

# 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 First Submission	14/06/2024 13:48 (SGT)
Reported by	Actual Driver
Date of Accident	14/06/2024 07:30 (SGT)
Exact Location of Accident	51 Pioneer Sector 1, Singapore 628437
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ3260K
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GREAT SUN MARINE PTE. LTD.
Company Reg No	2XXXXX041N
Email Address	gsm.engineering@gmail.com
Mobile Phone No	(Phone) +65-66864744
Alternative Phone No	(Office) +65-66864744

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	CANTER FEB21ER4SDEN (CBU)
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD23V15118/VCV/R00

### DRIVER

Name of Driver	Kesavan Packiyaraj
Passport No/FIN	GXXXX200X
Date Of Birth	10/05/1987
Occupation	Outdoor



g Pass Date	15/02/2024
ing experience	4 MONTHS
nder	Male
obile Number	(Phone) +65-94687284
Alt. Phone Number	-
Email Address	-
Address	gsm.engineering@gmail.com
Address complement	200 Tuas South Avenue 2, West Point Bizhub
Postcode	-
Is the driver the policyholder?	637205
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Employee
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
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

Refer to attached 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	XE5998C
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Sethurasan Sasikumar
Passport No/FIN	GXXXX077U



### IMPORTANT NOTICE

8. Consent under the Personal Data Protection Act (PDPA)

(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' 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.

X

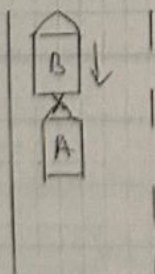
### Sketch Plan

J. P. Ramsey

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

Witnessed by Reporting Centre  
Personnel

57 Pioneer Sector 1



(A) 4Q 3260 K

⑤ XE 5998C



Describe Circumstances of the Accident

On the above mentioned date and time. I had parked my vehicle bearing YQ 3260K. After 5 minutes, I come back to my vehicle, I saw a vehicle B driver is waiting me and informed me that he doing the reversing and accidentally bang into my vehicle cause front portion damage.

Declaration

We declare the foregoing particulars are true in every respect.

X



*K. Pannu*

*K. Pannu*

Policyholder's Signature / Date & Time

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



*[Signature]*

Witnessed by Reporting Centre Personnel

ct Number	(Phone) +65-83479892
ess	-
dress complement	-
ostcode	-
nsurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-