

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 14/05/2021 14:39 (SGT)
Date of Accident 11/05/2021 22:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information TUAS SOUTH AVE 4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP7937X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HORSE POWER ENGINEERING & GENERAL SERVICES PTE LTD
Company Reg No 201120081R
Email Address ENQUIRYHPE@GMAIL.COM
Mobile Phone No (Phone) +65-69097560
Alternative Phone No (Office) +65-69097560

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
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 2998

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5096311666-03
Cover Note Number -

DRIVER

Name of Driver DURAIRAJ ASHOKKUMAR

Passport No/FIN	G6810043M
Date Of Birth	03/06/1983
Occupation	Outdoor
Date Of Driving Pass	20/09/2019
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-95523498
Alt. Phone Number	-
Email Address	ENQUIRYHPE@GMAIL.COM
Address	-
Address complement	-
Postcode	-
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 - Major/Minor Rd
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)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Solai
Gender	Male

PASSENGER 2

Name	Tamil
Gender	Male

PASSENGER 3

Name	Kalidass
Gender	Male

PASSENGER 4

Name	Selvaraj
Gender	Male

PASSENGER 5

Name	Vangdash
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 REPORT 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 SHD6166T
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
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

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

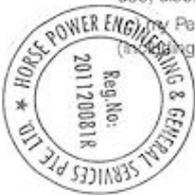
I understand, acknowledge, agree and consent that:

(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

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.

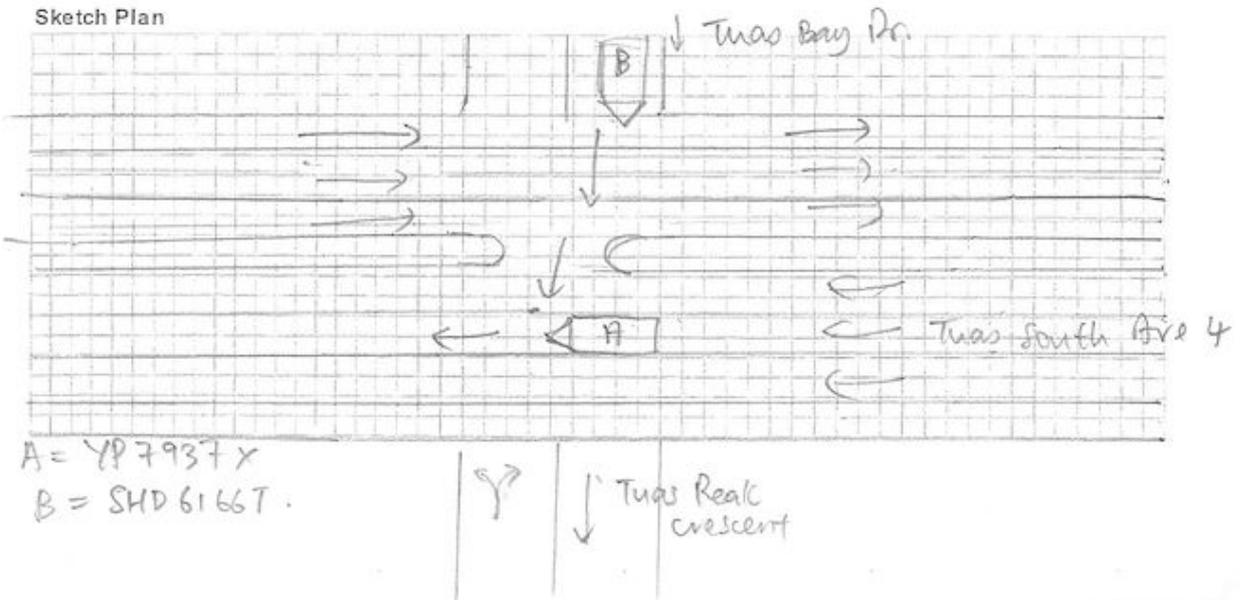


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving along Tuas South Ave 4 toward Junction of Tuas Peak crescent to (PIE/RPE) Tuas Bay Drive. As I was going towards a taxi vehicle no. SHD 6166T rushed forward and I could not stop in time, and bumped into ~~its~~ its side. I came out and know that he was not supposed to come into my lane. :-

Insurance Co. NIAI Inland
 Vehicle No. YF7917X Date of Accident 11/5/2021
 Reporting Only
 Own Damage Claim
 Third Party Claim

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 14/05/2021 12.00

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

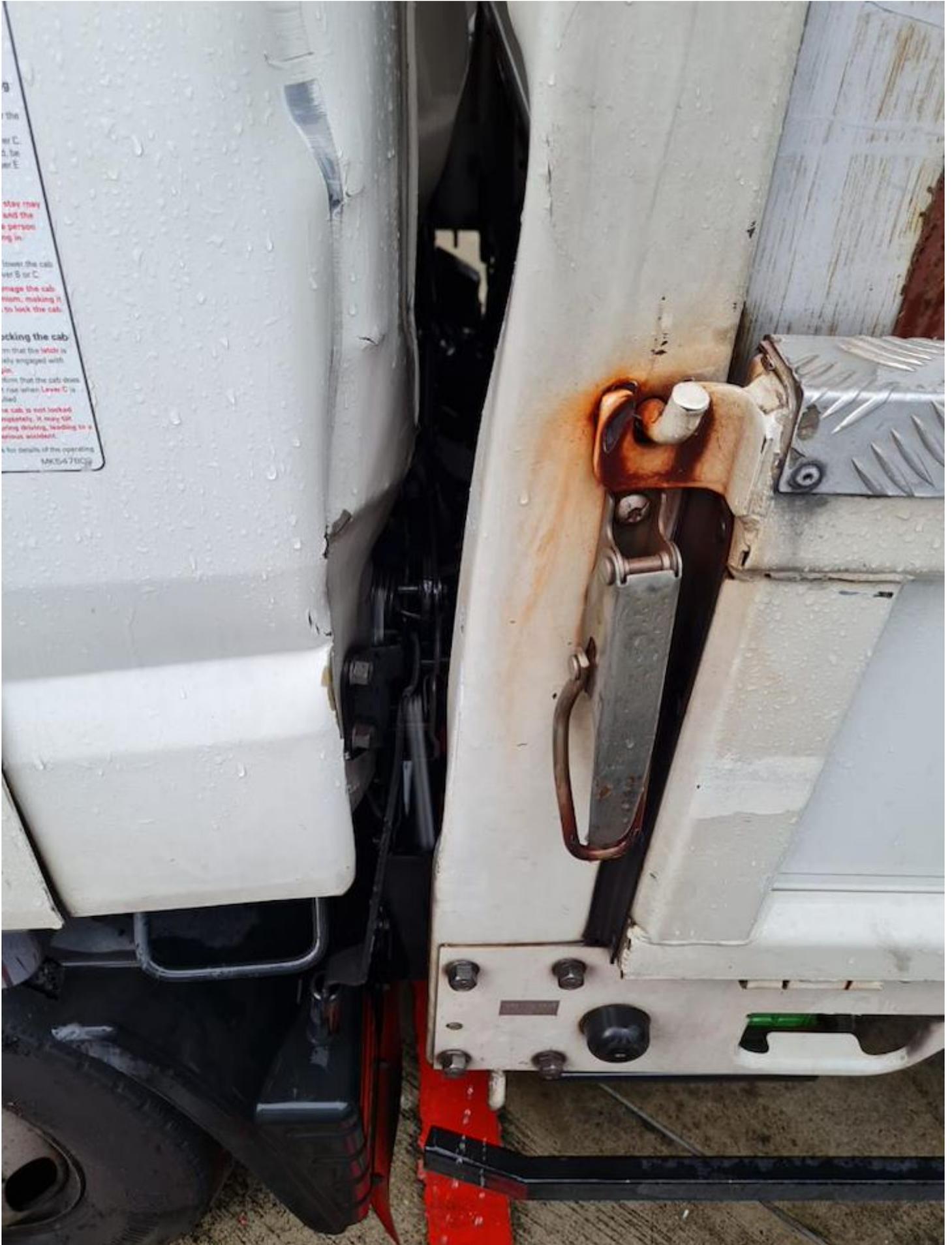


Witnessed by Reporting Centre Personnel













WARNING

When approaching the cab, strictly follow the safe practices.

Releasing the cab lock
Pull and firmly hold Lever A and, while holding Lever A, push Lever B.
A faulty operation of the levers may damage the lock mechanism, making it impossible to lock the cab.

Tilting and lowering the cab
Be sure to raise or lower the cab by holding Grip D. To lift the cab, pull Lever C. When the cab is raised, be sure to engage Stopper E with the cab. *A Stopper E is lost or damaged, the cab may fall and injure the person. Hold onto the cab and prevent it from falling to avoid injury.*

Never raise or lower the cab by holding Lever B or C. *This may damage the cab and cause injury, making it impossible to lock the cab.*

After locking the cab
To confirm that the cab door is locked, manipulate Lever C.
After the cab is not raised or lowered, it may be possible to lock the cab. This may cause injury.

Refer to the manual for instructions for operating the cab door lock.







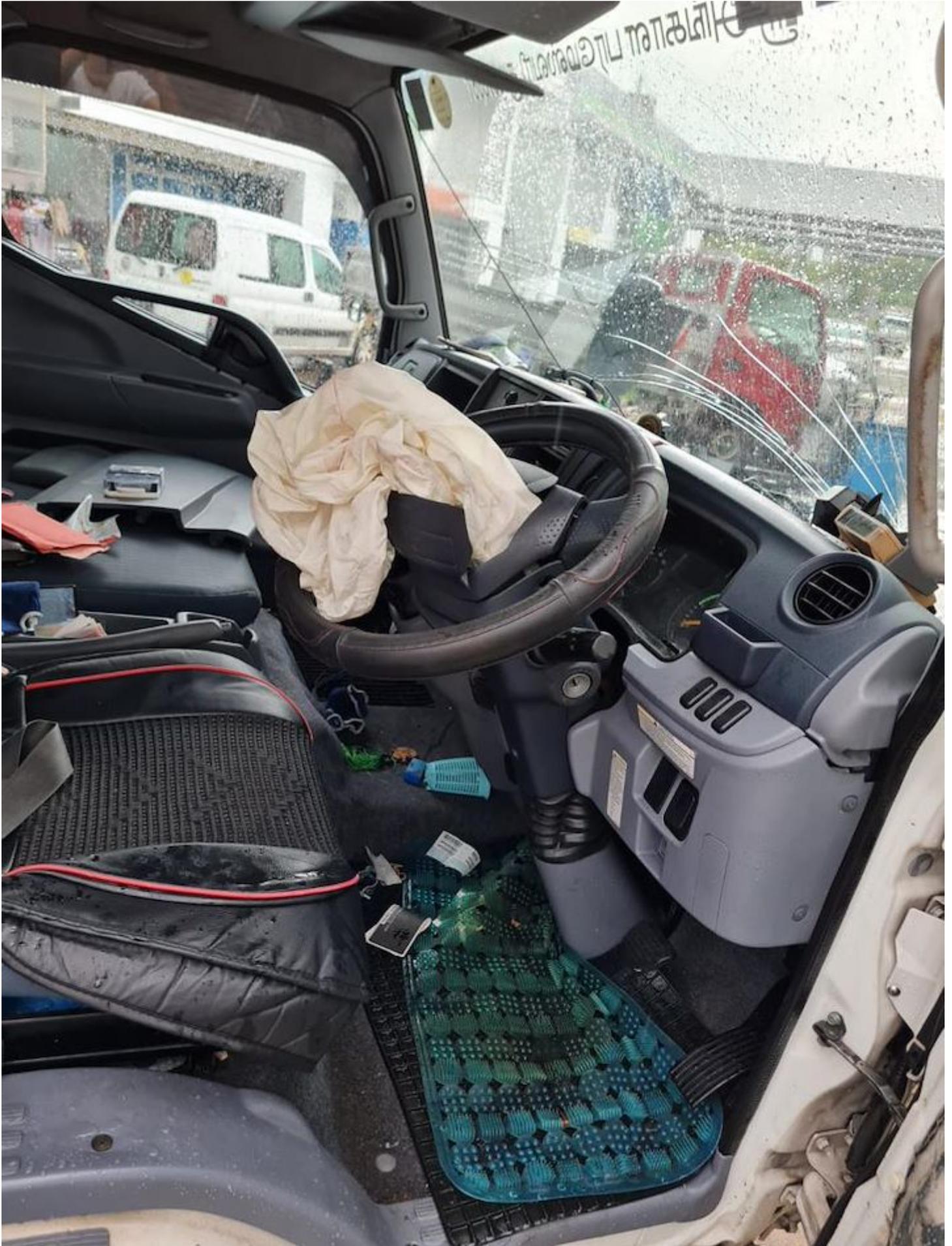


























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66590208 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SK05215E0002 Vehicle Registration No: YP7937X
 Name(as shown in NRIC) : DURAIRAJ ASHOKKUMAR NRIC/FIN/Passport No : G6810043M
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No. : 95523498
 Email Address : ENQUIRYHPE@GMAIL.COM
 Date of Accident : 11/05/2021 Time of Accident : 2215
 Place of Accident : TUAS SOUTH AVE 4
 Insurance Company: HORSE POWER ENGINEERING & GENERAL SERVICES PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO AMEND TYPO ERROR - TIME OF ACCIDENT.

Policyholder / Driver's Signature
 Date:



Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 14/5/2021