

# 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 .....	19/09/2024 17:12 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	19/09/2024 09:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE TOWARDS GEYLANG ROAD EXIT NEAR KALLANG BAHRU
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBK7940J
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	WELLCOME MOTOR AGENCIES
Company Reg No .....	39853800W
Email Address .....	admin@wellcome.com.sg
Mobile Phone No .....	(Phone) +65-96357963
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2000
Vehicle Fuel .....	Petrol
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5113942309-04-000035

### DRIVER

Name of Driver .....	KANNAIAN MUTHURAJ
Passport No/FIN .....	G8495663K
Date Of Birth .....	17/10/1986
Occupation .....	Outdoor
Driving Pass Date .....	30/04/2018
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	6 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92488263
Alt. Phone Number .....	-
Email Address .....	admin@wellcome.com.sg
Address .....	LORONG 74 GEYLANG WING FONG MANSIONS
Address complement .....	#05-18
Postcode .....	S 398924
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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) .....	8
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

#### PASSENGER 3

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 4

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 5

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 6

Name ..... UNKNOWN  
Gender ..... Male

PASSENGER 7

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

PLEASE REFER TO 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 ..... GBB4414D  
Vehicle Manufacturer ..... Toyota  
Vehicle Model ..... Dyna  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
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) ..... 1

**SKETCH PLAN**

**IMPORTANT NOTICE**

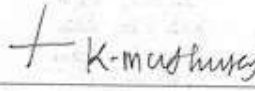
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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

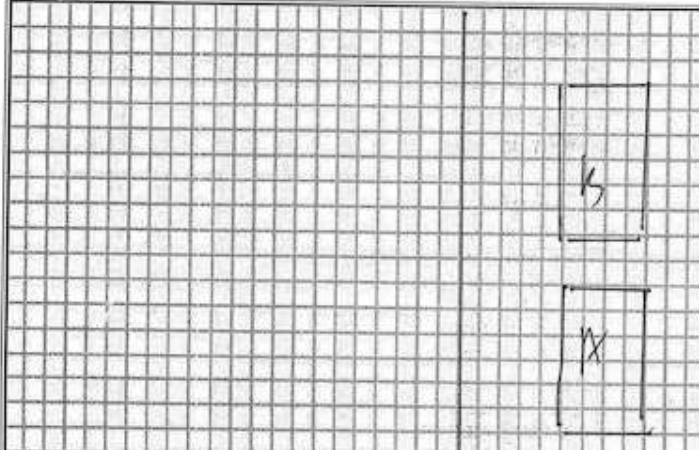
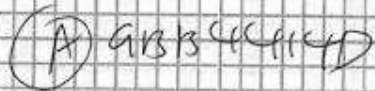
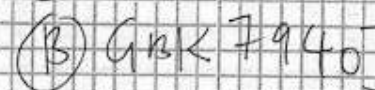
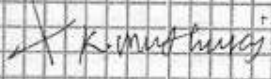
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

  
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**

vJun2022



## Describe Circumstance of the Accident

On 19/12/24 about 9:45am  
 I was driving along PIE towards  
 Geylang hwy exit near Kallang  
 Bahra The vehicle NO  
 GBS14414D came very fast  
 and hit my vehicle near Portin  
 NO Body was injured.

## Declaration

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



vJun2022

Policyholder's Signature / Date &amp; Time

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

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









INV 01-31232


**wellcome motor agencies**

 68 Kaki Bukit Avenue 6 #02-02 ARK @ KB Singapore 417896  
 Tel: (65) 6344-4012 Fax: (65) 6345-3140  
 Email: admin@wellcome.com.sg Website: www.wellcome.com.sg

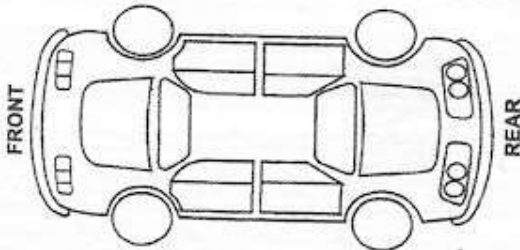
**RA No: 32198**

 CO. REG. NO: 39853800W  
 GST REG. NO: M9-0001228-R

DATE: 28/12/21

**VEHICLE RENTAL AGREEMENT**

HIRER'S PARTICULARS		VEHICLE'S PARTICULARS	
Name:	Megacool Singapore Pte Ltd	VEHICLE NO:	GBK7940J
Address:		MAKE/MODEL:	
Name & Address of Employer:		MILEAGE OUT:	MILEAGE OUT
IC/PP No:	DL No:	DATE OUT:	28/12/21
Date of Birth:	Date of Issue/Expiry:	TIME OUT:	1000hrs
Nationality:	PL of Issue:	HIRE/PERIOD EXPIRY:	
Occupation:	Driving Exp:		
Tel No: (O) (R) (HP)			
DRIVER'S PARTICULARS		Rental Charges	
Name:	Antonismy Velankanni	Daily	@ \$ per day
Address:		Weekly	@ \$ per week
IC/PP No:	DL No: 67992788R	Monthly	@ \$ 1500 per month
Date of Birth:	Date of Issue/Expiry: 30/11/2016	Hours	@ \$ per hour
Nationality:	PL of Issue:	Others	@ \$
Occupation:	Driving Exp:	CDW	@ \$ per day/week/month
Tel No: (O) (R) (HP)		PAI	@ \$ per day/week/month
		DELIVERY SERVICE	
		SUB-TOTAL S\$	
		PETROL/DIESEL LEVEL	
		OUT E 1/4 1/2 3/4 F	
		IN E 1/4 1/2 3/4 F	
		Extension of Rental	
		Repairs/Damages	
		Collection Service	
		MISC	
		GST @ 7%	
		TOTAL CHARGES S\$	
		SECURITY DEPOSIT	
		ADVANCE RENTAL PAID	
		BY: CASH NETS CHEQUE BILL CARD	
		CHEQUE / CARD NO:	
		EXPIRY DATE	
		AMOUNT DUE REFUND	
		REFUND RECEIVED S\$	
		BY RECEIVER	



A-ACCIDENTS C-CRACKED D-DENTS S-SCRATCHES

HIRER'S SIGNATURE &amp; STAMP

DRIVER'S SIGNATURE

I/We have read and agree to the terms and conditions on both sides of this agreement. If I/We have presented a cheque/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my/our signature above will be considered to have been made on the cheque/credit card voucher. All information I/We have given WELLCOME MOTOR AGENCIES in connection with this agreement are true and accurate.

**IMPORTANT**

- Only persons above 23 and below 70 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company WELLCOME MOTOR AGENCIES.
- Use of the vehicle for illegal purpose (for instance: In connection with theft, drug peddling or trafficking, smuggling is strictly prohibited).
- Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- The hirer shall be liable for excess charges for any late return of the rate shown per hour or per day, inclusive of CDW and/or PAI where applicable.
- In case of accident, the hirer shall report to owner immediately, if there is bodily injuries a police report must be made within 24 hours.
- No refund will be given for early return of vehicle.
- The hirer is responsible for the first S\$ 2000/- excess to the THIRD PARTY DAMAGE OR INJURY claims and/or also the first S\$ excess to the FIRST PARTY DAMAGE (I.E) WELLCOME MOTOR AGENCIES, upon payment of CDW for each and every accident/damage.

RETURN OF VEHICLE - The Hirer / Driver is required to sign in the column "Signature of Hirer / Driver" Failing which the day and time inserted below shall deemed to be the day and time the vehicle is returned to WELLCOME MOTOR AGENCIES and the same shall be accepted as conclusive evidence of the same and shall not challenged or questioned on any account whatsoever.

Date In	Time In	Mileage In	Checked By	Remarks	Signature of HIRER / DRIVER