



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	09/11/2024 10:37 (SGT)
Reported by	Actual Driver
Date of Accident	08/11/2024 08:00 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	ECP TOWARDS CITY BEFORE EXIT 7B (BEDOK)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9370Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ALPHA GOURMET SERVICES PTE LTD
Company Reg No	2XXXXX997C
Email Address	gourmet5@singnet.com.sg
Mobile Phone No	(Phone) +65-96216923
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	2982
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	3570206200
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	24-MU005577-R07

DRIVER



Name of Driver	RAJARAMAN VINOTHKUMAR
Passport No/FIN	GXXXX857K
Date Of Birth	15/05/1988
Occupation	Outdoor
Driving Pass Date	31/03/2014
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	10 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93414151
Alt. Phone Number	-
Email Address	gourmet5@singnet.com.sg
Address	110 BEDOK NORTH ROAD #07-2268
Address complement	-
Postcode	460110
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 08/11/24 AT AROUND 0800HRS. IT WAS HEAVY RAINING I WAS DRIVING MY COMPANY VEHICLE (GBE9370Y) THE TRAFFIC WAS SLOW MOVING , I WAS FOLLOWING THE VEHICLE IN FRONT (YQ9287U) WHEN SUDDENLY THE VEHICLE BEHIND ME(GBJ265B) REAR ENDED MY VEHICLE WHICH CAUSED ME TO HIT THE VEHICLE IN FRONT. I SUFFERED MINOR INJURY ON MY LEFT ELBOW, NECK AND SHOULDER. IAM LODGING THIS REPORT FOR COMPANY INSURANCE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ265B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAHMAN MOHAMMAD MUNSUR
Passport No/FIN	GXXXX630K
Contact Number	(Phone) +65-83556801
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YQ9287U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MEYYAPPAN PRASANTH
Passport No/FIN	GXXXX392T
Contact Number	(Phone) +65-80769767
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	RAJARAMAN VINOTHKUMAR
Gender	Male
Phone No	(Phone) +65-93414151
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE9370Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

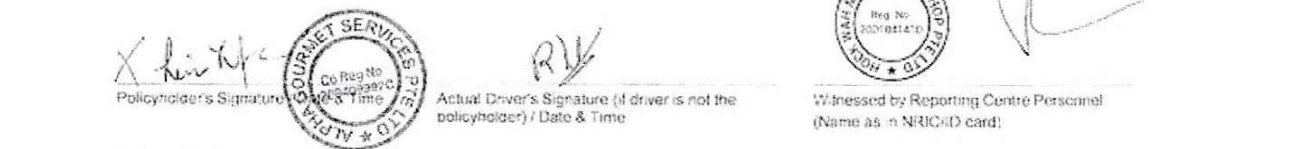
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms) which may be sited outside of Singapore, for one or more of the above Purposes.












Policyholder's Signature _____ Co Reg No _____
 Date _____ Time _____ Actual Driver's Signature (If driver is not the _____
 Witnessed by Reporting Centre Personnel _____

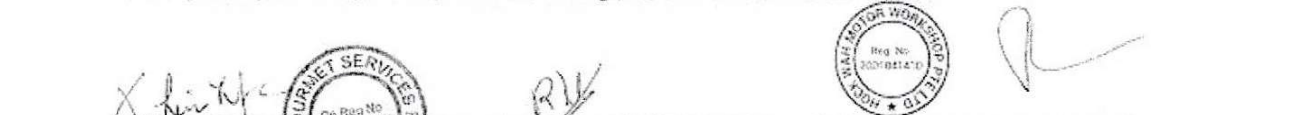


Policyholder's Signature / Date & Time
 Actual Driver's Signature (If driver is not the policyholder) / Date & Time

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




Policyholder's Signature _____ (Date & Time _____)	Actual Driver's Signature (If driver is not the policyholder) / Date & Time _____	Witnessed by Reporting Centre Personnel (Name as on NRIC/ID card) _____
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Sketch Plan

VECA = GBE 9370Y
VECB = GBJ 265B
VECC = YQ 9287 u

Location = Along ECP
Towards city



Describe Circumstance of the Accident	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">REFER TO GIA REPORT</div> <div style="border: 1px solid black; height: 400px; margin-bottom: 10px;"></div>	
<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.</p>	<div style="border: 1px solid black; padding: 5px;">Reporting Only</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Claim OD</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Claim TP</div> <div style="border: 1px solid black; padding: 5px;">Claim OD/TP at other workshop</div>

Declaration

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

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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)