

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	06/09/2024 11:38 (SGT)
Reported by	Actual Driver
Date of Accident	05/09/2024 20:00 (SGT)
Exact Location of Accident	Tuas Flyover, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ6691E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KSM CONSTRUCTION & ENGINEERING PTE LTD
Company Reg No	2XXXXX313C
Email Address	KSMCEPL@GMAIL.COM
Mobile Phone No	(Phone) +65-91242351
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	Auto
CC	2755
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG24006082

DRIVER

Name of Driver	PERIYASAMY MANIMARAN
Passport No/FIN	FXXXX330Q
Date Of Birth	06/01/1973
Occupation	Outdoor
Driving Pass Date	31/08/2000
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91242351
Alt. Phone Number	-
Email Address	KSMCEPL@GMAIL.COM
Address	TUAS SOUTH AVE 4
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

ON THE 05/09/2024 AROUND 2000HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER (YQ6691E) ALONG TUAS FLYOVER ENROUTE FROM CLEMENTI TOWARDS TUAS SOUTH AVE 4. I WAS DRIVING IN THIRD LANE THE VEHICLE THAT I FRONT ME WERE SLOWING DOWN ALMOST TO STOP ALONG WITH HIM I WAS SLOWING DOWN AND STOPPED THE VEHICLE (A) SUDDENLY I FELT AN IMPACT FROM MY REAR PORTION OF VEHICLE (A), VEHICLE (B) BEARING REGISTRATION NUMBER (YQ8737U) WERE FAILED TO STOP ON TIME AND COLLIDED ONTO MY VEHICLE. I WAS INJURED DURING THIS INCIDENT AND I HAD ALREADY CHECK WITH THE DOCTOR.

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	YQ8737U
Vehicle Manufacturer	Hino
Vehicle Model	XZU710R 14FT WID CAB 5T MT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SATTAR KHALID ISLAM
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PERIYASAMY MANIMARAN
Gender	Male
Phone No	(Phone) +65-91242351
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YQ6691E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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

Sketch Plan

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

05/09/2024-2130HRS


 Witnessed by Reporting Centre
Personnel


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Describe Circumstances of the Accident

ON THE 05/09/2024 AROUND 2000HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER (YQ6691E) ALONG TUAS FLYOVER ENROUTE FROM CLEMENTI TOWARDS TUAS SOUTH AVE 4. I WAS DRIVING IN THIRD LANE THE VEHICLE THAT I FRONT ME WERE SLOWING DOWN ALMOST TO STOP ALONG WITH HIM I WAS SLOWING DOWN AND STOPPED THE VEHICLE (A) SUDDENLY I FELT AN IMPACT FROM MY REAR PORTION OF VEHICLE (A), VEHICLE (B) BEARING REGISTRATION NUMBER (YQ8737U) WERE FAILED TO STOP ON TIME AND COLLIDED ONTO MY VEHICLE. I WAS INJURED DURING THIS INCIDENT AND I HAD ALREADY CHECK WITH THE DOCTOR.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature in blue ink is written above the driver's signature line.Driver's Signature (If driver is not the policyholder) / Date & Time
05/09/2024-2130HRS

Witnessed by Reporting Centre Personnel



















