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SN09235Q0005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 26/05/2023 11:33 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (26/05/2023 11:33 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual 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 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

26/05/2023 11:33 (SGT) **Actual Driver** 25/05/2023 21:05 (SGT) Sims Ave, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBD985M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address**

Mobile Phone No Alternative Phone No Yes

V.J ROOTS PTE. LTD. 2XXXXX344C

mdsahin89@icloud.com (Phone) +65-90167751

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission CC

Employment

Mitsubishi

Canter

No - Claiming third party Commercial vehicle

Auto 2998

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Great American Insurance Company MOMVC000008792-01-000

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

MD SAHIN GXXXX817N 10/12/1989 Outdoor



17/09/2018 Date Of Driving Pass 4 YEARS AND 8 MONTHS Driving experience Gender (Phone) +65-90167751 Mobile Number Alt. Phone Number mdsahin89@icloud.com **Email Address** 35 LORONG 22 GEYLANG #06-08 Address Address complement 398692 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface 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? 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? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

HD525L
axi



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

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

l 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' 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.

	SAMM	26/0x/201
Policyholder's Signalur / Sate & Time 201539344C Sketch Plan	Driver's Signature (If driver is not the policyholder) / Date & Time	Personnel
		(R) 6BD 995M (B) SHO525L
ALDUMED MRT	B reversed	
W W	A stationary	

VJ ROOTS

On 25-05-2023 at about 2105 hrs, I parted my rehidle
On 25.05-2023 at acoust 8.00
along sins Avenue. I alighted to mithdraw cash at arm. No
one in the which. Whad of me there's a vehicle of 5252 parced.
All of a sudden of heard or pano. I turn and realised a taxi
had veverad and collided onto my font valide. That's all.
VJ ROOTS
201539344C

Declaration

We declare the foregoing particulars are true in every respect.

Policyholded's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

VJ ROOTS 201539344C

Date of Accident	: 25.09-28 Accident Time: 2105/10 (24-HR-Format)
Accident Place	: Ims Freme: Towards Prya lebar
Vehicle. No. (Car Plate No.)	:6BO 965M Make/Model: M. T. Cantor TEADSBR 25DED
Insurace Company	: GA Policy No: WOMV (00008792-01-000
Owner or Company Name /IC No.	: Y-J Roots He 4d (2015392440)
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Mb satin (66944617N)
DRIVER'S Date Of Birth	:\0.\2.\949 DRIVER'S License Pass Date 17.09.2018
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 35 Lowne 22 6colone *06-08 s(398692)
DRIVER'S Contact No./ Alt No.	2) 90167751
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: md Sahin 89@1 cloud.com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Di	river): NIL (stationary)
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	r camera: (ES) NO s being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if any)
Vehicle. No: SHO 525L	Vehicle. No:
Vehicle Make\Model:	
Name Driver:	
C No. Driver/Contact:	

* NEW - Passenger's name & gender:



GREAT AMERICAN INSURANCE COMPANY

GST REG. NO.: M90370081T UEN: T15FC0029B 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER

SINGAPORE 039190 TEL: +65 6804 6000 FAX: +65 6235 2616

CERTIFICATE OF INSURANCE

- Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1987 (Malaysla) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysla) Road Transport (Amendment) Act, 2019 (Malaysla)

Policy Details

Certificate Number

MOMVC000008792-01-000

Cover

Commercial Vehicle (Comprehensive)

Policyholder Name

V.J Roots Pte. Ltd.

Chassis Number

: FEA01BA00281

NCD Entitlement

10% No Claim Discount

Engine Number

: 4P10B19546

Hire Purchase

HITACHI CAPITAL ASIA

Registration Number

: GBD985M

Period of Insurance

PACIFIC PTE. LTD.

From 02/11/2021 (00:00) To 15/06/2023 (23:59) (Both Dates Inclusive)

Persons or Classes of Persons entitled to Drive

Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

Limitations as to Use

- Use in connection with Policyholder's business a)
- Use for carriage of passengers (other than for hire and reward) in conection with the Policyholder's business b) This Policy does not cover:
- Use for Hire and Reward
- Use for racing, pace making, reliability trial or speed testing
- * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987(Malaysia), are not to be included under these headings

Excess (Section 1)

SGD 700.00

Excess (Section 2)

N/A

Windscreen Excess

SGD 100.00

Additional Excess

Please refer overleaf

Driver Details

Named Driver 01

Any person who is driving on the policyholder's order or with their permission

Name of Intermediary

Financial Alliance Pte. Ltd.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company

Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

openina net rateer

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 26 May 2023

Company

344C

GBD985M

No

08 Jul 2023 MITSUBISHI

CANTER FEA01BR2SDEB (CBU)

White

2014

4P10B19546

FEA01BA00281

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\$25,922.00

16 Jun 2014

16 Jun 2014

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\$1,297.00

No

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\$0.00

15 Jun 2024

C - Goods Vehicle & Bus

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\$36,301.00

\$3,398.00

\$3,398.00