

SH0420CH0001-01 / Hock Wah Motor Workshop Pte Ltd  
ENTRY DATE & TIME: 17/12/2020 15:09 (SGT)  
SUBMITTED BY: Janice Lee Jia Yi  
VERSION: 2 (14/01/2021 15:49 (SGT))

## 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 Authoised 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	17/12/2020 15:09 (SGT)
Date of Accident	16/12/2020 19:00 (SGT)
Exact Location of Accident	Near 116 Potong Pasir Ave 1, Block 116, Singapore 350116
Additional Location Information	PIE EXIT 15 TOWARDS CTE(SLE)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7844K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ARROWCREST TECHNOLOGIES PTE LTD
Company Reg No	1XXXXX344G
Email Address	ricseah@arrowcrest-tech.com
Mobile Phone No	(Phone) +65-68427633
Alternative Phone No	(Office) +65-68427633

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	India International
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D19MVCV0001197-01
Cover Note Number	29/03/2020 - 28/03/2021

### DRIVER

Name of Driver	CHINNAKANNU SUDHAKAR
Passport No/FIN	GXXXX169P
Date Of Birth	27/06/1983

Date Of Driving Pass	07/12/2017
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-87320040
Alt. Phone Number	-
Email Address	sudhakarcsv7@gmail.com
Address	383A UPPER ALJUNIED ROAD
Address complement	-
Postcode	367869
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

ON 16/12/2020 AT ABOUT 1900 HRS WHILE I WAS TRAVELLING ALONG PIE EXIT 15 TOWARDS CTE(SLE) IN MY VEHICLE GRE7844K AT THIS MOMENT OF THE TIME THE TRAFFIC WAS VERY HEAVY. AS I WAS APPROACHING THE FLYOVER FOR THE MERGING INTO CTE ANG MO KIO. I SLOW DOWN AND STOPPED AS THE VEHICLE IN FRONT OF ME STOP. SUDDENLY, A TAXI SHD3504C FROM BEHIND COLLIDED ONTO MY REAR OF MY VEHICLE.

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	SHD3504C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-

Postcode -  
Insurance Company Name -  
Nature Of Damage -  
Details of property damaged in accident -  
No. Of Passenger (Including Driver) -

**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 the accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s); and

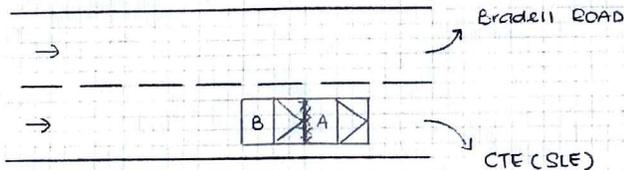
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purpose(s).

17/12/2022  
  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**



VEH A : GBE7844K  
 VEH B : SHD3504C





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66SS0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SH0420CH0001 Vehicle Registration No: GBE7844K  
 Name (as shown in NRIC) : ARROWCREST TECHNOLOGIES PTE LTD NRIC/FIN/Passport No : 199801344G  
 (\* Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : 68427633 Mobile No. : \_\_\_\_\_  
 Email Address : ricseah@arrowcrest-tech.com  
 Date of Accident : 16/12/2020 Time of Accident : 19:00  
 Place of Accident : PIE EXIT 15 TOWARDS CTE(SLE)  
 Insurance Company : INDIA INTERNATIONAL INSURANCE

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

\_\_\_\_\_  
 I WOULD LIKE TO AMEND TO THIRD PARTY CLAIM INSTEAD OF REPORTING.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

  
 Policyholder / Driver's Signature  
 Date: \_\_\_\_\_  


  
 Reporting Centre Person's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: \_\_\_\_\_  
