### 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 <u>truthful and accurate</u> 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 aforesaid

aforesaid.							
	ACCIDENT STATEMENT						
Date Of Report	27/11/2020 14:09						
Date Of Accident	13/11/2020 13:50						
Exact Location Of Accident	68 GEYLANG BAHRU OPEN SPACE CARPARK						
Country/State of Loss	SINGAPORE						
DETAILS OF OWN VEHICLE							
Vehicle Registration Number	GZ2063K						
Insured/Policyholder							
Name Of Registered Owner	KRYOSERVE ENGINEERING PTE LTD						
Co Reg No	2XXXXX561D						
Email Address	NOEMAIL						
Mobile Phone No							
Alternative Phone No	OFFICE-81213963						
Vehicle Particulars							
Manufacturer	TOYOTA						
Model	DYNA						
Exact Purpose for which vehicle was being used at time of accident	WORK						
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	TOKIO MARINE INSURANCE SINGAPORE LTD						
Type Of Coverage	THIRD PARTY						
Fleet Policy	NO						
Policy Number	20-MS000809-R01						
Cover Note Number							
Driver							
Name of Driver	RENGASAMY RENGAN						

NRIC No GXXXX433N

Date Of Birth 13/04/1993

Occupation OUTDOOR

Date Of Driving Pass 30/08/2017

Driving Experience 3 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90841104

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLK 2 BUROH CRESCENT #03-13

Postcode 627546

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

-

2

NO

**General Information of the Accident** 

Type Of Accident SIDE SWIPE
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

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) 1

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name NANYANG NEIGHBOURHOOD POLICE CENTRE

NO

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

idress 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 POLICE REPORT T/20201124/2023

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 GBJ2073A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **Accident Sketch Plan**

### SKETCH PLAN

### **IMPORTANT NOTICE**

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- 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.
- 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.
- 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:
  - 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.

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Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Jan

Reporting Centre Personnel's Signature

Name:

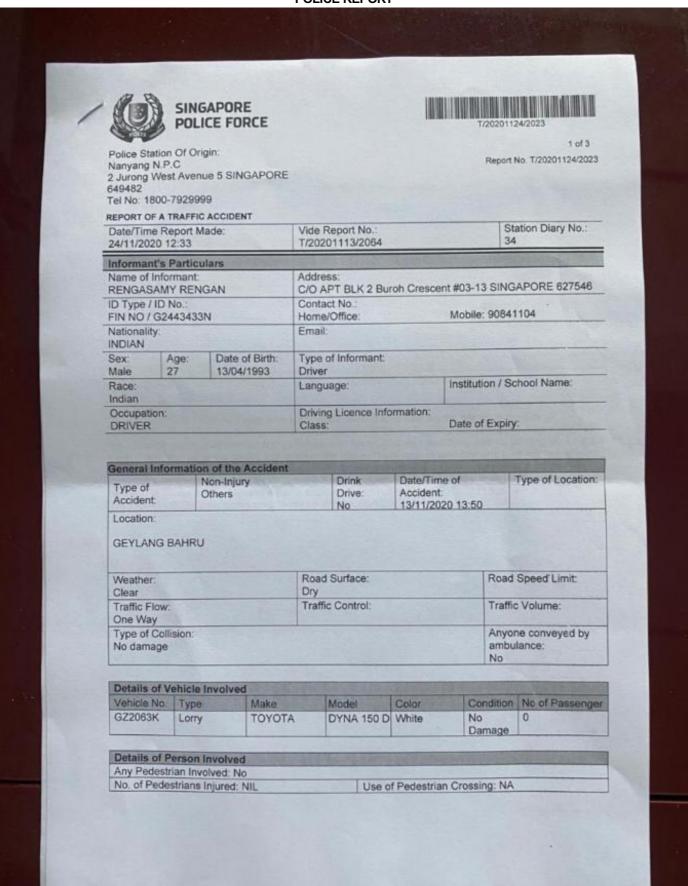
NRIC/FIN No.:

## **Accident Sketch Plan**

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TCH PLAN		
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/	Provide	
	Sketch	
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SCRIBE CIRCUMSTANCES		
ON THE STATED DA	TE & TIME , AS I JEH A (6\$	2063 K ) DID WY RELIASE THE WHEN
WAS MAKING A THREE	POINT TURN , I HIT ONTO UEH	B (683 20784). TILL WE SAW
IS VIDEO FROM THE O	THEE PARTY . HENCE I AM MAIGHE	THIS REPORT ON THE ACCIDENT.
ECLARATION		
We declare the foregoing part	iculars are true in every respect.	1.1
A KRYONE		#
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(6)	agur	
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ste & Time:	(If driver is not the policyholder)	Name:
Many St. Contract.	Date & Time:	NRIC/FIN No.:

Date & Time:

### POLICE REPORT



### POLICE REPORT



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

2013 Report No. T/20201124/2023

CONTINUATION OF REPORT

Driver					-	001101000	
Name	RENGASAMY RENGAN			ID No.		G2443433N	
Related Vehicle	GZ2063K (Lorry)			Contact No.		90841104	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	INIL		Date Dis	The second secon			
No. of Days granted Medical Leave NIL		Degree of Injury NIL					

Brief Details.

On 13/11/2020 at 1350hrs, I was driving my white colored lorry bearing the car plate number of (GZ2063K) along Geylang Bahru, I entered the carpark of Blk 68 Geylang Bahru OSCP. After I go pass the entrance gantry, I turned left and go further into the carpark as I see there was no parking lot, I did a 3 point U-turn and go to the gantry exit to leave the place. There was no accident and I did not feel of hitting any other cars while driving and making a U-turn no one was injured and no government property was damage. I entered the parking lot for about 2-3 mins and left. I received a letter from traffic police to proceed to police station to make a traffic accident report reference to T/20201113/2064.

TP/IP/50473/2020. I am going back to my country on 06/12/2020.

## **POLICE REPORT**

