

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	19/10/2024 12:46 (SGT)
Reported by	Actual Driver
Date of Accident	11/10/2024 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	81 PHOENIX ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2281L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MILLION AUTO RENTAL PTE LTD
Company Reg No	201134025G
Email Address	GRACE@MILLIONAUTO.COM
Mobile Phone No	(Phone) +65-62649091
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	JAC
Model	HFC1048K
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	2776
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	LJ11KCBD6F8023577
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0002377_04

DRIVER

Name of Driver	SELVARAJ GUHAN
Passport No/FIN	M4369708T
Date Of Birth	18/06/1998
Occupation	Outdoor
Driving Pass Date	20/10/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-62649091
Alt. Phone Number	-
Email Address	MSCHONG@MILLIONAUTO.COM
Address	MILLION AUTO RENTAL PTE LTD
Address complement	-
Postcode	-
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 - 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)	11
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	HOSSAIN MD ALIF
Gender	Male

PASSENGER 2

Name	KARIM MD RAZAUL
Gender	Male

PASSENGER 3

Name	SARDER MOHAMMAD NASIR UDDIN
Gender	Male

PASSENGER 4

Name	MUSA MD ABU
Gender	Male

PASSENGER 5

Name	GRANASEKARAN SATHIYAPRIYAN
Gender	Male

PASSENGER 6

Name YE MAN KHANT
Gender Male

PASSENGER 7

Name MIN MOU KWON
Gender Male

PASSENGER 8

Name SINAGAMUTHU RAJENDRAN SASIKUMAR
Gender Male

PASSENGER 9

Name TAN MIN HLAING
Gender Male

PASSENGER 10

Name HEIN HTEK SOE
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

-

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 SMP6666B
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) 3

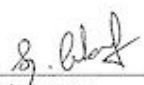
SKETCH PLAN

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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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

I AM AWARE THAT MY INSURER MAY HAVE A 34 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

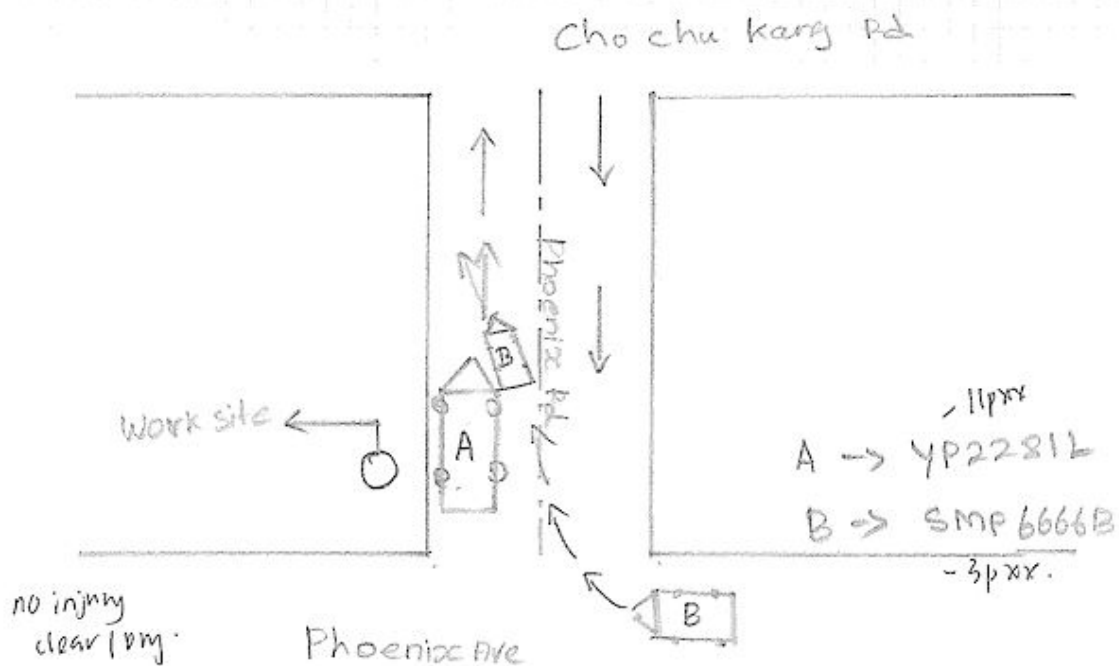

Policyholder's Signature:
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:

11-10-2024
11 AM


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This Incident Happend on 11/10/24 Time - 7:30AM
At the phoenix Rd. The vehicle A slow moving to
prepare for stop on the worksite for drop off
workers. The vehicle B is a turn from phoenix Ave
to Phoenix Rd. At the same time after the turn
right, vehicle B overtake the vehicle A. vehicle
B did not complete the overtake, that take the
Left Lane. on that time vehicle B was Hit the
vehicle A (when the happening accident. while
vehicle A is slow moving)

DECLARATION

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

POLICYHOLDERS SIGNATURE
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:
11-10-2024
11AM

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

☐ Claim own policy
☐ Claim third party
☒ Claim OD / TP at other workshop
☐ For record purpose
Policy No.
Insurer



















