

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 Submission 13/01/2021 15:56 (SGT)
Date of Accident 13/01/2021 07:25 (SGT)
Exact Location of Accident Clementi Ave 6, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB856M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TMJP ENGINEERING PRIVATE LIMITED
Company Reg No 2XXXXX174D
Email Address TMJPENGINEERING@HOTMAIL.COM
Mobile Phone No (Phone) +65-91141209
Alternative Phone No +65-91141209

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Tokio Marine
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 20-MS005767-R01
Cover Note Number -

DRIVER

Name of Driver APPASAMY BALA SUBRAMANIAN
Work Permit No GXXXX311Q
Date Of Birth 16/03/1988
Occupation Outdoor

Date Of Driving Pass	29/06/2019
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91141209
Alt. Phone Number	-
Email Address	TMJPENGINEERING@HOTMAIL.COM
Address	8 BURN RD
Address complement	-
Postcode	369977
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	11
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Govindan
Gender	Male

PASSENGER 2

Name	Lakhvir singh
Gender	Male

PASSENGER 3

Name	Rajiv gandhi
Gender	Male

PASSENGER 4

Name	Boopalan
Gender	Male

PASSENGER 5

Name	Murugesan
Gender	Male

PASSENGER 6

Name	Ganesan
Gender	Male

PASSENGER 7

Name	Parthiban
Gender	Male

PASSENGER 8

Name	Prabhakaran
Gender	Male

PASSENGER 9

Name Veerappan
 Gender Male

PASSENGER 10

Name Abduj
 Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

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 GBC9866U
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBD5136P
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	APPASAMY BALA SUBRAMANIAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBB856M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	Govindan
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBB856M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 3

Name of injured person	Lakhvir singh
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBB856M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 4

Name of injured person	Rajiv gandhi
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBB856M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 5

Name of injured person	Boopalan
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBB856M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 6

Name of injured person	Murugesan
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBB856M
Were seat belts worn?	-

Was this injured conveyed to hospital by ambulance?

-

INJURED 7

Name of injured person

Ganesan

Address

-

Address Complement

-

Post Code

-

Approximate Age Years Old

-

Injuries Sustained

BODY

Injured person in which vehicle?

GBB856M

Were seat belts worn?

-

Was this injured conveyed to hospital by ambulance?

-

INJURED 8

Name of injured person

Parthiban

Address

-

Address Complement

-

Post Code

-

Approximate Age Years Old

-

Injuries Sustained

BODY

Injured person in which vehicle?

GBB856M

Were seat belts worn?

-

Was this injured conveyed to hospital by ambulance?

-

INJURED 9

Name of injured person

Prabhakaran

Address

-

Address Complement

-

Post Code

-

Approximate Age Years Old

-

Injuries Sustained

BODY

Injured person in which vehicle?

GBB856M

Were seat belts worn?

-

Was this injured conveyed to hospital by ambulance?

-

INJURED 10

Name of injured person

Veerappan

Address

-

Address Complement

-

Post Code

-

Approximate Age Years Old

-

Injuries Sustained

BODY

Injured person in which vehicle?

GBB856M

Were seat belts worn?

-

Was this injured conveyed to hospital by ambulance?

-

INJURED 11

Name of injured person

Abduj

Address

-

Address Complement

-

Post Code

-

Approximate Age Years Old

-

Injuries Sustained

BODY

Injured person in which vehicle?

GBB856M

Were seat belts worn?

-

Was this injured conveyed to hospital by ambulance?

-

SKETCH PLAN

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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: 13/1/21

13:14

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time: 13/1/21

13:14

[Signature]

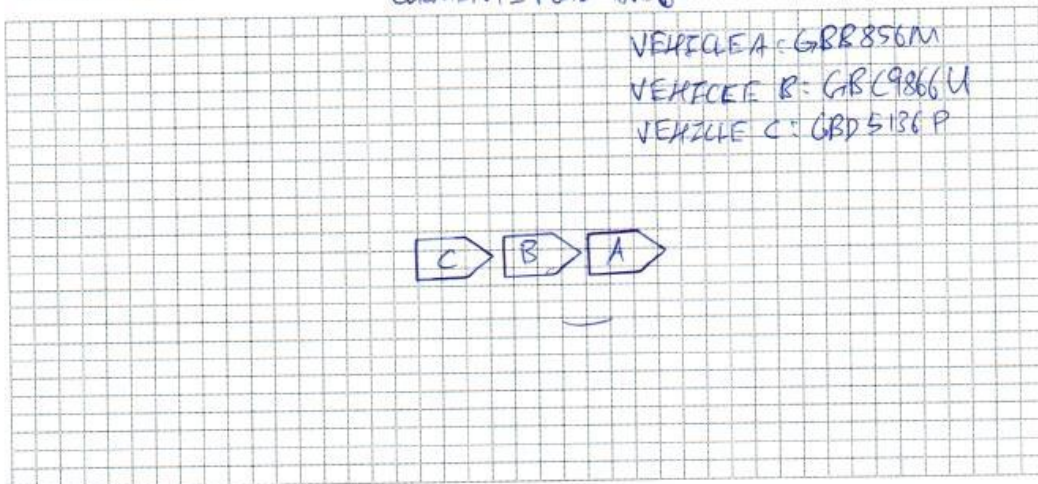
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN:

CLEMENTI ROAD AVE 6



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG CLEMENTI ROAD AVE 6. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENTS LATER, VEHICLE B REAR-ENDED MY VEHICLE. AFTER I STEPPED OUT OF MY VEHICLE, I REALISED IT WAS A CHAIN COLLISION.


DECLARATION

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


 Policyholder's Signature

Date & Time: 13/1/21

13:14


 Driver's Signature

(if driver is not the policyholder)

Date & Time: 13/1/21

13:14



Reporting Centre Personnel's Signature

Name:

NRIC / FIN No.:





















