

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	24/02/2021 17:53 (SGT)
Date of Accident	23/02/2021 18:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS TUAS AFTER SIMEI EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK6722D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DRK CONSTRUCTION(S)PTE LTD
Company Reg No	2XXXXX305D
Email Address	RAVI@DRKCONSTRUCTION.COM.SG
Mobile Phone No	(Phone) +65-66330341
Alternative Phone No	(Office) +65-66330341

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2500 6MT
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	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	C0109870

DRIVER

Name of Driver	KARMEGAM KUMARAPPA
Passport No/FIN	GXXXX955N
Date Of Birth	12/05/1977
Occupation	Outdoor

Date Of Driving Pass	17/11/2017
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81395291
Alt. Phone Number	-
Email Address	RAVI@DRKCONSTRUCTION.COM.SG
Address	12 JALAN LEMBAH KALLANG
Address complement	#03-04 CONCORDE BUILDING
Postcode	339568
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	Side Swipe
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)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SELVARASU SATHIYARAJ
Gender	Male

PASSENGER 2

Name	ARUMUGAM MURUGAN
Gender	Male

PASSENGER 3

Name	UDAIYAPPAN MURUGAN
Gender	Male

PASSENGER 4

Name	SELVARASU PULIKUTHI
Gender	Male

PASSENGER 5

Name	CHANDRAN STALIN
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

PLS REFER TO THE ATTACHED STATEMENT.

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 SFV6866S
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 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 YQ2704D
 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 KARMEGAM KUMARAPPA
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? GBK6722D
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person SELVARASU SATHIYARAJ
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? GBK6722D

Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person UDAIYAPPAN MURUGAN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? GBK6722D
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person ARUMUGAM MURUGAN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? GBK6722D
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 5

Name of injured person SELVARASU PULIKUTHI
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? GBK6722D
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 6

Name of injured person CHANDRAN STALIN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? GBK6722D
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

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")

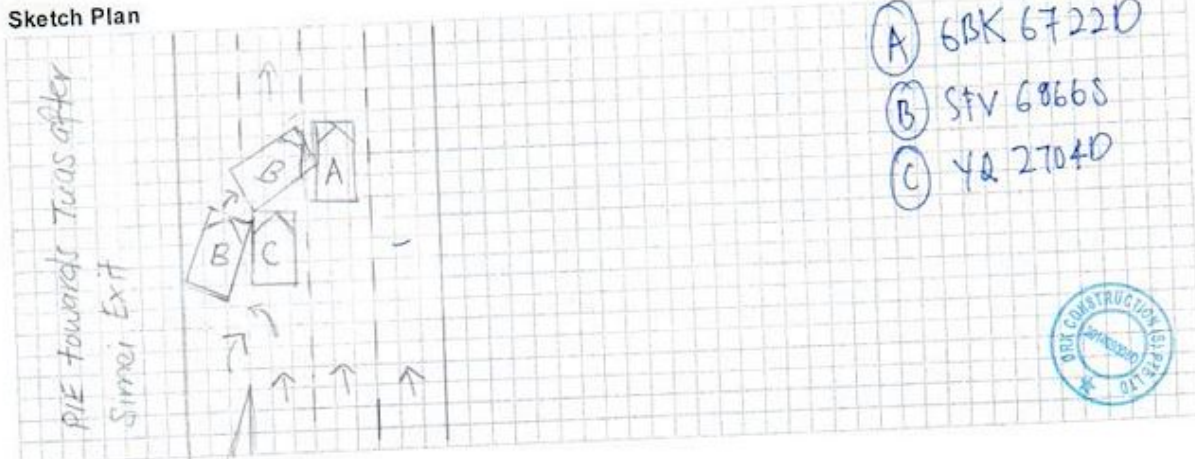
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On 23.02.2021 at about I was travelling along
 PIE towards Tuas after Simei Exit on second lane, out of
 sudden vehicle B hit onto my vehicle A while trying to
 and
 avoid other collision I brake my vehicle & stop. Due to the
 impact & sudden stop me & my 5 passengers injured. I
 alighted & realised that 3 vehicles involved in the
 accident.

Declaration

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

Witnessed by Reporting Centre Personnel























