

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	25/03/2020 15:24
Date Of Accident	23/03/2020 17:00
Exact Location Of Accident	AYE TOWARDS TUAS NEAR LAMP POST 87
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3817K
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	PERIYARPIRIYAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82456675
Alternative Phone No	OFFICE-82456675

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 4 DR AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994313
Cover Note Number	

Driver

Name of Driver	RAJAMANICKAM GOPALAKRISHNAN
NRIC No	GXXXX701K
Date Of Birth	30/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	26/09/2013
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82456675
Fax Number	
Contact Number	OTHERS-82456675
EEmail Address	PERIYARPIRIYAN@GMAIL.COM

Address	28, WESTLITE DORMITORY #17-03 TOH GUAN ROAD EAST
Postcode	608596
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	RAINING
Road Surface	WET

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

PLEASE REFER TO SKETCH PLAN

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	GBJ6253X
Vehicle Make/Model/Colour	KIA/K2500
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PERIYASAMY MANIMARAN
NRIC/Passport Number	GXXXX339Q
Contact Number	85397060
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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6. 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:

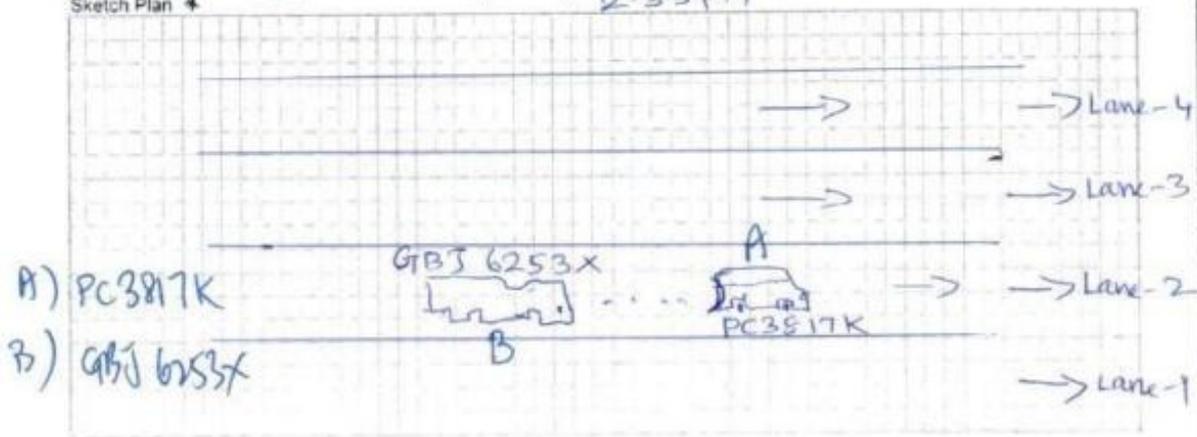
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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/agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

	<p>Policyholder's Signature & Time</p> <p><i>R. Lim</i></p>	<p>Driver's Signature (if driver is not the policyholder) / Date & Time</p> <p><i>[Signature]</i> 24/03/2020 2:33 PM</p>	<p>Witnessed by Reporting Centre Personnel</p> <p><i>[Signature]</i> 25/03/2020</p>
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Sketch Plan →



AYE Towards Tuas
Lamp post NO: 87

Sketch Plan #2

Describe Circumstance of the Accident *

ON 23RD MARCH 2020 AT ABOUT 1705HRS, DUE TO LIGHT RAIN AND WET ROAD CONDITION, THE TRAFFIC WAS SLOW MOVING AT 'AYE' TOWARDS TUAS. WHILE I (MR. GOPAL FIN. G-7249701K) WAS DRIVING ON THE 2ND LANE AT THE SPEED OF ABOUT 60KM/H, I TAP ON THE BRAKE TO SLOW DOWN MY VEHICLE DUE TO THE TRAFFIC IN FRONT WAS SLOWING DOWN, WHILE DOING SO AND FOLLOWING THE SLOW TRAFFIC SPEED AFTER ABOUT 3-4 SECONDS, THE REAR OF MY VAN WAS COLLIDED BY ANOTHER VEHICLE (VAN NO. GBJ 6253X). I IMMEDIATELY BRAKE MY VEHICLE AND STOP AT THE INCIDENT LOCATION AT LANE 2 NEAR TO LAMP POST 57. NOBODY WAS INJURED AND BOTH VEHICLES PROCEED TO THE ROAD SHOULDER TO EXCHANGE PARTICULARS. THE DRIVER OF THE VAN NO. GBJ 6253X CLAIMED/^{NOT}INFORMED ME THAT HIS BRAKE WAS IN ^{NOT}GOOD CONDITION AND HE COULD NOT BRAKE ON TIME. THAT IS ALL.

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

 * R. Linnu . 24/03/2020
Policyholder's Signature Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel
& Time
24/03/2020
2.33 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

