SP1G24BM0001 / PREMIUM CARZ SERVICES PTE LTD ENTRY DATE & TIME: 22/11/2024 18:52 (SGT) SUBMITTED BY: LAI CHUN YIP VERSION: 1 (22/11/2024 18:52 (SGT))



# 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 witholding of material facts may allow insurance companies to repudiate

- 3. Information provided must be as truthful and accurate as possible. Any sillor trianspression of 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 22/11/2024 18:52 (SGT) Reported by **Actual Driver** Date of Accident 22/11/2024 11:05 (SGT) Exact Location of Accident Upper Serangoon Viaduct, Singapore Additional Location Information Braddell Road toward Upper Serangoon Road Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBE8928X

#### INSURED/POLICYHOLDER

Yes Name Of Registered Owner Spark-Clean Company Reg No .... 5XXXX181K Email Address sparkclean@ymail.com Mobile Phone No (Phone) +65-91865555 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

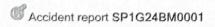
Toyota Hiace Van Exact purpose for which vehicle was being used at time of Employment Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual 3000 Vehicle Fuel Diesel First Regisration Date 20/04/2016 Chassis no KDH2010189919

#### INSURANCE COMPANY

Effective Date/Time of Ownership

Name of Insurance Company EQ Insurance Company Ltd Policy Number / Cover Note Number DMCPHQ24-003758

DRIVER



Name of Driver	Nagalingam Thirugnanasambantham
Work Permit No	GXXXX893R
Date Of Birth	06/01/1986
Occupation	
Driving Pass Date	Outdoor
Driving License Pass Class	15/05/2024
Driving License Validity	3
Driving experience	Valid
Gender	6 MONTHS
Mobile Number	Male ,
Mobile Number	(Phone) +65-83345996
Alt. Phone Number	
Email Address	gnanamt466@gmail.com
Address	Blk 23 Yishun St 51 #09-06
Address complement	Signature at Yishun
Postcode	Singapore 768086
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
venicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
and a second of the second	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Barrier 1985년 1일 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	No 2
Was anybody injured in the Accident?	이 그림에서 바이지, 그러워 하게, 얼마 먹어 되니 아이지 아이를 하는 것이다. 그렇게 네 아이를 이 어디에 다시 얼마나 없다.
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	• V
Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	0
soliciting/offering accident claims assistance?	No
Translator's name	
Translator's ID	그렇게 되었다. 이번 보는 그리고 있다는 내 목소의 경우는 얼마를 보면 한다면 없다.
Translator's phone number	
Translator's email	
Original language used in the statement	
DETAILS OF POLICE ACTION	
What the positions consists the state of the	
Was notice of intended Proposition since?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
On 22/11/24 at about 11.05 am whilst driving along Braddell road road to give way to Right hand side vehicle, suddenly Vehicle (B) GBE8928X.	towards Upper Serangoon Road, I slow down and stop at the slip SLG9065A from behind collided into the rear portion of my Vehicle (A)
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	SLG9065A
Vehicle Manufacturer	Honda
Vehicle Model	Tionda
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	Isabel
Contact Number	(Phone) +65-83898269
Address	(1 110110) 103-83838283
Address complement	
Postcode	
Insurance Company Name	•
Insurance Company Name	. ·
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	
(months of the control of the contro	0

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Peace report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any widul misrepresentation or withholding of material facts may allow insurance companies to repudiate policy flability.
- The issue and acceptance of this Ferm 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 (GW) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the bedgement 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)

Lunderstand, 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 passessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicles) involved in this accident (all insurers) who have insured vehicles) involved in this accident shall be collectively referred to as the "insurers"), the historis' 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;

(ii) 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 cortain 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 objiro.

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



Policyholder's Signature / Date &

Thie-

Driver's Signature (# driver is not the policyholder) / Date

Witnessed by Reporting Centre

Sketch Plan

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