

# 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	06/05/2024 19:16 (SGT)
Reported by	Actual Driver
Date of Accident	06/05/2024 12:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TOH GUAN CENTRE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG6328E

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WIS ICT PTE LTD
Company Reg No	201004444C
Email Address	CATHERINE.SOH@WISHOLDINGS.COM.SG
Mobile Phone No	(Phone) +65-97724747
Alternative Phone No	+65-65727722

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NV350
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	Auto
CC	3000
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	TOKIO MITSUBISHI Insurance Singapore Ltd
Policy Number / Cover Note Number	24-MAA00280-R01

### DRIVER



Name of Driver	CHANDRAN NADEESHKUMAR
Work Permit No	G2317824P
Date Of Birth	05/06/1993
Occupation	Outdoor
Driving Pass Date	07/02/2024
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98697501
Alt. Phone Number	-
Email Address	CNADEESHNADEESH@GMAIL.COM
Address	29 TAI SENG AVENUE #07-01
Address complement	-
Postcode	534119
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)	1
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 ATTACHMENTS.

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	GBB5520Z
Vehicle Manufacturer	-

Vehicle Model	[REDACTED]	-
Vehicle Variant	[REDACTED]	-
Vehicle Colour	[REDACTED]	-
Vehicle Category	[REDACTED]	Commercial vehicle
Name of Driver	[REDACTED]	YONG TECK LOK
Contact Number	[REDACTED]	-
Address	[REDACTED]	-
Address complement	[REDACTED]	-
Postcode	[REDACTED]	-
Insurance Company Name	[REDACTED]	-
Nature Of Damage	[REDACTED]	-
Details of property damaged in accident	[REDACTED]	-
No. Of Passenger (Including Driver)	[REDACTED]	-



**SKETCH PLAN**

**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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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.
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

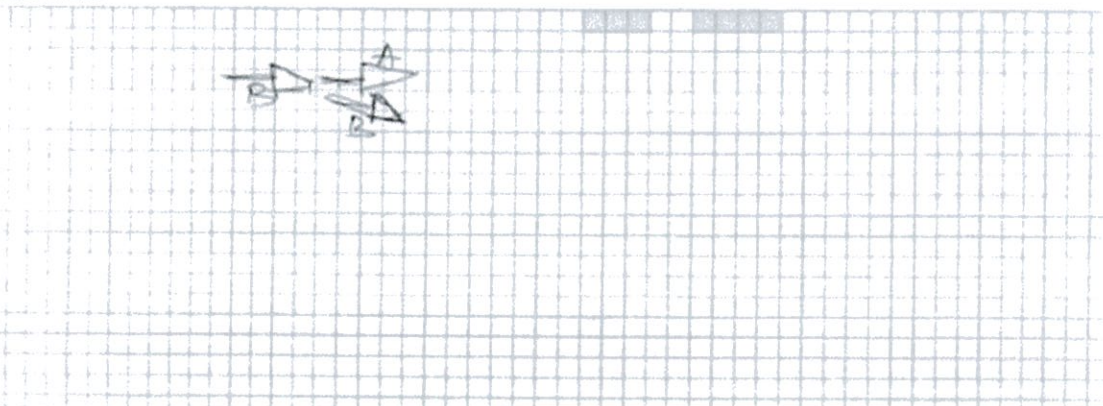
\_\_\_\_\_

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

\_\_\_\_\_

Witnessed by Reporting Centre Personnel

**Sketch Plan**




**Describe Circumstances of the Accident**

I am waiting at the junction to turn left behind the car  
over taking me to turn right hit the my car behind the  
part of my car at the American Centre outside

**Declaration**

We declare the foregoing particulars are true in every respect.

x  
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

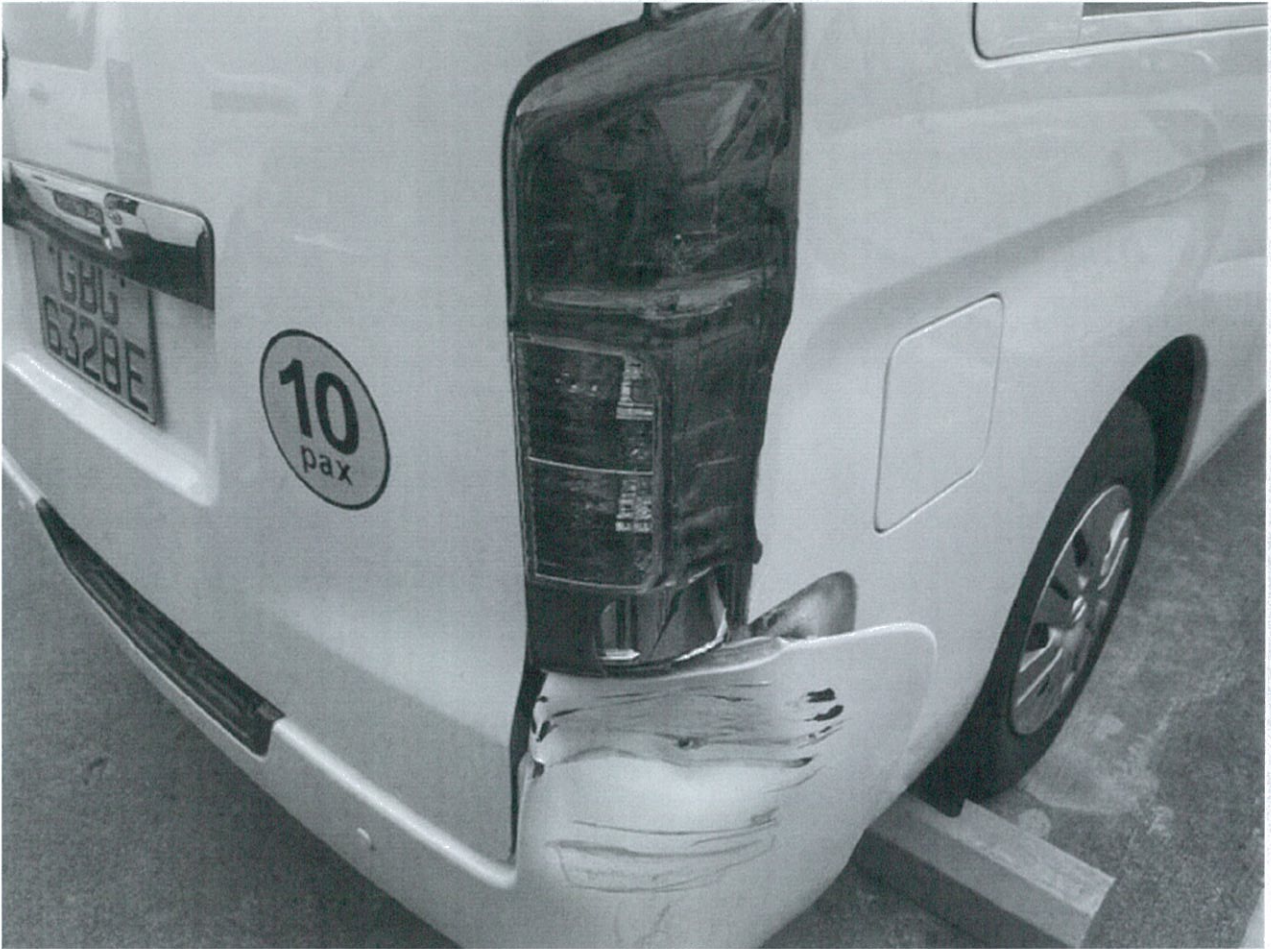
x   
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel





IMAGES #2















IMAGES #10



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

**ADDENDUM**

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

Original Report No: SCIX 2456 0006      Vehicle Registration No: GBG 6328E  
 Name (as shown in NRIC): CHANDRAN NADEESH KUMAR      NRIC/FIN/Passport No: G2317824P  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 29 Tai Seng Avenue #07-01, S'pore 534119 Singapore (      )  
 Contact (Tel): 65727722      Mobile No.: 97724747  
 Email Address: catherine.soh@wishholdings.com.sg  
 Date of Accident: 06/05/2024      Time of Accident: 12:05 (SGT)  
 Place of Accident: TOH GUAN CENTRE  
 Insurance Company: TOKIO MARINE Insurance Singapore Ltd

**(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:

- 1) model no. should be NV350
- 2) Contact no & email change to :  
97724747 / 65727722 , catherine.soh@wishholdings.com.sg
- 3) mailing address change to : 29 Tai Seng Avenue , #07-01  
S'pore 534119



Policyholder / Driver's Signature \_\_\_\_\_  
 Date: 29 Aug 2024

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