

## 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 .....        | 13/06/2024 17:24 (SGT)                               |
| Reported by .....                     | Actual Driver  |
| Date of Accident .....                | 12/06/2024 09:00 (SGT)                               |
| Exact Location of Accident .....      | Singapore  |
| Additional Location Information ..... | Ang Mo Kio Avenue 3 towards Serangoon North Avenue 3 |
| Country/State of Loss .....           | Singapore  |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | GBL2136S |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                                 |
|--------------------------------|---------------------------------|
| Is company? .....              | Yes                             |
| Name Of Registered Owner ..... | BESTMAN INSTALLATION & SERVICES |
| Company Reg No .....           | 5XXXX655M                       |
| Email Address .....            | bisvcs@yahoo.com.sg             |
| Mobile Phone No .....          | (Phone) +65-96903068            |
| Alternative Phone No .....     | -                               |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Toyota                    |
| Model .....  | HIACE VAN TURBO 4DR AT    |
| 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 .....   | Auto                      |
| CC .....   | 2982                      |

#### INSURANCE COMPANY

|   |                                      |
|---|--------------------------------------|
| Name of Insurance Company .....         | Tokio Marine Insurance Singapore Ltd |
| Policy Number / Cover Note Number ..... | 24-MP001051-R02                      |

#### DRIVER

|                       |                           |
|-----------------------|---------------------------|
| Name of Driver .....  | Arumugam Manikanda Prabhu |
| Passport No/FIN ..... | GXXXX101T                 |
| Date Of Birth .....   | 19/05/1983                |
| Occupation .....      | Outdoor                   |

|  |  |
|--|--|
| Driving Pass Date .....  | 06/07/2011   |
| Driving experience .....   | 12 YEARS AND 11 MONTHS   |
| Gender .....   | Male   |
| Mobile Number .....  | (Phone) +65-92249922   |
| Alt. Phone Number .....  | -  |
| Email Address .....  | prabhu.ct@gmail.com  |
| Address .....  | 535 WOODLANDS DRIVE 14 #12-599 WOODLANDS VISTA<br>SINGAPORE (730535) |
| Address complement .....   | -  |
| Postcode .....   | -  |
| 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) .....   | 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 .....   | Ah Boon |
| 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

refer to 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 ..... | SND7701C |
| 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

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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.



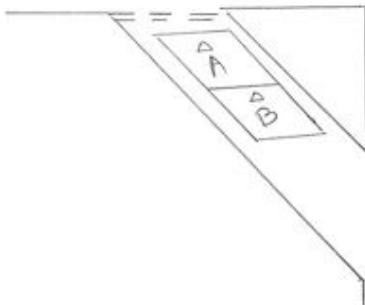
Policyholder's Signature / Date & Time

Sketch Plan



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

Witnessed by Reporting Centre Personnel



Ang Mo Kio Ave 3  
towards  
Serangoon North  
Avenue 3

A: GBL 2136 S

B: SMD 7701 C

**Describe Circumstances of the Accident**

At about 9:00am on 12-06-2024, I was  
 travelling along Ang Mo Kio Ave 31 <sup>(Slip Road)</sup> turning towards  
 Serangoon North Ave 3. I was in a stationary position  
 to check clearance of traffic on the main <sup>Road</sup>. Suddenly, I felt  
 an impact. Vehicle B (SND 7701C) hit my rear portion of  
 my vehicle (GBL 2136S).

**Declaration**

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

**Bestman**  
 Installation & Services  
 52945655M

Policyholder's Signature / Date &  
 Time

**Bestman**  
 Installation & Services  
 52945655M

*[Signature]* 12/6/24 1.45PM.  
 Driver's Signature (If driver is not the policyholder) / Date  
 & Time

Witnessed by Reporting Centre  
 Personnel





































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 - 17:00  
 UEN: S665500205 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SK0N 246D000F Vehicle Registration No GBL 2136S  
 Name (as shown in NRIC) : Bestman Installation & Services NRIC/FIN/Passport No : S2945655M  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : 535 Woodlands Drive 14 #12-599 Woodlands Vista Singapore (730535)  
 Contact (Tel) : \_\_\_\_\_ Mobile No. 9690 3068  
 Email Address : prabhu.ct@gmail.com  
 Date of Accident : 12.06.2024 Time of Accident 9:00 am  
 Place of Accident : Ang Mo Kio Avenue 3 towards Serangoon North Ave 3  
 Insurance Company : Tokio Marine

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

vehicle Registration Number: GBL 2136AS  
to change to: GBL 2136S

[Signature]  
 Policyholder / Driver's Signature  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date:



