

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	13/11/2024 19:48 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/11/2024 06:47 (SGT)
Exact Location of Accident	Johor Bahru, Johor, Malaysia
Additional Location Information	SULTAN ABU BAKAR COMPLEX (SINGAPORE BOUND)
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX6756U
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INSURED/POLICYHOLDER

Is company?	No
Name of Registered Owner	VIKNESHWARAN S/O SAMMANDAN
NRIC No	S8416372D
Email Address	VICKYDAREDEVIL@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-91781984
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591
Vehicle Fuel	Petrol
First Registration Date	05/04/2018
Chassis no	KMHD841CMJU660359
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5132754472-01

DRIVER

Name of Driver	VIKNEISHWARAN S/O SAMMANDAN
NRIC No	S8416372D
Date Of Birth	19/06/1984
Occupation	Indoor
Driving Pass Date	07/02/2013
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91781984
Alt. Phone Number	-
Email Address	VICKYDAREDEVIL@YAHOO.COM.SG
Address	BLK 541 #02-2368 ANG MO KIO AVENUE 10
Address complement	-
Postcode	560541
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	2
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	KUMUTHAVALLI
Gender	Female

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

PLS 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	SME144M
Vehicle Manufacturer	Toyota
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)	2

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.

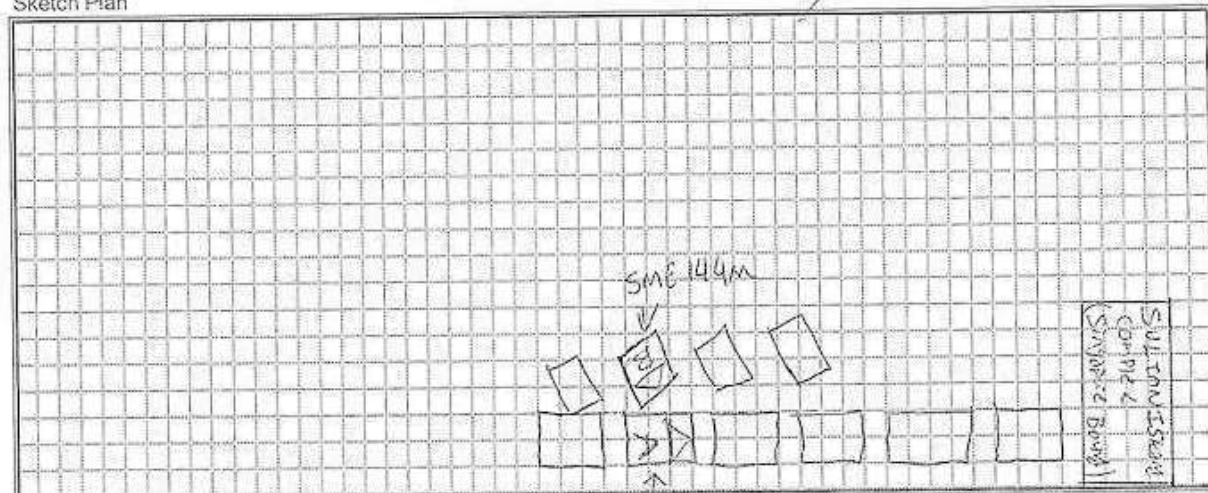
[Signature] 13/11/24 1010hrs
Policyholder's Signature / Date & Time

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

SKR67560

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Describe Circumstance of the Accident

On 07/11/24 around 0640hrs, I was in the queue at Sultan Abu Bakar complex (Singapore Bound), Around 0645hrs vehicle Toyota (Grey) SME144m, was trying to cut queue to clear Malaysia Customs for Singapore Bound. ~~the~~ Driver of SME144m was trying to force his way into the queue. All the ~~vehicle~~ ^{other} vehicle in the queue declined to give way to SME144m, AS we were in the queue in orderly manner. When the vehicles started to move towards Sultan Abu Bakar complex (Singapore Bound), SME144m hit my ~~vehicle~~ ^{car} vehicle SLX6756U at the passenger side. ~~see~~ Refer to photos of the accident and damage. Upon the accident, I was unable to come out of the vehicle due to heavy traffic and other queue cutters. SME144m number plate was not in accordance to LTA Requirements. Upon clearing Sultan Abu Bakar complex (Singapore Bound), I waited for SME144m at the road shoulder for 40mins. SME144m was nowhere to be found.

TP CLAIM: other workshop

Declaration

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

 13/11/24 1024hrs -

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)