

# 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 .....	09/06/2021 09:31 (SGT)
Date of Accident .....	08/06/2021 09:17 (SGT)
Exact Location of Accident .....	Ang Mo Kio Ave 5, Singapore
Additional Location Information .....	JUNCTION OF ANG MO KIO AVE 5 TURNING RIGHT TO ANG MO KIO AVE 6
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBC9134Z
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	GLOBALWIDE INTERNATIONAL PTE LTD
Company Reg No .....	2XXXXX417M
Email Address .....	siangyi@globalwide-intl.com
Mobile Phone No .....	(Phone) +65-64488280
Alternative Phone No .....	(Office) +65-64488280

### 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 .....	Etiqa Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	M0010478
Cover Note Number .....	-

### DRIVER

Name of Driver .....	RAMAIYA RAMADAS
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Work Permit No .....	FXXXX946U
Date Of Birth .....	22/03/1975
Occupation .....	Outdoor
Date Of Driving Pass .....	23/09/2010
Driving experience .....	10 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98659707
Alt. Phone Number .....	-
Email Address .....	siangyi@globalwide-intl.com
Address .....	84 Kaki Bukit Industrial Terrace
Address complement .....	-
Postcode .....	416164
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 - Change/cross lane
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) .....	10
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	COLLEAGUE
Gender .....	Male

#### PASSENGER 2

Name .....	COLLEAGUE
Gender .....	Male

#### PASSENGER 3

Name .....	COLLEAGUE
Gender .....	Male

#### PASSENGER 4

Name .....	COLLEAGUE
Gender .....	Male

#### PASSENGER 5

Name .....	COLLEAGUE
Gender .....	Male

#### PASSENGER 6

Name .....	COLLEAGUE
Gender .....	Male

#### PASSENGER 7

Name .....	COLLEAGUE
Gender .....	Male

#### PASSENGER 8

Name ..... COLLEAGUE  
Gender ..... Male

PASSENGER 9

Name ..... COLLEAGUE  
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

I was at the junction of Ang Mo Kio ave 5 intending to turn to Ang Mo Kio ave 6 . I was on the first lane and Vehicle B was on the second lane. My vehicle was stopped as the traffic light was red. Suddenly, Vehicle B step up and knocked against my vehicle left hand portion as he wants to cut into my lane as there is a small space infront of my vehicle. No one was injured.

#### 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 ..... GBG8186J  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... CHAN CHEE SENG  
Work Permit No ..... FXXXX345X  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 1



**INTERVIEW FORM**

Name (Driver) : RAMA NYA RAMADAS

Policy No : M0010478

Vehicle No : GBC 9134Z

Place of Accident : ANG MO KIO AVE 5

Insured Driver's relationship with Insured : EMPLOYEE

Drink Driving of Insured and/or Insured Driver : -

No of passenger(s) in Insured vehicle : 10 (INCLUDING DRIVER)

Injury to Insured and/or Insured driver, please indicate which hospital:  
-

Third Party Vehicle No (if any) : GBG 8186J

No of passenger(s) in Third Party Vehicle : -

Injury to Third Party driver and/or passenger(s), please indicate which hospital:  
-

Type of collision and the extensiveness of the damages to all vehicles involved:  
CHANGE CROSS LANE

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):  
NO

Traffic Police report (enclosed) :  Yes /  No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

[Signature]  
 Driver (Name & Signature)  
 I, affirmed the above information is given to my best knowledge

[Signature]  
 Attended by (Name & Signature)  
 Workshop Name: JIN AUTO SERVICES



Etiqua Insurance Berhad (Company Reg. No. T09FC0054K)  
 2 North Bridge Road, #02-01 High Street Centre, Singapore 179094  
 T: +65 6336 0477 F: +65 6339 2109

Attended by: [Signature]

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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 report being made available aforesaid.
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 :

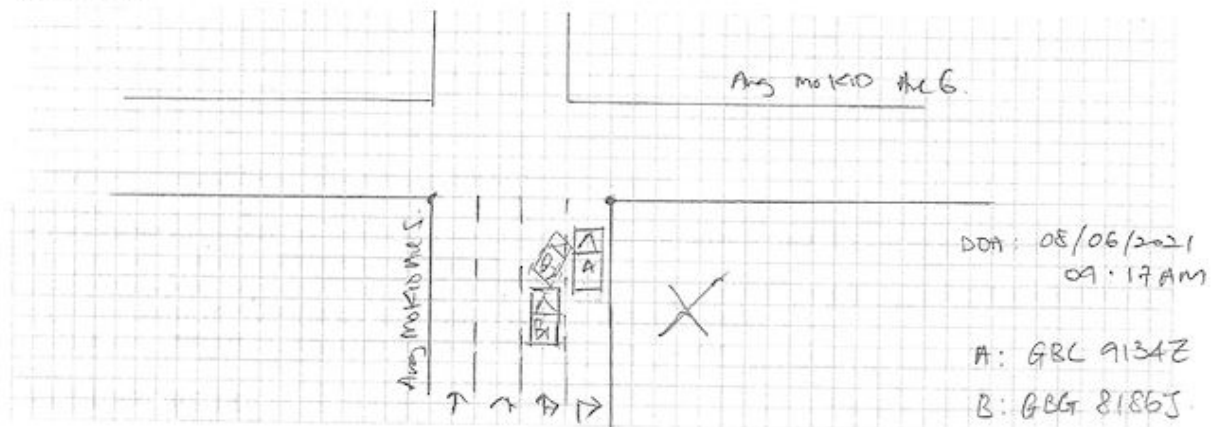
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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.

<p>X </p> <p>Policyholder's Signature / Date &amp; Time</p>	<p></p> <p>Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p>	<p></p> <p>Witnessed by Reporting Centre Personnel</p>
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**Sketch Plan**



**Describe Circumstances of the Accident**

I was at the junction of Ang Mo Kio Ave 5 intending to turn to Ang Mo Kio Ave 6. I was on the first lane and vehicle B was on the second lane. My vehicle was stopped as the traffic light was red. Suddenly, vehicle B step up and knocked against my vehicle left hand portion as he wants to cut into my lane as there is a small space in front of my vehicle. No one was injured. *[Signature]*

**Declaration**

We declare the foregoing particulars are true in every respect.

X *[Signature]*  
Policyholder's Signature / Date & Time



*[Signature]*  
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*  
Witnessed by Reporting Centre Personnel

















































