

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 03/03/2021 11:59 (SGT)
Date of Accident 02/03/2021 08:40 (SGT)
Exact Location of Accident Holland Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV7911E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner RODRIGUES LOUISE MARIANNE
NRIC No SXXXX966A
Email Address kugansenivasan@gmail.com
Mobile Phone No (Phone) +65-98513717
Alternative Phone No +65-81010441

VEHICLE PARTICULARS

Manufacturer BMW
Model 318i
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00164932000
Cover Note Number -

DRIVER

Name of Driver KUGAN SENIVASAN
NRIC No SXXXX506D
Date Of Birth 07/08/1999
Occupation Indoor

Date Of Driving Pass	17/09/2020
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81010441
Alt. Phone Number	-
Email Address	kugansenivasan@gmail.com
Address	105 WEST COAST GROVE
Address complement	-
Postcode	127891
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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

PLEASE REFER TO SKETCH PLAN

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	YN1026A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMALINGAM KESAVAN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

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

SKETCH PLANIMPORTANT 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. The 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

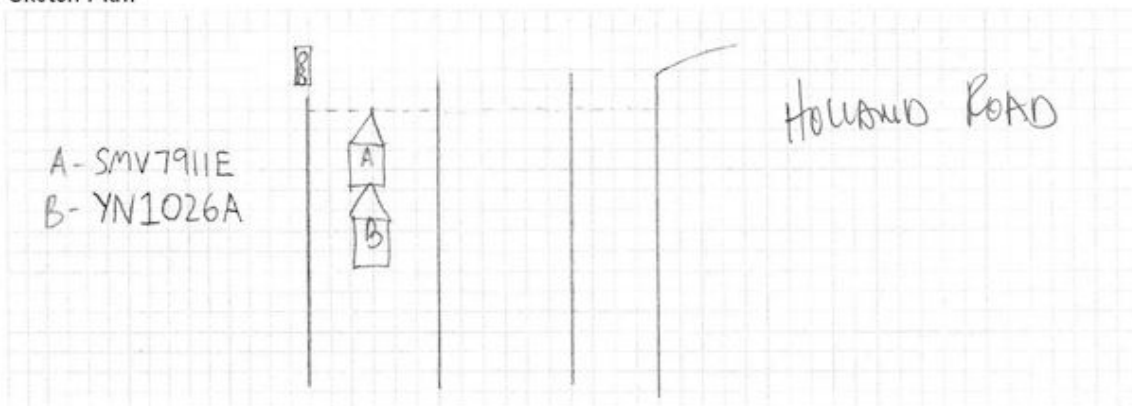
I understand, acknowledge, agree and consent that:

- (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' 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 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Long 2/3/21
 Policyholder's Signature / Date &
 Time 16:54

KE 2/3/21 16:54
 Driver's Signature (if driver is not the policyholder) / Date
 & Time

03/03/2021
 Witnessed by Reporting Centre
 Personnel

Sketch Plan

Describe Circumstances of the Accident

LICENSE PLATE: SMV 7911E	ACCIDENT DATE & TIME: 2nd March 2021, 840am
CONTACT NUMBER: 8101 0441 / 98513717	E-MAIL ADDRESS: kuganserivasan@gmail.com
LOCATION: Holland Road	
<p>It was around 840am on 2nd March 2021. I was driving on the extreme left lane, along Holland Road towards Farrer Road; on my way to the NUS, Bukit Timah Campus. I am very familiar with the route and I was aware that there was a 60 km/h speed limit on that stretch. When I was approaching Holland Road junction of North Buona Vista Road, I slowed down to 45-50 km/h as I was aware of the multiple police cameras in the area. Just at the point of the final arrow marking on the road, the light turned amber and I braked and came to a halt just before the stop line - as I did not want to run the risk of beating the red light. Just as my car came to a halt, the small lorry (Registration Number: YN1026A) which was behind me smashed into the rear of my car - shooting my car forward roughly 3 metres. The lorry came to a stop and ended up at the stop line. The rear of my car, including the left tail light was smashed. The rear windshield of my car had also been smashed. The driver of the lorry and I exchanged particulars and took photos of the incident afterwards.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input checked="" type="checkbox"/> Claim Third Party
<input type="checkbox"/> Claim OD/TP at other workshop	<input type="checkbox"/> Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.

Lowkey 2/3/21
 Policyholder's Signature / Date & Time
 16:54

KP 2/3/21 16:54
 Driver's Signature (# driver is not the policyholder) / Date & Time

aw 03/03/2021
 Witnessed by Reporting Centre Personnel





