

## 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 Authorised 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 Report	10/02/2020 11:38
Date Of Accident	09/02/2020 05:50
Exact Location Of Accident	TPE (PIE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2488H
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#### Insured/Policyholder

Name Of Registered Owner	EVERGREEN ENGINEERING & CONSTRUCTION PTE LTD
Co Reg No	200003569N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65774587

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 1.5T-3.0 (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MCV0004012
Cover Note Number	1708.2019 TO 16.08.2020

#### Driver

Name of Driver	LAKSHIMANAN INBASEKAR
Passport No/FIN	G3317892T
Date Of Birth	28/07/1993
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2019
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88776169
Fax Number	
Contact Number	
EEmail Address	INBASEKAR7@GMAIL.COM

Address	C/O 85 DEFU LANE 10 #02-00 EVER EXPAND BLUIDING
Postcode	539218
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

On 09/02/2020 at about 0550hrs, I was driving my vehicle (A: GBF2488H) on the third lane along TPE (PIE). I did notice the motorcycle (B: FBP6327K) which stopped between the second and third lane and accidentally hit onto the motorcycle. Nobody was injured in this accident.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD6327K
Vehicle Make/Model/Colour	
Details Of Properties	MOTORCYCLE
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD RIDWAN
NRIC/Passport Number	
Contact Number	9720 7599
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### SKETCH PLAN

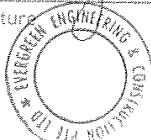
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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.
- (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.

X  
Policyholder's Signature  
Date & Time:

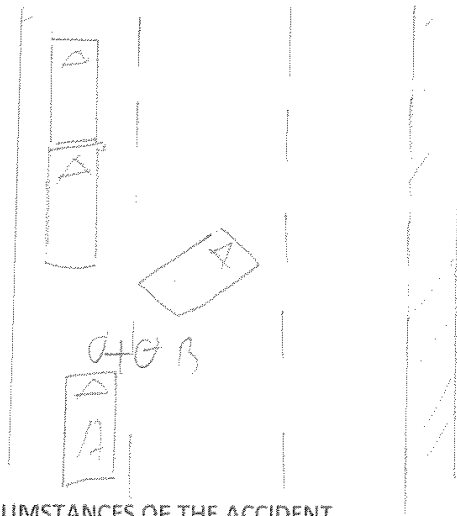


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

10/02/2020 01/1434

Reporting Centre Personnel's Signature  
Name: *Lam Wof Shou*  
NRIC/FIN No.: *27014*

SKETCH PLAN



TPE (SLE)

A: GIBF 2488H

B: FBP 63274

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Acc to CIA report

DECLARATION

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

Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:

10/02/2020 01/45h

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Lan Wpc shan  
37014

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



# Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MTLM 20018000 Vehicle Registration No: GBF 245811  
Name(as shown in NRIC) : Evergreen Engineering & Construction Pte Ltd NRIC/FIN/Passport No : 2000 0356910  
(\*Vehicle Driver / Vehicle Owner\*) Please delete as appropriate  
Address : c/o 85 NPA Lane 10 #02-00 Ever Expand Building Singapore(539218)  
Contact (Tel) : 6977 4587 Mobile No. : ✓  
Email Address : No email  
Date of Accident : 09/02/2020 Time of Accident : 1756hr  
Place of Accident : TPE (PIE)  
Insurance Company: Indra International Insurance

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

The vehicle number should be GBF 245811  
Instead of GBF 245811

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: En Vee Sim  
NRIC/FIN No.: 37011  
Date: 13/02/20

# Addendum Sheet Pg. 1



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6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MTLM 20018000-01 Vehicle Registration No: G13F 2488H  
Name(as shown in NRIC) : Lakshmanan Indrasolevar NRIC/FIN/Passport No : .8921  
(\*Vehicle Driver / ~~Vehicle Owner~~) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 8877 6169  
Email Address : \_\_\_\_\_  
Date of Accident : 09/02/2020 Time of Accident : 0550 hr  
Place of Accident : TPE (PIE)  
Insurance Company: Indra International Insurance

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

The accident time should be 0550hrs instead of  
1750 hr

Policyholder / Driver's Signature  
Date:

13/02/2020

Reporting Centre Personnel's Signature

Name: Lum WPS Shing  
NRIC/FIN No.: 37017  
Date: 17/02/2020

# Addendum Sheet Pg. 1



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6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

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## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MTLM 20018000-01 Vehicle Registration No: G13F 2488H  
Name (as shown in NRIC) : Lakshmanan Indrasolevar NRIC/FIN/Passport No : .8921  
(\*Vehicle Driver / ~~Vehicle Owner~~) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 8877 6169  
Email Address : \_\_\_\_\_  
Date of Accident : 09/02/2020 Time of Accident : 0550 hr  
Place of Accident : TPE (PIE)  
Insurance Company : Indra International Insurance

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

The accident time should be 0550 hrs instead of  
1750 hr

[Signature]  
Policyholder / Driver's Signature

Date:

13/02/2020

[Signature]  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

Lum WPS Shing  
37017  
17/02/2020