

## 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 ..... 23/02/2021 15:08 (SGT)  
Date of Accident ..... 23/02/2021 07:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... AYE TOWARDS CHANGI(BEFORE JURONG TOWN EXIT)  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP7833L

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SANMAR ENGINEERING PTE LTD  
Company Reg No ..... 2XXXXX801R  
Email Address ..... jasonkcapl@gmail.com  
Mobile Phone No ..... (Phone) +65-93385949  
Alternative Phone No ..... +65-93385949

#### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... MITSUBISHI / CANTER FEB21ER4SDEB (CBU)  
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 ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5095462315-03  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... BALAKRISHNAN RAM  
Work Permit No ..... GXXXX870X  
Date Of Birth ..... 15/04/1991  
Occupation ..... Outdoor

Date Of Driving Pass .....	12/01/2021
Driving experience .....	1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-86711596
Alt. Phone Number .....	-
Email Address .....	jasonkcapl@gmail.com
Address .....	50 GENTING LANE #01-03 CIDEKO INDUSTRIAL COMPLEX
Address complement .....	-
Postcode .....	349558
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) .....	14
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MALAYIYARASAN
Gender .....	Male

#### PASSENGER 2

Name .....	MATHAN KUMAR
Gender .....	Male

#### PASSENGER 3

Name .....	GOBINTHAN
Gender .....	Male

#### PASSENGER 4

Name .....	MANIMARAN
Gender .....	Male

#### PASSENGER 5

Name .....	THIRUPPATHI
Gender .....	Male

#### PASSENGER 6

Name .....	SAMYKANNU
Gender .....	Male

#### PASSENGER 7

Name .....	RAJESH
Gender .....	Male

#### PASSENGER 8

Name .....	VINOTH KUMAR
Gender .....	Male

PASSENGER 9

Name ..... LENIN  
Gender ..... Male

PASSENGER 10

Name ..... TAMILVANAN  
Gender ..... Male

PASSENGER 11

Name ..... KANNAN  
Gender ..... Male

PASSENGER 12

Name ..... SAKTHIVEL  
Gender ..... Male

PASSENGER 13

Name ..... ANBURAJ  
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 ATTACHED;

#### 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 ..... GBG3179M  
Vehicle Manufacturer ..... Toyota  
Vehicle Model ..... TOYOTA / HIACE DX 3.0 MANUAL  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... MSIG  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN****IMPORTANT NOTICE**

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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.



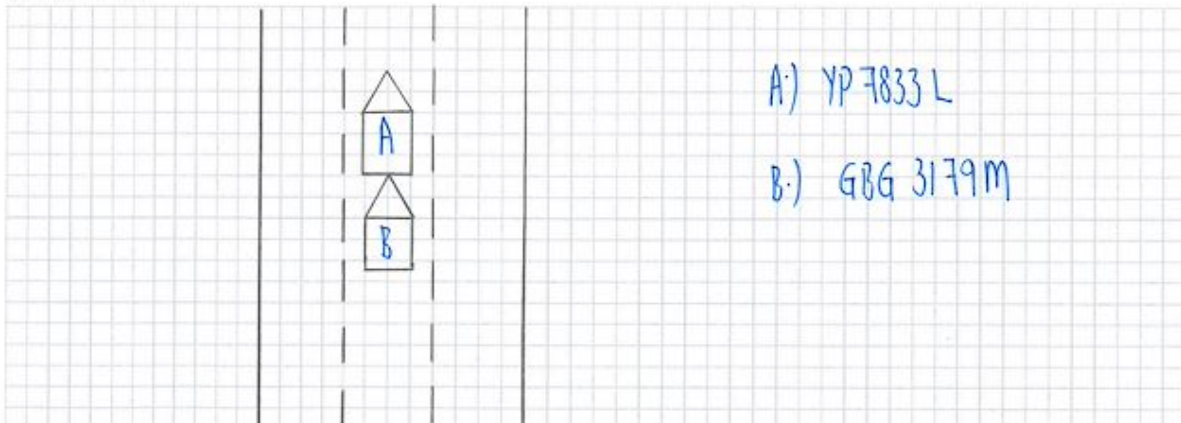
*[Signature]*

**IDAC KAKI BUKIT (VAC)**  
 23 Kaki Bukit Ave 4 #02-02  
 Singapore 415935  
 Tel: 67416697 Fax: 67492305  
 Email: vackb@vicom.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel **23 FEB 2021**

**Sketch Plan**

On 23.02.2021 at about 7.20am, I was travelling along AYE Towards Changi (Before Jurong Town Exit). The front Vehicle slow down and stopped I follow. Suddenly Vehicle B hit on my Vehicle.

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@vicom.com.sg](mailto:vackb@vicom.com.sg)

Witnessed by Reporting Centre  
Personnel

23 FEB 2021























