

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 02/03/2021 16:55 (SGT)
Date of Accident 01/03/2021 09:20 (SGT)
Exact Location of Accident Penjuru Walk, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE782B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GREEN BUILD (PTE) LTD
Company Reg No 2XXXXX611C
Email Address CHIANSIANG25@HOTMAIL.COM
Mobile Phone No (Phone) +65-62412486
Alternative Phone No +65-62412486

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 China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00073332004
Cover Note Number -

DRIVER

Name of Driver PERUMAL RAVICHANDRAN
Work Permit No FXXXX031U
Date Of Birth 21/01/1971
Occupation Indoor

| | |
|--|--------------------------|
| Date Of Driving Pass | 10/09/2012 |
| Driving experience | 8 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93985148 |
| Alt. Phone Number | - |
| Email Address | CHIANSIANG25@HOTMAIL.COM |
| Address | 119 NEO TIEW LANE 1 |
| Address complement | - |
| Postcode | 719098 |
| 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 - Change/cross lane |
| 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? | 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 | MIA MD LITON |
| Gender | Male |

PASSENGER 2

| | |
|--------------|-------------------------|
| Name | KALIYAMOORTHY KATHIRVEL |
| Gender | Male |

PASSENGER 3

| | |
|--------------|--------------------|
| Name | LAXMANAN ANNAMALAI |
| Gender | Male |

PASSENGER 4

| | |
|--------------|-------------------|
| Name | HOSSAIN MD SADDAM |
| Gender | Male |

PASSENGER 5

| | |
|--------------|---------------------------------|
| Name | SEEMANUR CHANDRAN SANTHOSHKUMAR |
| 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.

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 XE5391C
 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 MIA MD LITON
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? GBE782B
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? -

INJURED 2

Name of injured person KALIYAMOORTHY KATHIRVEL
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? GBE782B
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

INJURED 3

Name of injured person LAXMANAN ANNAMALAI
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? GBE782B
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

INJURED 4

Name of injured person HOSSAIN MD SADDAM
 Address -
 Address Complement -

Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? GBE782B
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

INJURED 5

Name of injured person SEEMANUR CHANDRAN SANTHOSHKUMAR
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? GBE782B
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

INJURED 6

Name of injured person PERUMAL RAVICHANDRAN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? GBE782B
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:

Roy

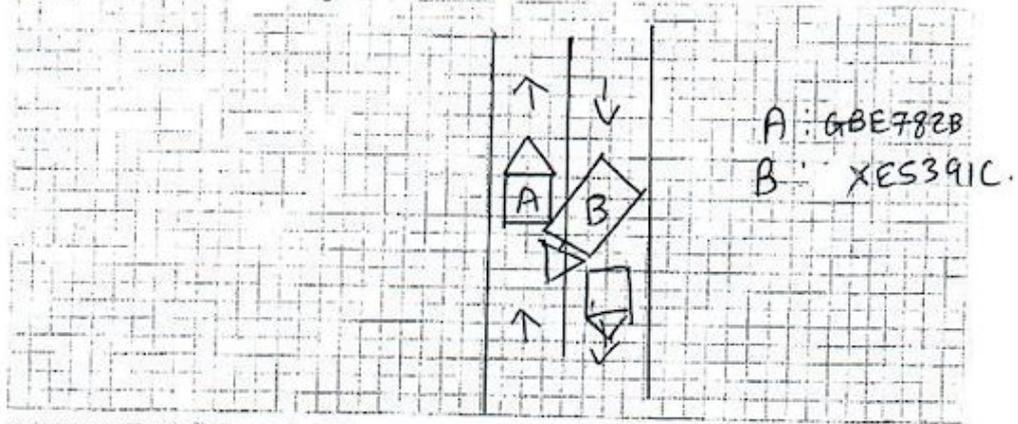
Driver's Signature
(If driver is not the policyholder)
Date & Time:

H

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Penjuru Walk



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on Penjuru walk. The traffic was heavy. I was travelling slowly, suddenly I felt an impact from the rear of my vehicle. I got down and see, vehicle B had hit onto the rear side of my vehicle A while trying to change lane and over take.

DECLARATION

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



Policyholder's Signature
Date & Time:

Paul

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

H

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:













