

## 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	06/10/2020 14:44
Date Of Accident	06/10/2020 12:00
Exact Location Of Accident	CLEMENTI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3558H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	K G FOOD PTE LTD
Co Reg No	200107765H
Email Address	KG_HR@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68490819

### Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA DYNA 150 MANUAL
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	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0008119-MVA-R006
Cover Note Number	01/05/20 - 18/09/21

### Driver

Name of Driver	PIRABAGARAN A/L SIGAMANIYAN
Passport No/FIN	G8145617N
Date Of Birth	30/11/1989
Occupation	OUTDOOR
Date Of Driving Pass	21/06/2016
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91757155
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	-
Postcode	
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

REFER ATTACHED.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	RETRIEVING
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ2568P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YIM SUET KENT
NRIC/Passport Number	G2307415Q
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

1. VEHICLE NO.: GBF3558H  
2. INSURER CO.: QBE  
3. ACCIDENT  
DATE & TIME: 6/10/20 12pm

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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.
- (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.




Policyholder's Signature  
Date & Time:

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

(75) 6/10/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN



A: G8F3558M

B: GBJ2568P

Yim Suet Kent

G2307415Q

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Ins: QBE                      Veh No: GBF3558H                      Date: 6/10/20 12pm


I saw GBJ2568P moved so I follow to move. GBJ2568P suddenly stop causing my vehicle hit into GBJ2568P rear portion.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

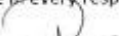
## DECLARATION


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

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Policyholder's Signature \_\_\_\_\_ Date & Time: \_\_\_\_\_

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

Reporting Centre Personnel's Signature  6/10/20  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_

Reporting Only ☒ Reporting Only

GIARMC Sketch Report\_V3 ( ) Claim Own Policy ( ) Claim Third Party ( ) Claim OD/TP at other workshop ( ) Reporting Only

## Driving License

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employment  
KONG GUAN DUMPLING PAU MFR. PTE LTD

Name  
PIRABAGARAN A/L SIGAMANIYAN

Work Permit No.  
4 02594742

Sector  
MANUFACTURING

Barcode

K0188060

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number  
G8145617N

Name  
PIRABAGARAN A/L SIGAMANIYAN

Birth Date  
30 Nov 1989

Issue Date  
16 Feb 2016

Valid Till  
15/02/2021

Barcode

002538228H

**VISIT PASS**  
Immigration Regulations

Name  
PIRABAGARAN A/L SIGAMANIYAN

PR  
G8145617N

Date of Birth  
30-11-1989

Sex  
M

Nationality  
MALAYSIAN

Download SGWorkPass App to check status

QR Code

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Barcode

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)**

EFFECTIVE DATE

Class	Vehicle Class	Effective Date
Class 2B	MOTORCYCLES NOT EXCEEDING 200CC	16 Feb 2016
Class 3	MOTOR CARS AND MOTOR TRUCKS NOT EXCEEDING 3.5 TONNES GROSS WEIGHT	16 Feb 2016

S / No 9000249078

Barcode

Licence No G8145617N

NP 428A

Authorised Letter

Date : 6/10/20

To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) Pirabakaran A/L Sigananayan  
NRIC/FIN G8145617H, our employee / employee of Kong Guan Dumping  
Pow Mfr Pte Ltd to drive our m/vehicle no. GBF3552H  
and to file the accident report (Third Party claims/Own Damage Claims/Reporting  
Only) which occurred on (date) 6/10/20 @ (time) 12pm  
along (location) Clementi

\* Relationship between Insured and driver's company: Sister Company

Thank you.

Regards,



\* SIGN & STAMP at the above \*

Name of Owner : K G food Pte Ltd

NRIC / ROC : 299107765H

Contact No : 68490819

Email : kg-hr@hotmail.com

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

