G|A SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE
1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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. <u>Any false reporting may be referred to the Police for investigation.</u>
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	20/08/2021 16:43 (SGT)
Date of Accident	19/08/2021 17:02 (SGT)
Exact Location of Accident	Bukit Batok Rd, Singapore
Additional Location Information	JUNCTION OF BUKIT BATOK WEST AVENUE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD7353E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DOUBLE-TRANS PTE LTD
Company Reg No	1XXXXX888E
Email Address	viknesh@samco.com.sg
Mobile Phone No	(Phone) +65-87748035
Alternative Phone No	+65-87748035

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Cyz52k
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	15681

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNA00009002101
Cover Note Number	-

DRIVER

Name of Driver	GANESAN SARAVANAN
Passport No/FIN	FXXXX299R

Date Of Birth	14/06/1976
Occupation	Outdoor
Date Of Driving Pass	16/09/2016
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87748035
Alt. Phone Number	-
Email Address	viknesh@samco.com.sg
Address	4 SUNGEI KADUT STREET 2
Address complement	-
Postcode	729226
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?	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

PLEASE REFER TO 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	SHC8454K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MR. HO CHWEE KIM
NRIC No	SXXXX071E
Contact Number	(Phone) +65-96172904
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

(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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

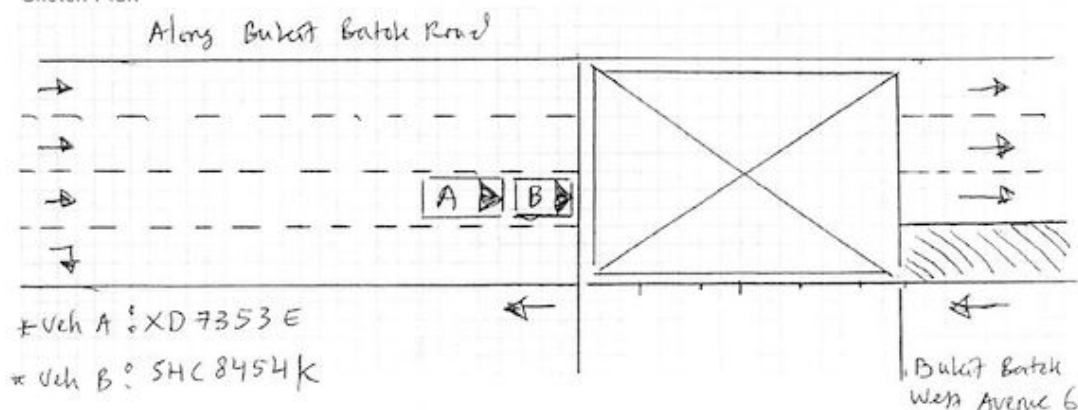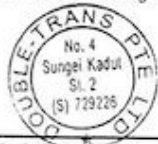| Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
DOUBLE-THONG PTE LTD stamp: No. 4 Sungei Kadut St. 2 (S) 729226	G. Sixf	20/08/2021

Sketch Plan

Along Bukit Batok Road

+ Veh A : XD 7353 E

* Veh B : SHC 8454 K

Bukit Batok West Avenue 6

Describe Circumstances of the Accident

On the stated date and time, I was travelling along the stated Venue. I was behind vehicle B and _____. Vehicle B braked to stop when traffic light turned amber, I followed to stop too. But I could not stop in time and collided to the rear of vehicle B. I wish to state that there were no injuries.

Declaration

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

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
DOUBLE-TRANS PTE LTD No. 4 Sungei Kadut St. 2 (S) 729226	P. STH	20/08/2021

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Accident report SN08218K0003

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CHASSIS NO : JALCYZ52 KC7000124
U/W : 11940 KG
M/L/W : 28000KG
PASS CAP : 02
TYRE SIZE : F 295·80R22·5(S)
:R 295·80R22·5(D)x 2