



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	22/01/2021 17:09 (SGT)
Date of Accident	22/01/2021 13:15 (SGT)
Exact Location of Accident	69A Lor K Telok Kurau, Singapore 425686
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ8056Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE POST LIMITED
Company Reg No	1XXXXX623M
Email Address	afiqanuar@singpost.com
Mobile Phone No	(Phone) +65-83811202
Alternative Phone No	(Office) +65-68412000

VEHICLE PARTICULARS

Manufacturer	Kymco
Model	SUPER JOCKEY
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	Motorcycle
Transmission	Auto
CC	149

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	V0107670
Cover Note Number	-

DRIVER

Name of Driver	RAMIKUMAR A/L KANAPATHY
Passport No/FIN	GXXXX342U



Date Of Driving Pass	04/08/2009
Driving experience	11 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83811202
Alt. Phone Number	-
Email Address	VIMALAN@SINGPOST.COM
Address	C/O SINGAPORE POST LIMITED (TAPE)
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 22/01/2021 AT ABOUT 1315HRS , I WAS RIDING VEHICLE A ALONG TELOK KURAU LORONG K. WHILE RIDING , VEHICLE B REVERSED FROM 69A OUT OF HER PROPERTY. ANOTHER VEHICLE PARKED OUTSIDE HER HOME WHICH PREVENTED ME FROM ANTICIPATING ANY VEHICLE EXITING FROM THERE. I JAM BRAKED BUT REAR ENDED VEHICLE B. I FELL OFF FROM MY VEHICLE A ON MY RIGHT SIDE TOGETHER WITH THE VEHICLE. I SUSTAINED INJURY ON MY RIGHT LEG. I EXCHANGED PARTICULARS WITH THE THIRD PARTY.

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	SKQ4245P
Vehicle Manufacturer	Suzuki
Vehicle Model	Swift
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YONG SOO SUNG
NRIC No	SXXXX729C
Contact Number	(Phone) +65-90595484

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	UNKNOWN
Gender	Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAMIKUMAR A/L KANAPATHY
Address	C/O SINGAPORE POST LIMITED (TAPE)
Address Complement	-
Post Code	-
Approximate Age Years Old	38
Injuries Sustained	INJURY ON RIGHT LEG
Injured person in which vehicle?	FBQ8056Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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
- (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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

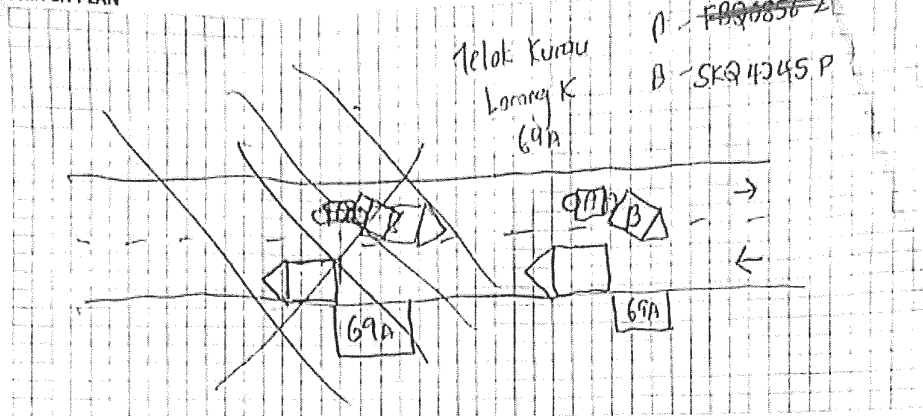
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 20/01/2021

1425hrs

Reporting Centre Personnel's Signature
Name: 122A7
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In 22/01/21 at about 1315hrs, I was riding vehicle A along Telok Kurau Lorong K. While riding, vehicle B reversed from 69A out of her property. Another vehicle parked outside her home which prevented me from anticipating any vehicle exiting from there. I jam braked but rear-ended vehicle B. I fell off from my vehicle A on my right side along together with the vehicle. I sustained injury on my right leg. I exchanged particulars with the third party.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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

22/01/21
1425hrs.

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

122A1