

[illegible]

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 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. 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	26/05/2023 11:33 (SGT)
Reported by	Actual Driver
Date of Accident	25/05/2023 21:05 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD985M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	V.J ROOTS PTE. LTD.
Company Reg No	2XXXXX344C
Email Address	mdsahin89@icloud.com
Mobile Phone No	(Phone) +65-90167751
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	Auto
CC	2998

INSURANCE COMPANY

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

DRIVER

Name of Driver	MD SAHIN
Passport No/FIN	GXXXX817N
Date Of Birth	10/12/1989
Occupation	Outdoor

Date Of Driving Pass	17/09/2018
Driving experience	4 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90167751
Alt. Phone Number	-
Email Address	mdsahin89@icloud.com
Address	35 LORONG 22 GEYLANG #06-08
Address complement	-
Postcode	398692
Is the driver the policyholder?	No
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

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
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) soliciting/offering accident claims assistance?	No
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?	No
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

Vehicle Registration Number	SHD525L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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
201539344C
Sketch Plan

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

Witnessed by Reporting Centre Personnel

Aluminium
mkf

reversed
stationary

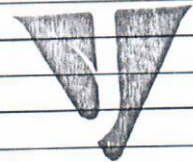
(A) 6BD985M
(B) SHD525L



VJ ROOTS
201539344C

Describe Circumstances of the Accident

On 25-05-2023 at about 2105hrs, I parked my vehicle along Sims Avenue. I alighted to withdraw cash at ATM. No one in the vehicle. Ahead of me there's a vehicle SHB 525L parked. All of a sudden, I heard a bang. I turn and realised a taxi had reversed and collided onto my front vehicle. That's all.



VJ ROOTS

201539344C

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

VJ ROOTS

201539344C

[Signature]

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

[Signature] 26/05/2023
Witnessed by Reporting Centre Personnel

Date of Accident : 25.05.23 Accident Time: 2105hrs (24-HR-Format)
 Accident Place : 9ms Avenue Towards Paya Lebar
 Vehicle No. (Car Plate No.) : GBO 985M Make/Model: h1t. Canter TEA09BR 250EB
 Insurance Company : GA Policy No: MDMV00008792-01-000
 Owner or Company Name /IC No. : Y-J Roots Pte Ltd (2015392440)
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : md sahlin (66944617N)
 DRIVER'S Date Of Birth : 10.12.1989 DRIVER'S License Pass Date 17.09.2018
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Employee
 DRIVER'S Address : 35 LORONG 22 GUNUNG *06-08 s(398692)
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) 90167751
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : mdsahlin89@icloud.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 Driver): NIL (stationary)
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>8H0 525L</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia) Road Transport (Amendment) Act, 2019 (Malaysia)

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 PACIFIC PTE. LTD.	Registration Number	: GBD985M
Period of Insurance	: From 02/11/2021 (00:00) To 15/06/2023 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive	
a)	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	
a)	Use in connection with Policyholder's business
b)	Use for carriage of passengers (other than for hire and reward) in connection with the Policyholder's business
This Policy does not cover:	
a)	Use for Hire and Reward
b)	Use for racing, pace making, reliability trial or speed testing

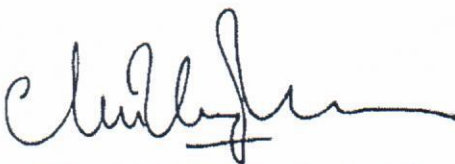
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987(Malaysia), are not to be included under these headings

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.
Date of Issue	: 06/10/2021

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:

Company

Owner ID:

344C

Vehicle Details

Vehicle No.:

GBD985M

Vehicle to be Exported:

No

Intended Deregistration Date:

08 Jul 2023

Vehicle Make:

MITSUBISHI

Vehicle Model:

CANTER FEA01BR2SDEB (CBU)

Primary Colour:

White

Manufacturing Year:

2014

Engine No.:

4P10B19546

Chassis No.:

FEA01BA00281

Maximum Power Output:

-

Open Market Value:

\$25,922.00

Original Registration Date:

16 Jun 2014

First Registration Date:

16 Jun 2014

Transfer Count:

1

Actual ARF Paid:

\$1,297.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

15 Jun 2024

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

QP Paid:

\$36,301.00

COE Rebate Amount:

\$3,398.00

Total Rebate Amount:

\$3,398.00

The information contained herein is correct as at 26 May 2023

OK