

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 07/06/2021 18:11 (SGT)
Date of Accident 05/06/2021 08:30 (SGT)
Exact Location of Accident Near Jln. Ahmad Ibrahim, Singapore
Additional Location Information Jalan Ahmad Ibrahim Towards Corporation Rd
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK1112Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner UNICO TOTAL SOLUTION PTE LTD
Company Reg No 201839247K
Email Address kkvraja94@gmail.com
Mobile Phone No (Phone) +65-97336031
Alternative Phone No (Office) +65-69700500

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 2070177375
Cover Note Number 03/01/2021-02/01/2022

DRIVER

Name of Driver Kalyanasundaram Vasantharaja
Passport No/FIN G2563866U

| | |
|--------------------------------------------------------------------|-------------------------------------------|
| Date Of Birth | 04/01/1994 |
| Occupation | Outdoor |
| Date Of Driving Pass | 22/03/2017 |
| Driving experience | 4 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-83532559 |
| Alt. Phone Number | - |
| Email Address | kkvraja94@gmail.com |
| Address | 3 SOON LEE STREET #05-13 PIONEER JUNCTION |
| Address complement | - |
| Postcode | 627606 |
| 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 | Clear |
| Road Surface | Dry |

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? | Yes |
| Police Station Name | Telok Blangah Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18002729999 |
| Alt. Police Station Phone No | (Fax) +65-63776526 |
| Police Station Address | Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

Kindly refer to the sketch plan

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 | GBE5083C |
| Vehicle Manufacturer | Fiat |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |

| | |
|-----------------------------------------------|---|
| 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 | SMB184M |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| 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 | SMRT BUS |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN**IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 lodgment 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.
- (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: 7/16/2021

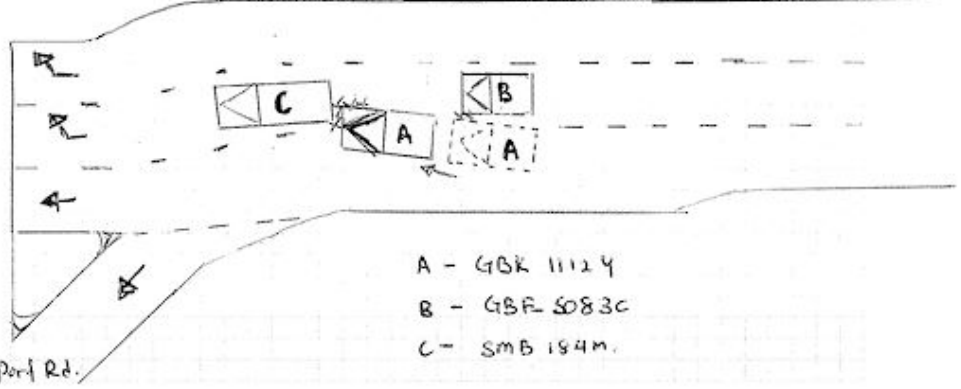
Reporting Centre Personnel's Signature
Name: Rakeshwar Arun
NRIC/FIN No.:

SKETCH PLAN

Corporation Rd.

Y. Valmyr.
24/6/21

Sin Ahmed Ibrahim.



Turning point Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer to the statement.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

| | |
|-------------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> | Reporting Only |
| <input type="checkbox"/> | Claim OD |
| <input type="checkbox"/> | Claim TP |
| <input type="checkbox"/> | Claim OD / TP at other workshop |

DECLARATION

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



Policyholder's Sign
Date & Time

Driver's Signature
(If driver is not the policyholder)
Date & Time: 7/6/2021.

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

On 05/06/2021 at about 8.30 am I was travelling along with Jalan Ahmad Ibrahim towards Corporation Rd. While moving near to the junction of Jurong Port Rd and Corporation Rd I was travelling at the left-most lane and wanted to change to the right lane. When I check on the right-side mirror did not saw any vehicle and clear for me to change lane. Unfortunately, vehicle B (GBE5083C) was on my blind shot which I unable to saw. I hit vehicle B (SMB184M) then lost control and collided with vehicle C. No injury was reported from any of person involved in this accident.



K. Vahya
7/6/2021











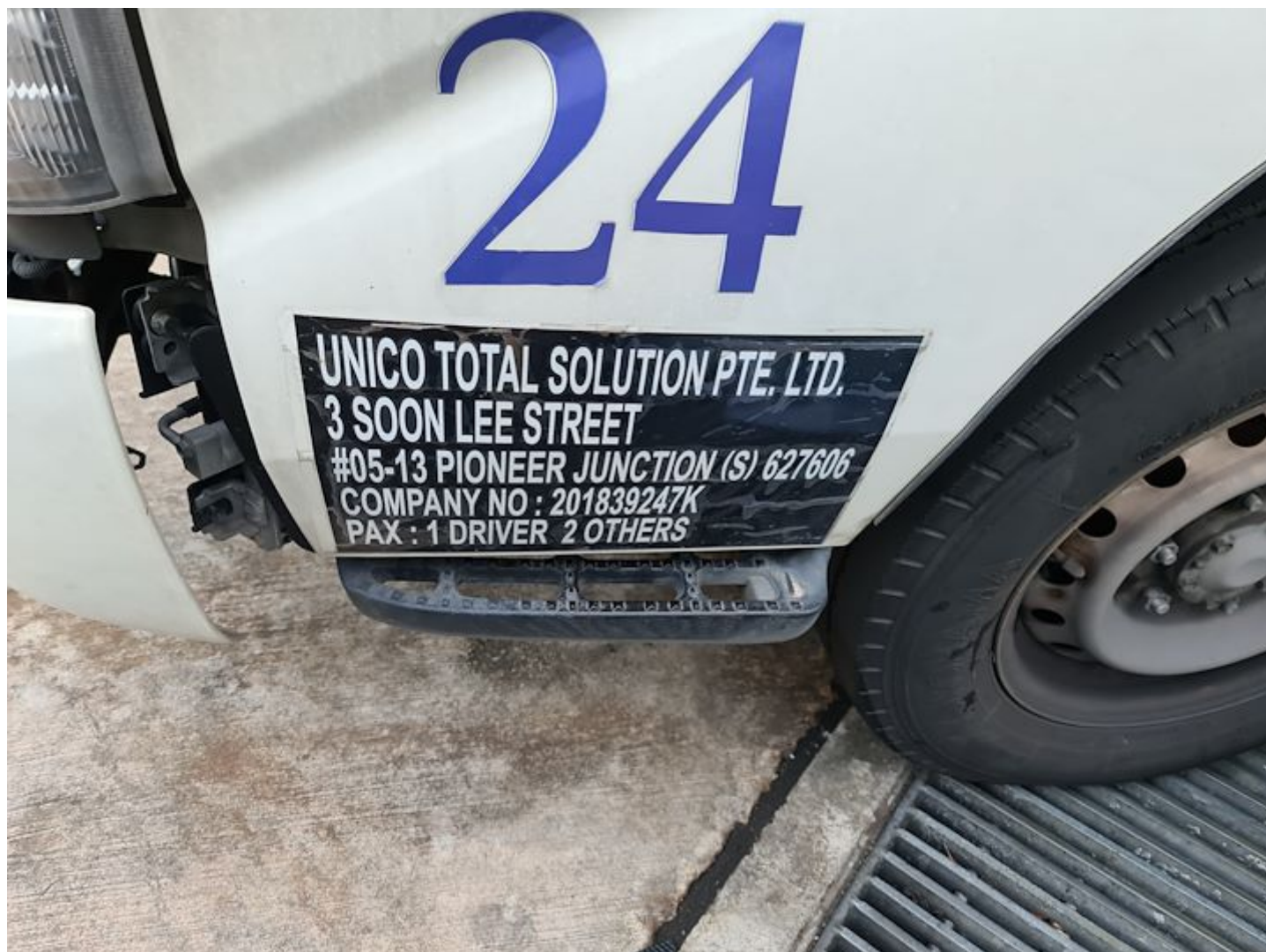






















**SINGAPORE
POLICE FORCE**



T/20210609/2051

1 of 3

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

Report No. T/20210609/2051

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--------------------------------------------|------------------|--------------------------|
| Date/Time Report Made: 09/06/2021 16:09 | Vide Report No.: | Station Diary No.: 17 |
|--------------------------------------------|------------------|--------------------------|

Informant's Particulars

| | | | |
|-------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------|------------------------------|
| Name of Informant: KALYANASUNDARAM VASANTHARAJA | Address: APT BLK 45 HINDHEDE WALK #04-03 SPRINGDALE CONDOMINIUM SINGAPORE 587978 | | |
| ID Type / ID No.: FIN NO / G2563866U | Contact No.: Home/Office: Mobile: 83532559 | | |
| Nationality: INDIAN | Email: | | |
| Sex: Male | Age: 27 | Date of Birth: 04/01/1994 | Type of Informant: Driver |
| Race: Indian | Language: English | | Institution / School Name: |
| Occupation: DRIVER | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--------------------------------------------------------------|----------------------|------------------------------------|--------------------------------------------|-------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 05/06/2021 08:30 | Type of Location: Straight Road |
| Location: JALAN AHMAD IBRAHIM | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No | Type | Make | Model | Color | Condition | No of Passenger |
|------------|-------------------|---------------|-------|---------------|------------------|-----------------|
| GBE5083C | Van | FIAT | | White | Slightly Damaged | 0 |
| GBK1112Y | Lorry | TOYOTA | DYNA | White | Slightly Damaged | 0 |
| SMB184M | Bus/Coach/Minibus | MERCEDES BENZ | | Multi-Colored | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20210609/2051

2 of 3

Report No. T/20210609/2051

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|------------------------------|----------------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | TIAN FENG | ID No. | G8324396T |
| Related Vehicle | GBE5083C (Van) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | KALYANASUNDARAM VASANTHARAJA | ID No. | G2563866U |
| Related Vehicle | GBK1112Y (Lorry) | Contact No. | 83532559 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On the 05/06/2021 at about 0830hrs I was driving my company lorry (GBK1112Y) moving straight along Jalan Ahmad Ibrahim lane 3, I was alone in the lorry with no passenger.

I was trying to merge from lane 3 to lane 2 but however my lorry collided to a van (GBE5083C) front left bumper and a SMRT bus (SMB184M) rear.

At that point of time nobody was injured, no ambulance attended to the incidents while the tow truck was about to tow my company lorry away, the Traffic Police attended to the accident and recorded all drivers particulars.

My company lorry has a in-car camera install but it was spoiled and no video recorded. My company had file a insurance report and the insurance company notify me to lodge a police report.



SINGAPORE
POLICE FORCE



T/20210609/2051

3 of 3

Report No. T/20210609/2051

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 1 ONG JING WEI

Signature Of Informant:

[Handwritten signature]

Signature Of Interpreter:

Not applicable

Date/Time:

09/05/2021 16:09

Officer In Charge Of Case:

TP / GIA /

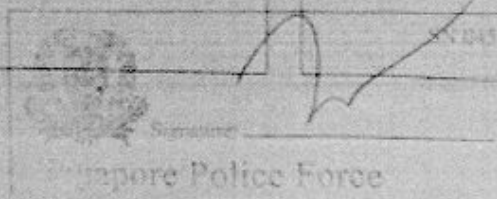
SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP155





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: S665500206 / 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 : SE0021670006 Vehicle Registration No: GBK1112Y
 Name (as shown in NRIC) : Kalyanasundaram Vasantharaja NRIC/FIN/Passport No : GXXXX866U
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : 05/06/2021 Time of Accident : 08:30
 Place of Accident : Jalan Ahmad Ibrahim Towards Corporation Rd
 Insurance Company: AIG Asia Pacific Insurance 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:

Amend add police report

Policyholder / Driver's Signature
 Date:


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