

## 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 .....	23/08/2024 17:32 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	20/08/2024 20:00 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	SLIP ROAD FROM PIE TO BUKIT BATOK EAST AVE 3/TOH TUCK AVE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBL2315S
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SKYLINK VEHICLE RENTAL PTE LTD
Company Reg No .....	201710755G
Email Address .....	CLAIMS@SKYLINK.COM.SG
Mobile Phone No .....	(Phone) +65-92335098
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2982
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	JTFHT02P000251385
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D24MFL0003820

#### DRIVER

Name of Driver .....	ARIVAZHAGAN RISHIRAM NETHAJI
Passport No/FIN .....	M4357998X
Date Of Birth .....	16/07/2002
Occupation .....	Outdoor
Driving Pass Date .....	25/10/2023
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94770555
Alt. Phone Number .....	-
Email Address .....	RISHIRAMAK@GMAIL.COM
Address .....	451A 07-701 BUKIT BATOK WEST AVE 6 SINGAPORE
Address complement .....	-
Postcode .....	650451
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	HIRER'S DRIVER
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 - Change/cross lane
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	MICKEL ADULVYTUS
Gender .....	Male

#### 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 the sketch plan attached.

#### 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 .....	SLB13K
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Private car
Name of Driver .....	SHARON HOR SHU HUI
NRIC No .....	S8340547C
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

## Describe Circumstance of the Accident

While I was driving in the right lane of Bukit Batok East Ave 3 at the specified date and time,

I decided to switch to the left lane. Before making the lane change, I observed that there were

no vehicles in the left lane. Then I activated my left turn signal and moved over. However, after

I had switched lanes, a Mercedes approached very quickly, and I did not notice it behind me.

This resulted in a collision with the rear left side of my vehicle.

## Declaration

I/We declare the foregoing particulars are true in every respect.

SKYLINK VEHICLE RENTAL PTE LTD  
 ROC: 201710755G  
 1 Bukit Batok Crescent  
 #08-03 WCEGA Plaza  
 Singapore 658064

Policyholder's Signature / Date & Time



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

SKYLINK ENGINEERING PTE LTD  
 ROC: 202100108N  
 1 Bukit Batok Crescent  
 #08-52 WCEGA Plaza  
 Singapore 658064

Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)

SKETCH PLAN

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6. 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.
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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.
- (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.

SKYLINK VEHICLE RENTAL PTE LTD  
ROC: 201710755G  
1 Bukit Batok Crescent  
#08-03 WCEGA Plaza  
Singapore 658064

Policyholder's Signature / Date & Time

*[Signature]*  
Driver's Signature (if driver is not the policyholder) / Date & Time

SKYLINK ENGINEERING PTE LTD  
ROC: 202100108N  
1 Bukit Batok Crescent  
#08-52 WCEGA Plaza  
Singapore 658064

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



















































