

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	18/03/2021 17:46 (SGT)
Date of Accident	17/03/2021 18:51 (SGT)
Exact Location of Accident	Near School of Social Sciences and Economics, Singapore
Additional Location Information	Junction of Prinsep Street and Bras Basah Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL137C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Platinum Wines & Spirits Pte Ltd
Company Reg No	2XXXXX547K
Email Address	hr@royaltonrws.com
Mobile Phone No	(Phone) +65-97779789
Alternative Phone No	+65-97779789

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	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121095855
Cover Note Number	-

DRIVER

Name of Driver	Vimelanaathan D Nagaretnam
Passport No/FIN	GXXXX512L
Date Of Birth	01/05/1994
Occupation	Outdoor

Date Of Driving Pass	30/11/2019
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94996744
Alt. Phone Number	-
Email Address	vimelan0121@gmail.com
Address	C/O 42 Pagoda Street
Address complement	#03-00
Postcode	059201
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 17/03/2021 at about 1851hrs, I was driving my vehicle (A: GBL137C) on the extreme right along Prinsep Street near junction of Bras Basah Road. Suddenly, I felt an impact from my vehicle behind and discovered that a vehicle (B: SLU7177A) had hit onto rear portion of my vehicle. Nobody was injured in this accident

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	SLU7177A
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Josephine Wong Chow Yoong
NRIC No	-1
Contact Number	(Phone) +65-96477177
Address	-

Address complement	-
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 be 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 processed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to insurers who have insured vehicles involved in this accident (collectively the "Insurers") and insurers' lawyers/law firms, the Liberator's Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes 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/mailed 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 be 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 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

Ref: to accident statement

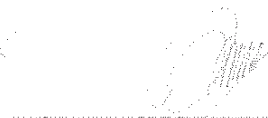
[Handwritten notes and signatures follow]

Declaration

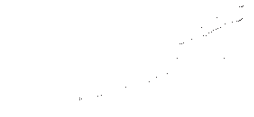
We declare the foregoing contents are true to the best of our knowledge



Public Relation's Signature & Date
1/24/11



Driver's Signature & Date
1/24/11



Witnessed by Reporting Officer
Date 1/24/11