

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 willful 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	14/04/2021 12:44 (SGT)
Date of Accident	13/04/2021 17:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BARTLEY ROAD EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2471X
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SDM ENGINEERING SERVICES PTE LTD
Company Reg No	2XXXXX099M
Email Address	sdm.engineering1703@gmail.com
Mobile Phone No	(Phone) +65-96322361
Alternative Phone No	+65-96322361

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NISSAN / CABSTAR 3.0 5M/T ABS 2DR 2WD TURBO
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
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V11316/VCV/R00
Cover Note Number	-

DRIVER

Name of Driver	RAMAKRISHNAN JAYARAMAN
Work Permit No	GXXXX953M

Date Of Birth	09/06/1981
Occupation	Outdoor
Date Of Driving Pass	31/12/2018
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86504136
Alt. Phone Number	-
Email Address	sdm.engineering1703@gmail.com
Address	261B CHANGI ROAD
Address complement	-
Postcode	419748
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	Chain Collision
Weather Conditions	AFTER RAIN
Road Surface	Wet

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?	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

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	PC9055C
Vehicle Manufacturer	Toyota
Vehicle Model	YUTONG / ZK6958HQ AUTO
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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	SMG9252P
Vehicle Manufacturer	Toyota
Vehicle Model	TOYOTA / PRIUS PLUS (AUTO)
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)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to avoid any further claims.
- 2. This form must be completed by the Policyholder and/or the Authorized Driver.
- 3. Information provided must be as truthful and accurate as possible. Any willful false information or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The insured and authorized driver of this form may be liable for criminal or civil liability if any part of the insurance agreement.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the members of the OIA Reporting Management Centre established by the General Insurance Association of Singapore (GIA) for any response that copies of this report will form the base for any further application by interested parties.
- 7. By the completion of this report to the insurers, you hereby consent to the analysis of this report and the use and copies of the report being made available if necessary.

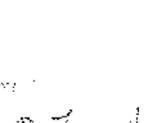
6 Consent under the Personal Data Protection Act (PDPA)

I, undersigned, acknowledge and hereby 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 possessed by my insurer, collectively the **Personal Information**, and disseminate and transfer such Personal Information to other users who have a vested or lawful involvement in the accident (including but not limited to insured vehicles involved in the accident and/or immediately referred to as the "insurers"), the relevant regulatory law firms, the relevant Authority of Singapore, and any relevant government agency, which only (as set out in the purpose) for the purposes of:

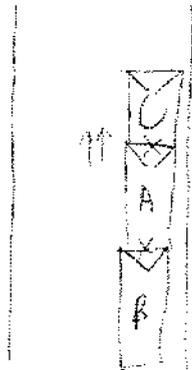
- (i) processing claims and/or making good any claims including any settlement of the claim; and/or
 - (ii) providing information to other users;
 - (iii) carrying out underwriting with my insurer; and/or
 - (iv) making any claims and/or the nature of any settlement, claim or a invoice, receipt or notes to me. A sign which involves disclosure of certain personal data about me to bring about liability of the same as well as to a relevant level of relevant level of negligence.
 - (v) carrying out any other lawful or other relevant, lawful and/or other purposes set out in this Form.
- Purposes**
- (a) My insurer and a network of users (which may include the insurer and the insurers' lawyers law firms) may be permitted to collect and disseminate and/or process my Personal Information for the purposes of the above Purposes; and
- (b) my Personal Information may also be processed by any of the insurers' brokers law firms or any other service providers or agents including the relevant law firms, which may be seen outside of Singapore for the purposes of the above Purposes.


 Policyholder's Signature (Date & Time)


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

GIA Reporting Centre
 35 Raffles Quay #04-02/03
 Singapore 048882
 Tel: 6743 6687 Fax: 6740 3309
 Email: reporting@gia.com.sg
 Witnessed by Reporting Centre
 Date: 14 APR 2021

Sketch Plan



A = GB02471X
 C = SM69252P
 B = PC9055C

Describe Circumstances of the Accident

I was driving along highway road 2058. The front vehicle stopped ahead and I came to a stop as well. Suddenly I heard a loud bang coming from the front right of my car. I saw smoke. The driver threw his vehicle to the front. After the accident I felt hysterical and went to see the doctor.

Declaration

I declare the foregoing particulars are true to every respect.



W. J. ...

Date printed & signed: Date & Time

R. J. ... 11-20AM 10/10/2021
 Driver's Signature (if driver's mobile phone holder): Date & Time

IMAC KAK BUNT (YAE)
 210, Jalan Sultan Azlan Shah 30250
 Seremban 41550
 Tel: 674 186897 Fax: 674 287085
 Email: imac@imac.gov.my
 Witnessed by: Reporting Centre Personnel















