

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	12/07/2021 15:54 (SGT)
Date of Accident	11/07/2021 21:20 (SGT)
Exact Location of Accident	Woodlands Ave 10, Singapore
Additional Location Information	JUNC OF WOODLANDS AVE 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ976Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JUAN CONCEPT PTE LTD
Company Reg No	2XXXXX823M
Email Address	regina.tay@juan.com.sg
Mobile Phone No	(Phone) +65-93898904
Alternative Phone No	+65-93898904

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HINO
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	Auto
CC	4009

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00078182101
Cover Note Number	-

DRIVER

Name of Driver	PANNER SELVAM PRAPAKARAN
Passport No/FIN	GXXXX716T

Date Of Birth	04/03/1987
Occupation	Outdoor
Date Of Driving Pass	13/11/2009
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93768126
Alt. Phone Number	-
Email Address	darren.chng@juan.com.sg
Address	71 WOODLANDS AVE 10
Address complement	#07-16
Postcode	737743
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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 vehicle 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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLQ8769G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LO SHUN YU
Contact Number	(Phone) +65-87909057
Address	-
Address complement	-

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

SKETCH PLAN**IMPORTANT NOTICE**

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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.



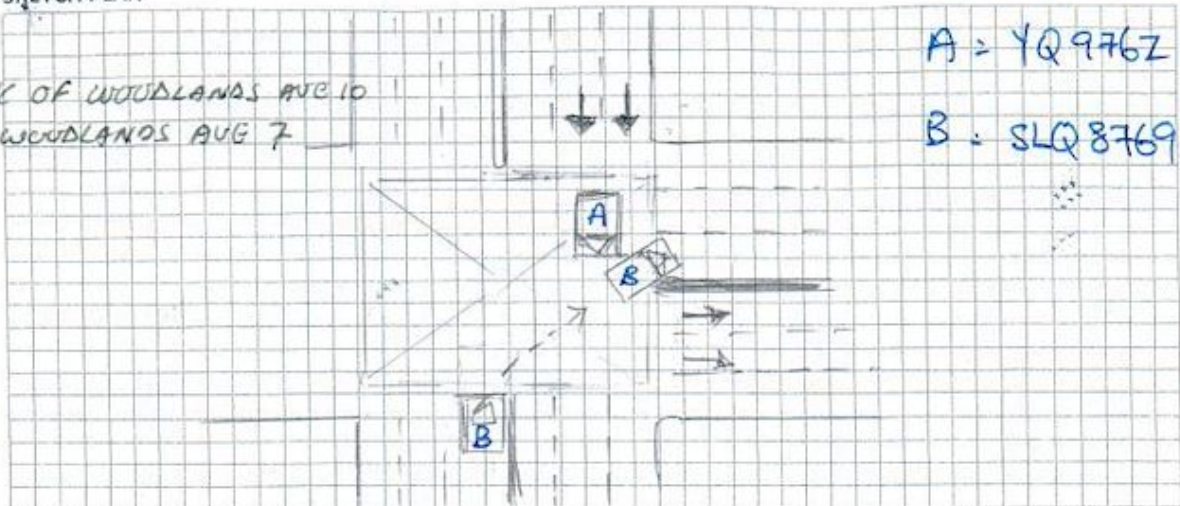
Policyholder's Signature
Date & Time:

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

Shyam 12/07/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

JUNC OF WOODLANDS AVE 10
& WOODLANDS AVE 7



A = YQ 976Z

B = SLQ 8769G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Woodlands Ave 10 toward SLE on 11/07/2021 at about 9:20 p.m. When reaching the junction of Woodlands Ave 7, I was travelling at the speed of 60 km/hr. As it was green light, I proceed to move on, suddenly vehicle B turning from my right side collided into left portion of my vehicle. We alighted and exchange particulars.

DECLARATION

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



Policyholder's Signature

Date & Time:

GIARMG SketchPlanForm_V3

P. Lalakaran

Driver's Signature

(If driver is not the policyholder)

Date & Time:

12/07/21

Reporting Centre Personnel's Signature

Name:

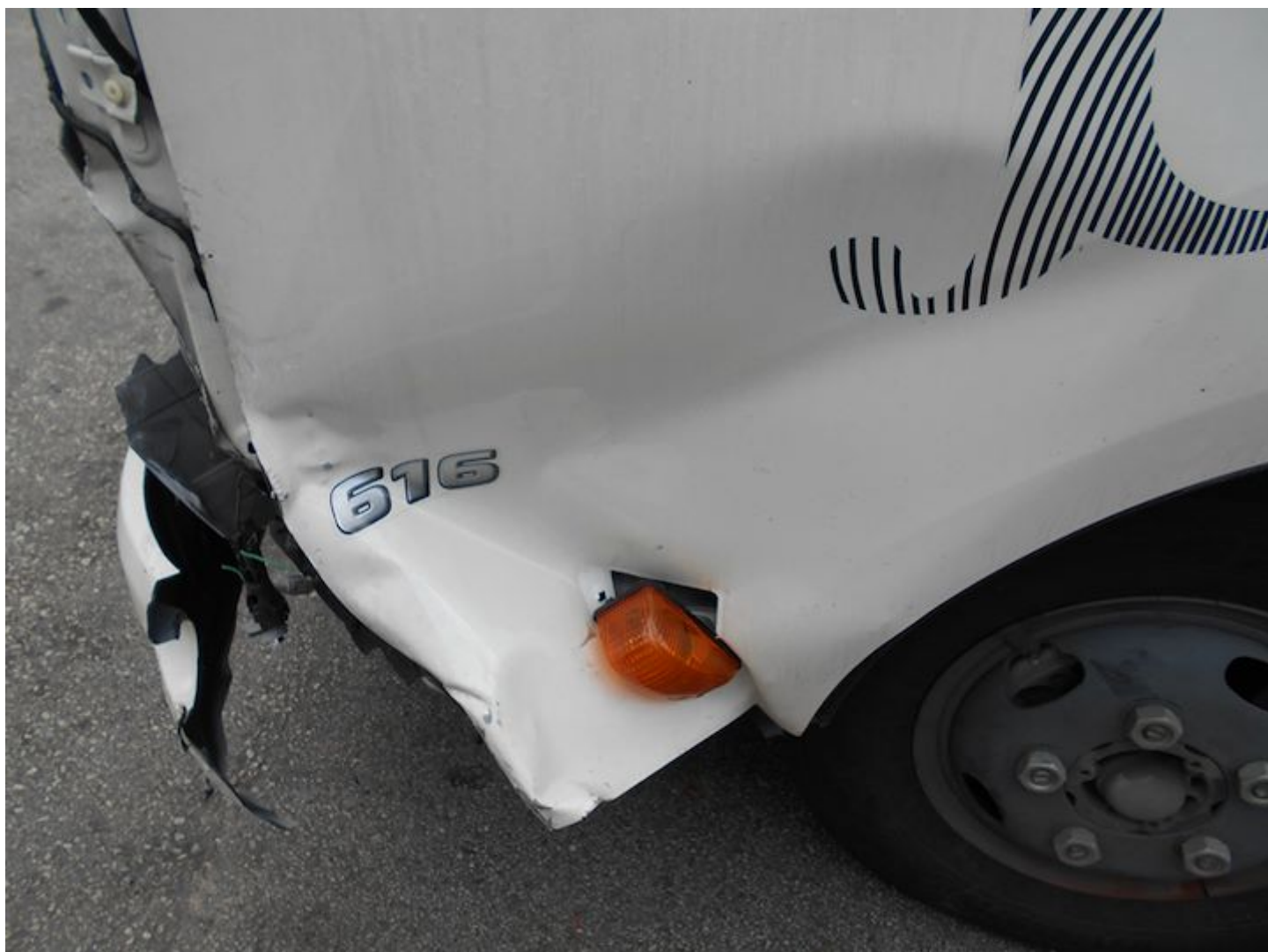
NRIC/FIN No.:





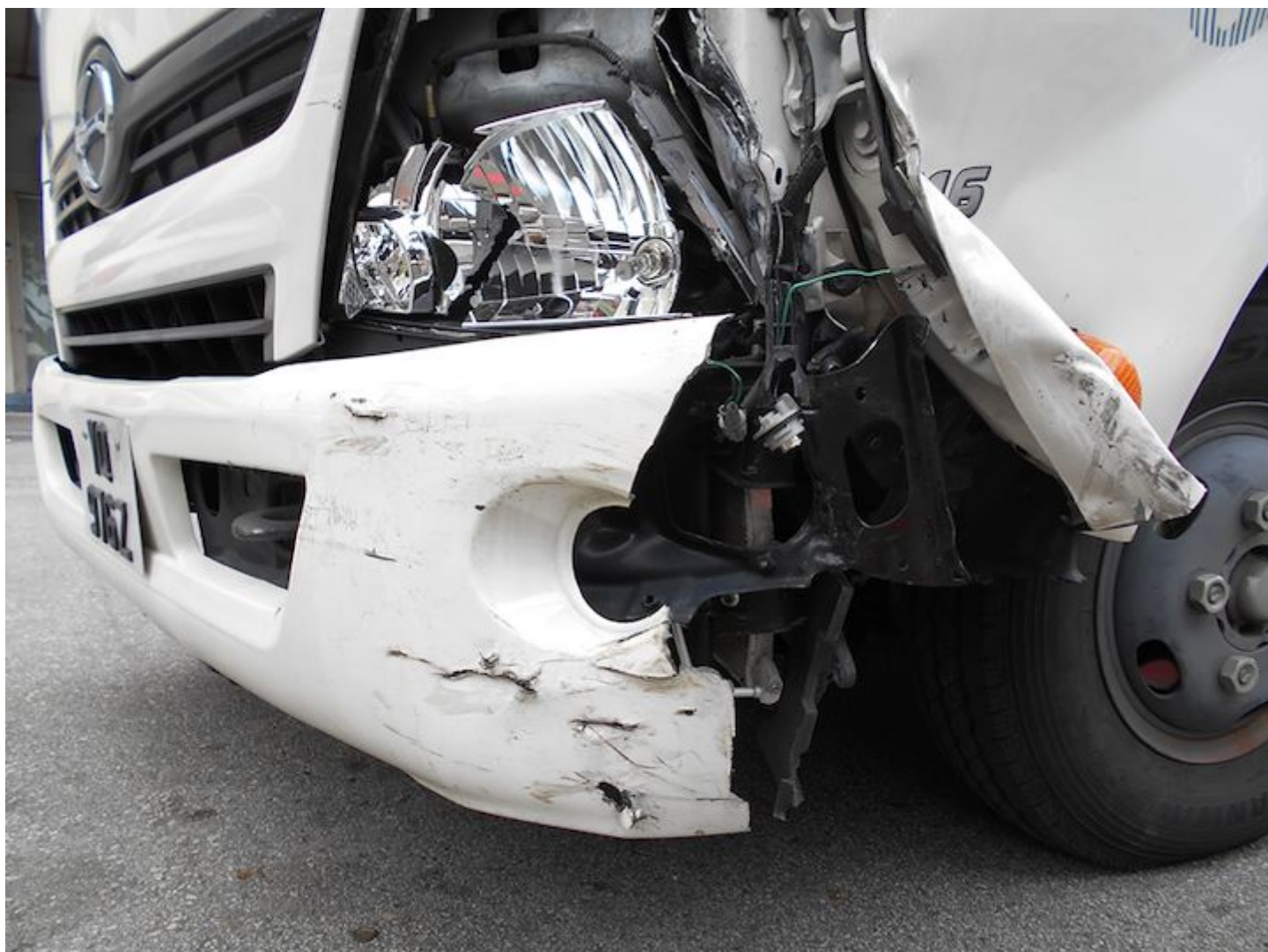


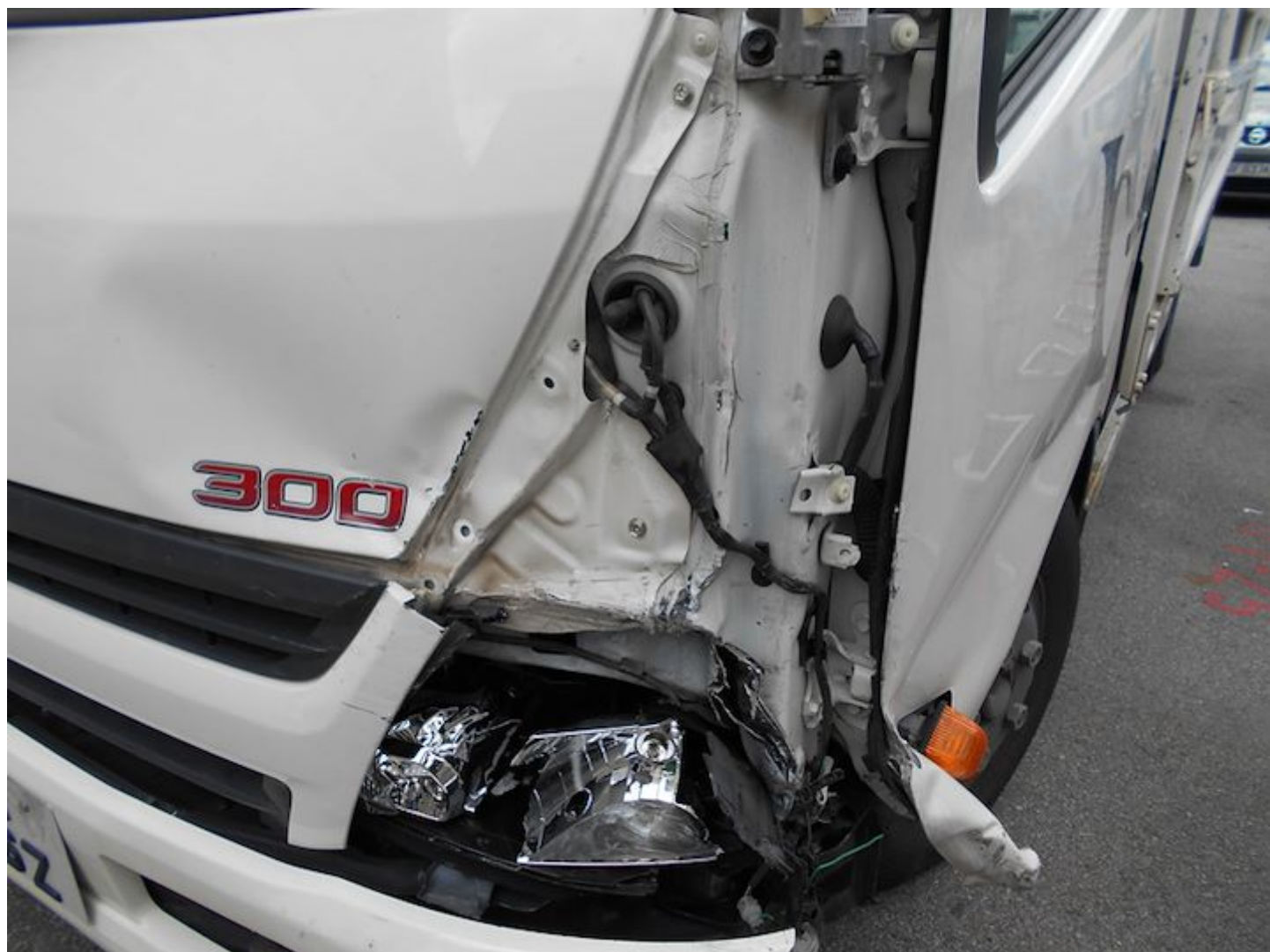










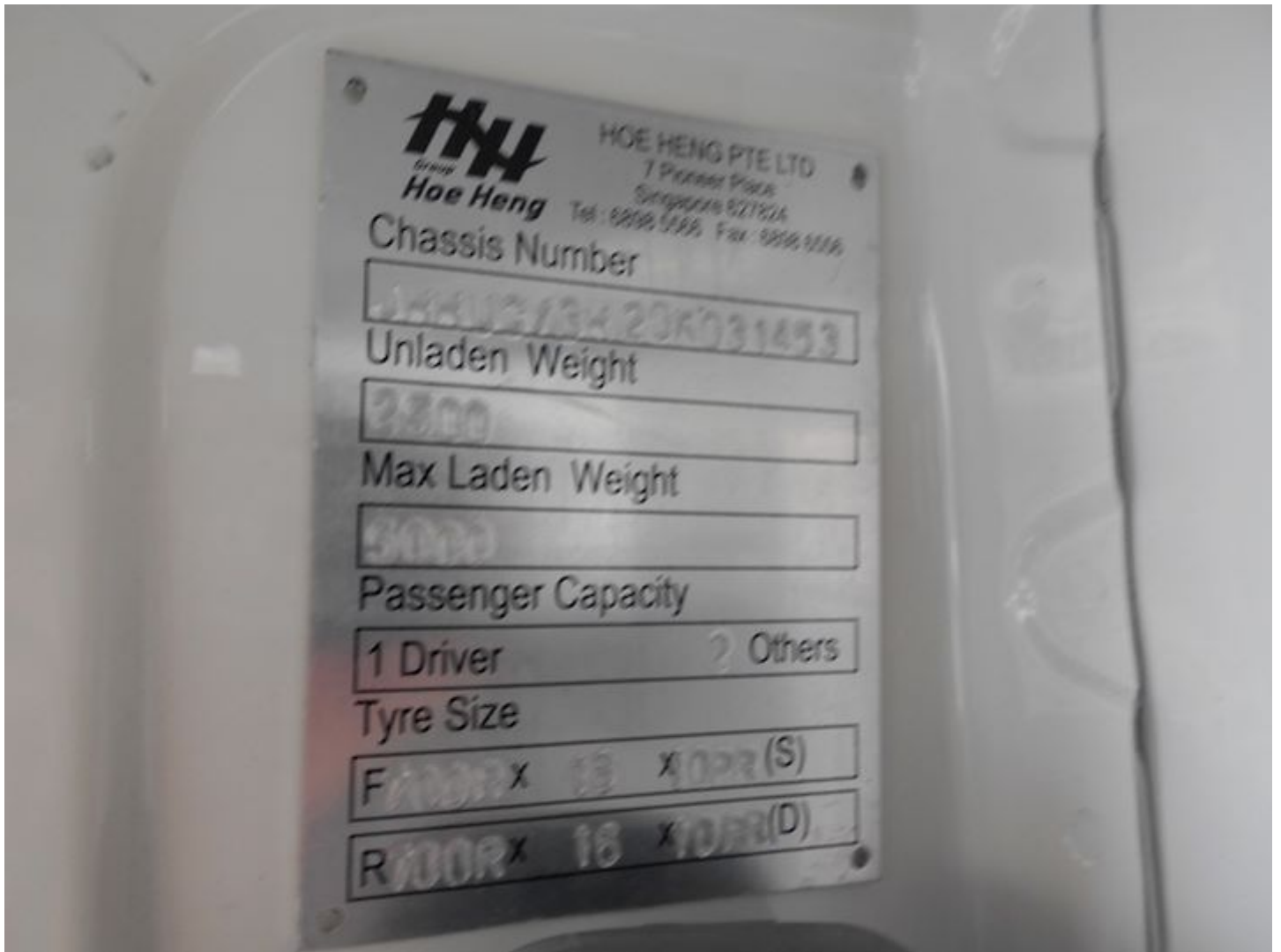














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

26/07/21 on my
table

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 : SN09217C0005 Vehicle Registration No: YQ 9762
Name (as shown in NRIC) : PANNER SELVAM PRAPAKARAN NRIC/FIN/Passport No : GXXXX716T
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 71 WOODLANDS AVE 10 #07-16 Singapore (737743)
Contact (Tel) : _____ Mobile No. : 93768126
Email Address : _____
Date of Accident : 11/07/21 Time of Accident : 2120
Place of Accident : WOODLANDS AVE 10 JUNC OF AVE 7
Insurance Company: _____

(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:

change 3rd party to OD claim

S. Prakash
Policyholder / Driver's Signature
Date: 23/7/21



[Signature] 26/07/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: