SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 witholding 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

	ACCIDENT STATEMENT
Date Of Report	03/09/2020 15:57
Date Of Accident	02/09/2020 08:15
Exact Location Of Accident	ALONG PIE
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD1273C
Insured/Policyholder	
Name Of Registered Owner	ETHOZ GROUP LTD
Co Reg No	198104531H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66547777
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 DIESEL G (M) EURO
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	
Driver	
Name of Driver	VISVESVARAN A/I SISLIBALAN

Name of Driver VISVESVARAN A/L SISUBALAN

Passport No/FIN G7588715P Date Of Birth 09/11/1976 Occupation **OUTDOOR** Date Of Driving Pass 09/12/2006

13 YEARS AND 8 MONTHS **Driving Experience**

MALE Gender

Mobile Number (LOCAL) +65-83392679

Fax Number Contact Number

NOEMAIL EMail Address

Address -

Postcode

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

-

2

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? YES

Foreign Vehicle Registration Number QQ3988 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name NANYANG NEIGHBOURHOOD POLICE CENTRE

1

YES

NO

Police Station Address ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-7929999 - **FAX NO**: 67912972

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

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 QQ3988

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHIN CHEE KEONG

NRIC/Passport Number F8267662R Contact Number 90442191

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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 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.

Policyholden's Signatu

Driver's Signature
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No

SKETCH PLAN			
· OMEGNETATION		(3)	
		(A)	- GBD 1273C
	\rightarrow A B	(B')	- QQ 3988
DESCRIBE CIRCUMSTANCES	COETHE ACCIDENT		
DESCRIBE CIRCUMSTANCES	THE ACCIDENT		
REFER	To POLICE REPORT.	7/202	00903/2020.
	/	/	/
			/
			Reporting Only
	workshop that in the event that you wis		Claim OD
	OD claim), there is a Fourteen (14) or be made within the stipulated timefr		Claim TP
1	the day of occurance.		Claim OD / TP at other workshop
			Claim OD / 1P at other workshop
DECLARATION	iculare are true in quary respect		
I/We declare the foregoing part	ciculars are true in every respect.		Λ
			Jana Wall
Policyholder Sigrature	Driver's Signature	Re	porting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Na	me:
	Date & Time:	NR	RC/FIN No.:

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Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 1 of 3 Report No. T/20200903/2020

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT				
	REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time 03/09/2020		ade:	Vide Report No.:	Station Diary No.: 35		
Informant	's Particu	lars				
Name of Ir		SISUBALAN	Address:			
ID Type / ID No.:			Contact No.:	Contact No.:		
FIN NO / G7588715P)	Home/Office: Mobile: 83392679			
Nationality: MALAYSIAN			Email:			
Sex: Male	Age: 43	Date of Birth: 09/11/1976	Type of Informant: Driver			
Race: Indian			Language: Institution / School Nan			
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Information: Class: 2B,3,4A,4 Date of Expiry:			

General Informat	ion of the Accident					
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 02/09/2020 08:15	5	Type of Location: Straight Road	
Location:						
PAN-ISLAND EX	PRESSWAY					
Weather: Roa		Road Surface:	Road Surface:		Road Speed Limit:	
Clear Dry			·			
Traffic Flow: Traffic		Traffic Control:		Traffi	ic Volume:	
Dual Carriage Wa	ау	Not Controlled	Controlled		Heavy	
Type of Collision: Between Moving	Vehicles - Head To R	ear		,	ne conveyed by ulance:	

Details of V	ehicle Involved		New Control of the Co			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBD1273C	Van				Slightly	0
					Damaged	
QQ3988	PICK UP				Seriously	0
	TRUCK				Damaged	

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA			

CONTINUATION OF REPORT



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Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 2 of 3 Report No. T/20200903/2020

Tel No: 1800-7929999

Driver	Control of the Contro	the state of the s				
Name	VISVESVARAN A/L S	SISUBALAN		ID No.		G7588715P
Related Vehicle	GBD1273C (Van)			Contact No.		83392679
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,3,4A,4 Date of Expiry: NIL
Date Treatment	NIL Date Disc					
No. of Days granted Medical Leave NIL			Degree of	egree of Injury NIL		
Driver	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		The Walter			
Name	CHIN CHEE KEONG			ID No.		F8267662R
Related Vehicle	QQ3988 (PICK UP TRUCK)			Contact No.		90442191
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date			narge	NIL	
No. of Days granted Medical Leave NIL			Degree of Injury NIL			

Brief Details.

On the above mentioned date, time and location (Towards Tuas, near Toh Guan Exit), the front of my vehicle V1 (GDB 1273C) collided with the back of Vehicle V2 (QQ 3988). This happened because V2 did a sudden brake as the vehicles in front of him stopped due to the heavy traffic. V1 was behind V2 and I could not stop in time, thus leading to the accident. This report is being lodged as it involves a foreign vehicle.





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

3 of 3 Report No. T/20200903/2020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Reports J / SC2 PRASHAN S/O ELANJELIAN	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	03/09/2020 08:45
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT /	Classification of dusc.
Sr Staff-Sgt ONG YONG HOCK	
Contact No. 65476436cc	
Authentication Stamp	
NP168	
SIGNATURE	

Driving License



























