SJ0E22960003 / Jin Auto Services Pte Ltd ENTRY DATE & TIME: 06/09/2022 15:17 (SGT) SUBMITTED BY: Lim Hong Guo VERSION: 1 (06/09/2022 15:17 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

. 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

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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

06/09/2022 15:17 (SGT) Both 06/09/2022 09:10 (SGT) Punggol Central, Singapore TOWARDS PASIR RIS Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

XE2341S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No.

Yes RESOURCE MANAGEMENT CORPORATION PTE LTD 200306049R tok.lk@rmc.com.sg (Phone) +65-96166325

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Mitsubishi Fuso FV51SJD2DEA

Employment

No - Claiming third party Commercial vehicle Manual 11967

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Income Insurance Limited 5110398934-03-000013

DRIVER

Name of Driver Work Permit No Date Of Birth Occupation

PILLAPPAN TAMILARASAN F8402590U 10/02/1975 Outdoor



Date Of Driving Pass
Driving experience

Gender Mobile Nu

Mobile Number Alt. Phone Number

Email 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

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

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH 3

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes No

29/10/2020

530682

Employee

No

No

Clear

Dry

No

No

Yes

No

No

No

1

1 YEAR AND 11 MONTHS

BLK 682 HOUGANG AVENUE 4 #03-338

Collision - Change/cross lane

(Phone) +65-91904647

tok.lk@rmc.com.sg

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

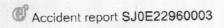
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver Contact Number XD2240E Nissan

Commercial vehicle

-

-



, N. P. 1985	
Address	
Address complement	
Postcode	
nsurance 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
- 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 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

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
- 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' 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

(ii) investigating the accident and/or my claims.

till carrying out and/or dealing with my instructions or responding to any enquines 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

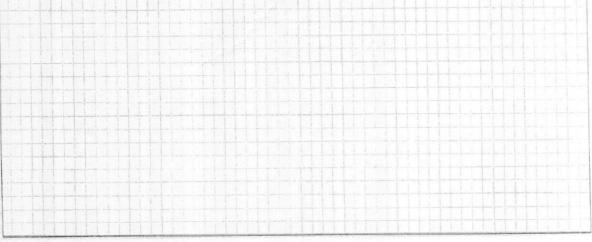
(collectively the 'Purposes')

(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 mayican be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers and firms), which may be sited outside of Singapore, for one or more of the above Purposes

Hur Gus

Sketch Plan



escribe Circumstance of the Accident

Declaration

!We declare the foregoing particulars are true in every respect

SKETCH PLAN

IMPORTANT NOTICE

- 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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 - 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")
 - 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

Driver's Signature
[If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature Name: Name: Name:

Date & Time:

KETCH PLAN		
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ESCRIBE CIRCUMSTANCES OF THE		
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lave & ibto Punga	61 Central. The most	lett lane can
drive & straight ont	to Punggul Central T	Le vencues ariving
		o my lane & the vehicle
year portion bit or	to my trum right	hard portion
	A CONTRACTOR OF THE CONTRACTOR	
DECLARATION		
I/We declare the foregoing particulars	are true in every respect.	
M > I(M)	07	
Policyholder Mignature	P. TAMILARAN. Driver's Signature	Reporting Centre Personnel's Signature
Date & Time.	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No::



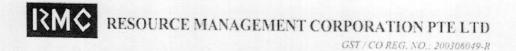












6th September 2022

To whom it may concern,

This is to certify that Mr. Pillappan Tamilarasan, S Pass No. 0 32110401 / FIN No. F8402590U is authorized to drive our company, Resource Management Corporation Pte Ltd, Tipper Truck No. XE2341S.

Yours faithfully, Resource Management Corporation Pte Ltd

Chua T.C. Site Supervisor

> Blk 682 Hougang Avenue 4, #03-338, Singapore 530682 10 Kaki Bukit Road 1, #03-16 KB Industrial Building Singapore 416175 Tel:6744 9811/2 Fax:6744 2494