SK0N22820006 / KAN FOOK SING MOTOR WORKSHOP [539147] ENTRY DATE & TIME: 02/08/2022 10:45 (SGT) SUBMITTED BY: Lee Nai Vien VERSION: 1 (05/08/2022 16:30 (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 Actual 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 02/08/2022 10:45 (SGT) Reported by Date of Accident 26/07/2022 22:34 (SGT) Exact Location of Accident Singapore Additional Location Information TUAS CHECKPOINT, CASHCARD TOP UP POINT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SJZ8650R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LAVANYA D/O ANPALAKAN NRIC No S8933476D Fmail Address VINOTH.NOX@GMAIL.COM Mobile Phone No (Phone) +65-91951505 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Stream Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1800

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5096128232-04

DRIVER

Name of Driver VINOTH RAJENDRAN NRIC No S8508466F Date Of Birth 03/03/1985 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement 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	16/10/2017 4 YEARS AND 9 MONTHS Male (Phone) +65-87794897 - VINOTH.NOX@GMAIL.COM 108 JALAN RAJAH #04-122 S320108 No Relative No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
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? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE SEE ATTACHED REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number	SKZ557T Private car -

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. Please report correctly the details of the accident to speed up the claims process.
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- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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.

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:
- (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' 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.

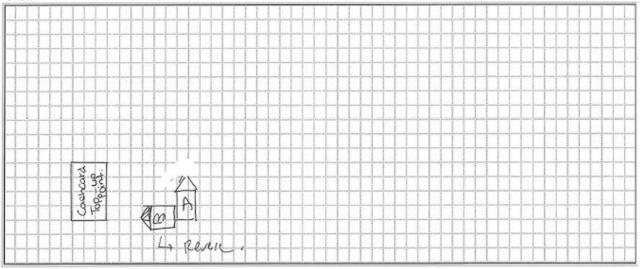
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

ZIHUNL

Sketch Plan



Describe Circumstance of the Accident
On the 26 Suy 2022 @ 2234 Hrs, I parked my vertice (SSZ 86508)
at the singapore Immigration Cash eard top-up point to top up my cash
card. When I was walking out toward my vehicle Suddenly I Saw vehicle B
(SKZ557T) reserve and Hit my rear left portion of my vehicle, I walk
toward and exen confront the driver at that moment to take his
particular and contact number.
long I late report this matter as vericle B owner standing ask me to let
him private settle this matter. But after a few days vehicle 8 owner say that
ack me go ahead and file report and claim him.

Declaration

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

Policyholder's Signature / Date & Time

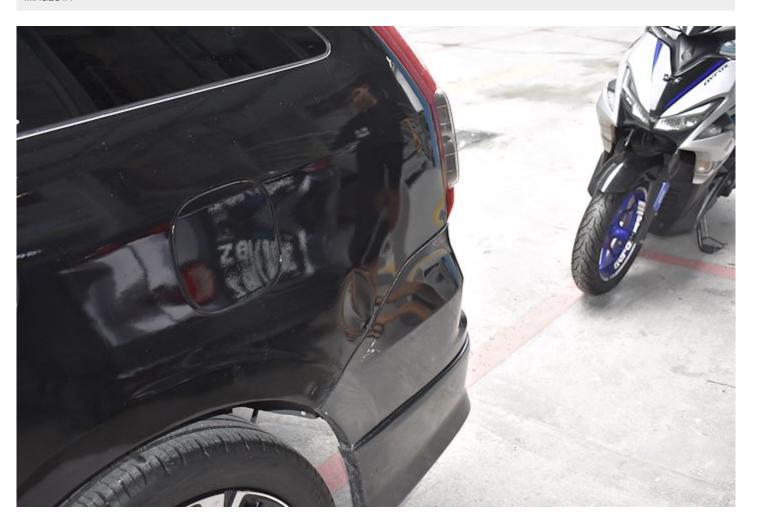
Driver's Sgnature (if driver is not the policyholder) / Date & Time

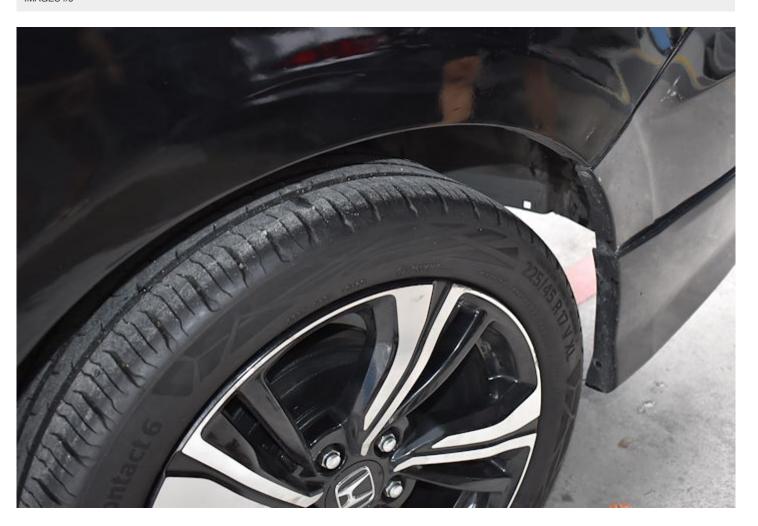
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)





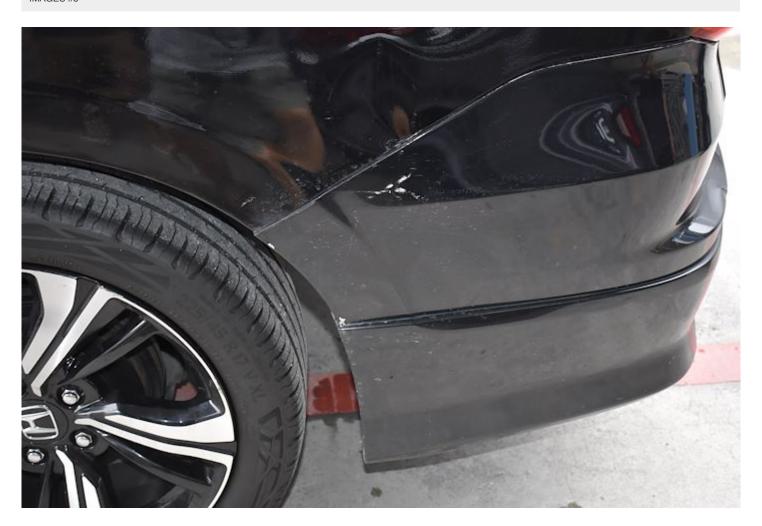


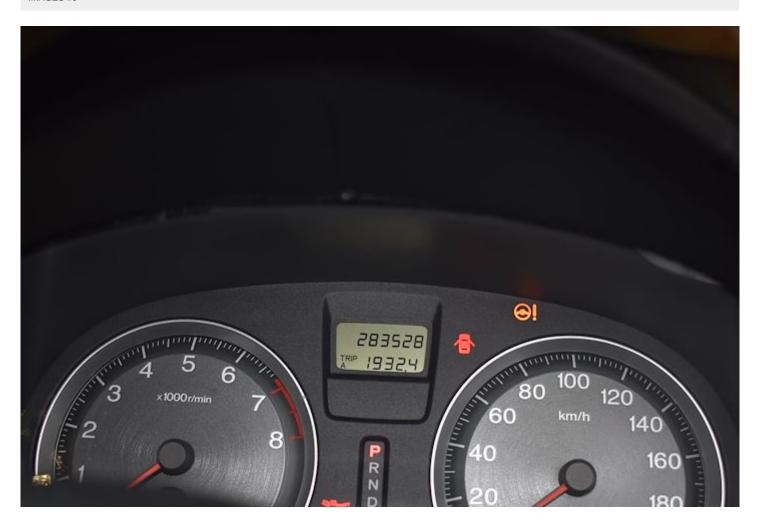


















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDENDUM	
PARTICULARS	DE PERSON MAKING THE A	MENDMENTS:	
Original Report	No : <u>SKON 22820006</u>	Vehicle Registratio	n No: <u>SJZ 8650R</u>
Name(as shownin	NRIC): Vinoth Ragend	NRIC/FIN/Passport	No: <u>\$8508466</u> F
(*Vehicle Drive	r / Vehicle Owne r) (*) Pleas	se delete as appropriate	b
Address	: BIK108 Jahn	Ragon #04-122	Singapore(435)
Contact (Tel)	: 8779 4897	Mobile No.:838	0 4366
Email Address	: vinoth nox @ gn	mil·com	
Date of Accider	t: 26 July 2022	Time of Accident :	2234
Place of Accide	nt : Twas check;	point cash cara top	up point
Insurance Com	pany: NTOC		
	top up goint.		
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Accident report SK0N22820006

GIARMC addendumform, V3