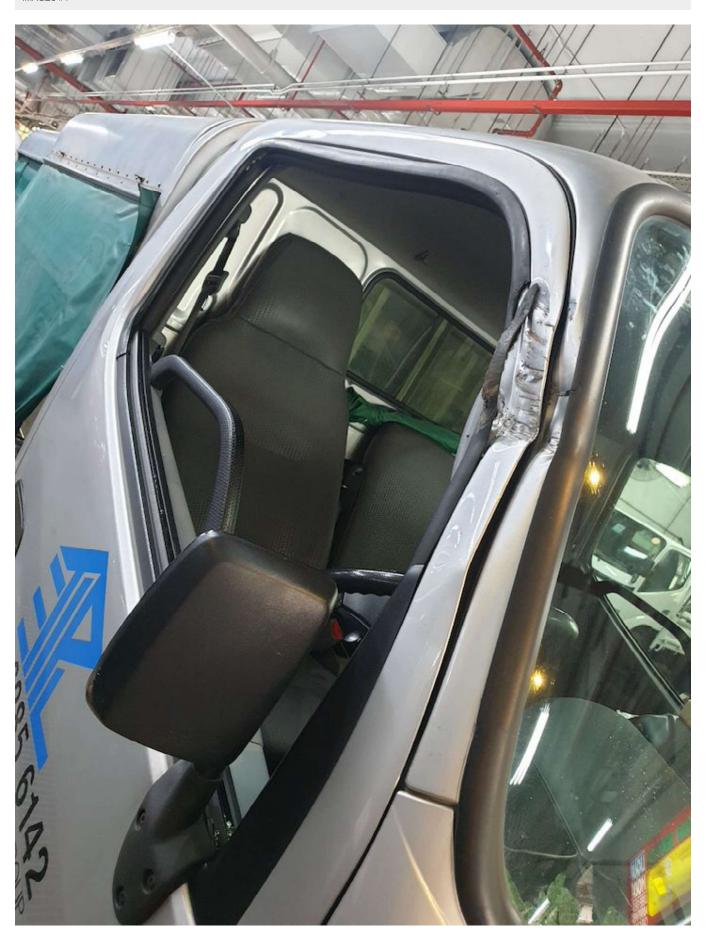


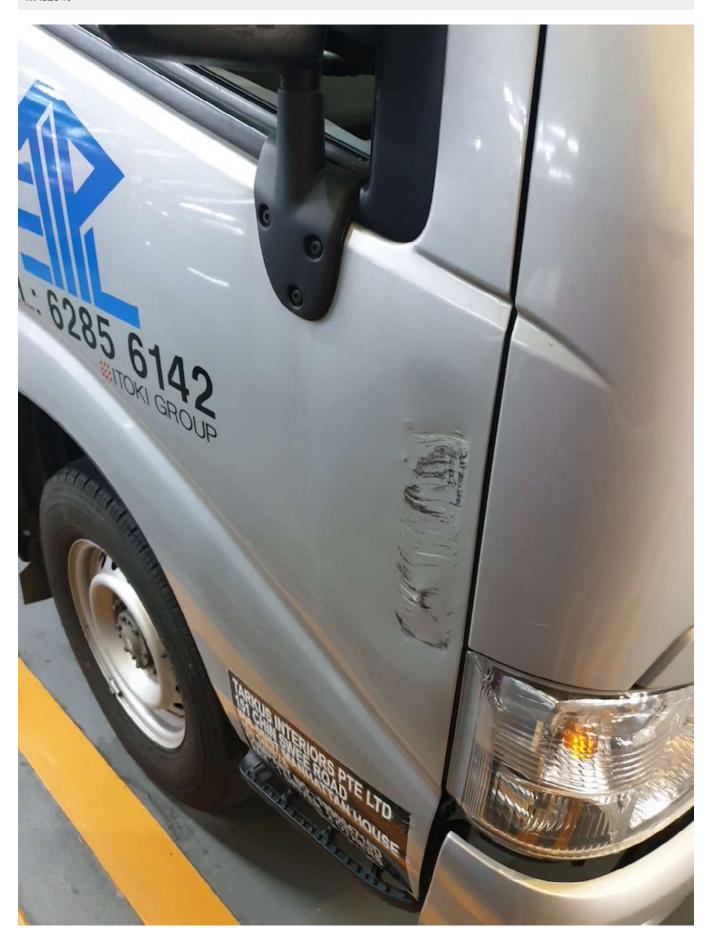
Witnessed by Reporting Centre Personnel



















Date of Expiry:

Report No. T/20220412/2051

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

REPORT OF A TRAFFIC ACCIDENT

DRIVER

Date/Time Report Made: 12/04/2022 13:57			Vide Report No.:	Station Diary No.: 16	
Informa	nt's Partic	ulars			
Name of Informant: THANGARASU SANKAR			Address: APT BLK 1 HOUGANG AVENUE 3 #03-318 SINGAPORE 530001		
ID Type / ID No.: FIN NO / G7630431P		IP.	Contact No.: Home/Office:	Mobile: 82867359	
National INDIAN	lity:		Email:		
Sex: Male	Age: 39	Date of Birth: 10/01/1983	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class: 2B,3,4	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/04/2022 14:2	Type of Location: Straight Road	
Location: HOUGANG A Weather: Raining	VENUE 3	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBJ2714J	Lorry				Slightly Damaged	0
XD1652G	Lorry				No Damage	0





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999 2 of 3 Report No. T/20220412/2051

CONTINUATION OF REPORT

Brief Details.

On 11/04/2022 at about 1425hrs, I was driving my company lorry GBJ2714J along Hougang Avenue 3 at the most lane lane. There was another lorry(XD1652G) on the middle lane.

Subsequently, the other lorry(Rengasamy Alagu, F8070751R, HP:91013599) signaled and came into my lane without checking and collided on to the RIGHT side of my lorry. My lorry sustained shattered driver side window and dents on the driver side door. The other party lorry did not sustain any damages. I sustained some scratches on my right arms due to the shattered glass and also some tightness on my neck area and went to see the doctor after. The other party was not injured.

I was given medical certificate from 12/04/2022 to 13/04/2022. I was also advised to take the x-ray in the coming appointment.

We exchanged particulars and left scene.

I wish to inform that my lorry has an in-car CCTV and it captured the incident. No government property damages. No police nor ambulance at scene.

The purpose of this report is for insurance claim purposes.





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Report No. T/20220412/2051

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: F / SGT 2 ROYCE YEW TIAN POH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/04/2022 13:57
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
NP168	



TARKUS INTERIORS PTE LTD

ITOKI GROUP

Date: 12th April 2022

To: Whom It May Concern

Subject: Authorisation Letter

We hereby authorise Mr. Thangarasu Sankar of Fin No. G7630431P to file an accident report to claim third-party.

He is the driver of this vehicle no.: GBJ2714J.

Thank you.

TARKUS INTERIORS PTE LTD

Jolene Lim Finance Director