

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	28/08/2024 16:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/08/2024 12:15 (SGT)
Exact Location of Accident	Toh Tuck Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6548L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TOPZ GALLERY PRIVATE LIMITED
Company Reg No	201105017W
Email Address	INFO@TOPZGALLERY.COM
Mobile Phone No	(Phone) +65-81132828
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Manual
CC	2500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCPHQ22-003068

DRIVER

Name of Driver	AKANDO MD KHOCON
Passport No/FIN	G8299776N
Date Of Birth	11/10/1985
Occupation	Outdoor
Driving Pass Date	12/06/2013
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	11 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80328115
Alt. Phone Number	-
Email Address	INFO@TOPZGALLERY.COM
Address	6D MANDAI ESTATE
Address complement	-
Postcode	729938
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	Chain Collision
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)	3
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
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

I WAS TRAVELLING ALONG TOH TUCK LINK ON 28/08/2024 AT ABOUT 12.15PM. I WAS TRAVELLING STRAIGHT. THE VEHICLE IN FRONT SLOWED DOWN AND STOPPED, I FOLLOWED SUIT. SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR. THE IMPACT CAUSED MY VEHICLE TO BE PUSHED FORWARD AND COLLIDED INTO THE VEHICLE IN FRONT. WE ALIGHTED, EXCHANGE PARTICULARS AND LEFT THE SCENE.

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 GBD202P
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver PERIASAMY MUTHUKUMAR
 Contact Number (Phone) +65-90147521
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident VEHICLE B
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SNL178S
 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 VEHICLE C
 No. Of Passenger (Including Driver) -

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 the 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 envelope/postal 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.

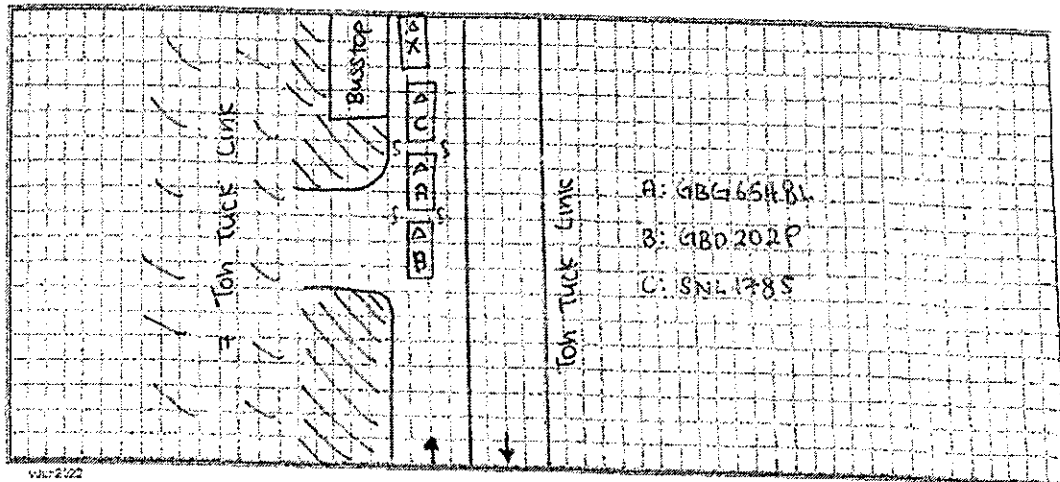


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

I was travelling along Toh Tuck Link on 28/08/2024 at about 12.15pm. I was travelling straight, the vehicle in front slow down and stopped, I follow suit and stopped. Suddenly I felt a huge impact from the rear. The impact caused my vehicle to be pushed forward and collided onto the vehicle in front. We alighted, exchange particulars and left the scene.

Declaration

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



Policyholder's Signature / Date & Time

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

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