# **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 witholding 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 05/05/2021 12:00 (SGT) Date of Accident 04/05/2021 07:36 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information **TOWARDS TUAS CLEMENTI AVE 6** Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number G79733P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SCANPILE CONSTRUCTORS PTE LTD Company Reg No **Email Address** EUNOSMOTOR@singnet.com.sq Mobile Phone No (Phone) +65-63167717 Alternative Phone No +65-63167717

VEHICLE PARTICULARS

Manufacturer

Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 3000

**INSURANCE COMPANY** 

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 20-MX010745-R06 Cover Note Number

DRIVER

Name of Driver RENGASAMY ILAYARAJA Work Permit No GXXXX293M

Are accident photos available for attachment?	Yes
ATTACHMENT(S)	
REFER TO STATEMENT	
CIRCUMSTANCES OF ACCIDENT	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
DETAILS OF POLICE ACTION	
PASSENGER 2  Name  Gender	- Male
Name Gender	
PASSENGER 1	No
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Was any other material or property damaged?  Number of Passengers (Including Driver)	Yes 3
Was any injured conveyed to hospital by ambulance?	-
Number of vehicles involved in the accident Was anybody injured in the Accident?	2 No
Was any foreign vehicle involved in the accident?	No
OTHER INFORMATION	
Road Surface	Dry
Type of Accident Weather Conditions	Collision - Head to Rear Clear
GENERAL INFORMATION OF THE ACCIDENT	
Insurance Company of Other Vehicle Owned by Driver	- -
Vehicle Registration Number of Other Vehicle Owned by Driver	INO
If No, Relationship of the Driver with the Insured  Does Driver Own Other Vehicles?	Employee No
Is the driver the policyholder?	No
Postcode	608572
Address complement	-
Address	EUNOSMOTOR@singnet.com.sg 19A TOH GUAN EAST ROAD #13-02
Alt. Phone Number Email Address	-
Mobile Number	(Phone) +65-90380882
Gender	Male
Driving experience	2 YEARS AND 7 MONTHS
Date Of Driving Pass	Outdoor 27/10/2018
Date Of Birth Occupation	30/05/1992
D	

XE3763B

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	JING ZHAOYING
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

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- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that

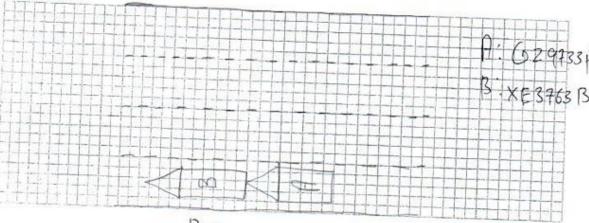
- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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