SN0823690006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 09/06/2023 16:11 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (09/06/2023 16:11 (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.

- 4. The issue and acceptance 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 09/06/2023 16:11 (SGT) Reported by **Actual Driver** Date of Accident 07/06/2023 22:40 (SGT) Exact Location of Accident Tampines PI, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBE2696D**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner EASTERN EMPORIUM HOSPITALITY PTE. LTD. Company Reg No 2XXXXX499G Email Address kannaa@hotmail.sg Mobile Phone No (Phone) +65-84486764 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hyundai Model Starex 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

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2497

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Policy Number / Cover Note Number DMCPHQ23-000728

DRIVER

Name of Driver KANNAN VIGNESH Passport No/FIN GXXXX982L Date Of Birth 04/02/1995 Occupation Outdoor

Date Of Driving Pass 09/05/2017 Driving experience 6 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-96743464 Alt. Phone Number Email Address sathiyavicky1995@gmail.com Address BLK 63 CIRCUIT ROAD #02-281 Address complement Postcode 370063 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 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) 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? Nο 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? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJP2143E Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

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

IMPORTANT NOTICE

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- Into maken provided must be as morphyl and occurate as possible. Any wiful interpresentation of withholding of material limit may allow resolution companies to reput are policy robbilly.
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- his repart will be forwarded by line interies to the GIA Records Management Certife established by the General Insultrice Association of Singapore (GNA) for anching som than copies of this report will far alloy be visible eventable upon sephisation by intro-using outside.
- 7. By the todgeneral of this region to the insurers, you hereby consent to the accreting of this region of the centre and to copies of the record being made available aforesaid
- Consent wider the Personal Data Protection Act (POPA)

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or processing freeding and/or enalog with my claims including the selfcoment of the claims and any necessary investigations relating to lion trains

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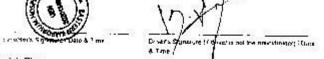
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(b) all visusorys) who have insured vehicle(s) involved in this according and the Insurans Involved by firms, may are primitized to delike). isse. Gisclose and/or process my Personal Information for one or more of the above Purposes, and

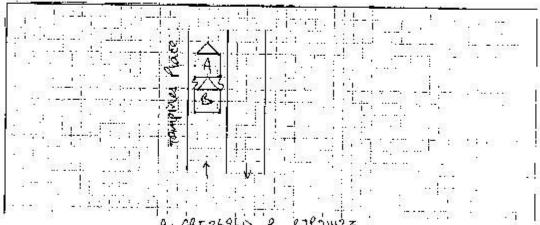
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