

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	17/08/2021 16:01 (SGT)
Date of Accident	17/08/2021 09:57 (SGT)
Exact Location of Accident	Near 537 Pasir Ris Dr 1, Singapore 510538
Additional Location Information	PASIR RIS DR 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ2387K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JSM CONSTRUCTION GROUP PTE LTD
Company Reg No	2XXXXX019N
Email Address	BOSE85KUMAR@GMAIL.COM
Mobile Phone No	(Phone) +65-98933441
Alternative Phone No	(Home) +65-98933441

VEHICLE PARTICULARS

Manufacturer	Hino
Model	300
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	2700

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DH0M110174502001
Cover Note Number	-

DRIVER

Name of Driver	BOSE RAJKUMAR
Passport No/FIN	GXXXX061X

Date Of Birth	05/05/1985
Occupation	Outdoor
Date Of Driving Pass	18/10/2013
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98933441
Alt. Phone Number	-
Email Address	BOSE85KUMAR@GMAIL.COM
Address	MARSILING DR BLK 2
Address complement	#12-03
Postcode	730002
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	DRIZZLING
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RAVI
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

SEE ATTACHED 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	SLU5712T
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car

Name of Driver	WONG HAI EN ADAM
NRIC No	SXXXX386D
Contact Number	(Phone) +65-97803767
Address	APT BLK 526A PASIR RIS STREET 51
Address complement	#09-511
Postcode	511526
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 insurers 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' law yers/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' law yers/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 law yers/law firms) which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

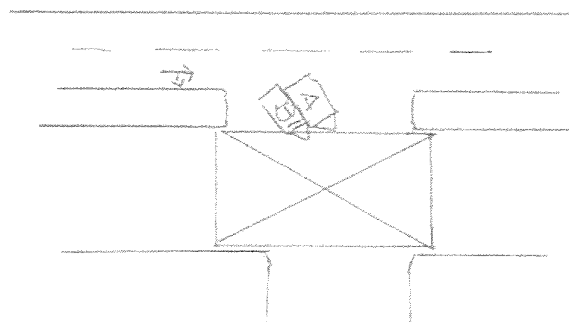
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed By Reporting Centre Personnel

Sketch Plan

A - YQ2387K
B - SLU5712T

PASIR RIS DRIVE 1



Describe Circumstances of the Accident

MY VEHICLE "A" WAS STOP BEFORE THE YELLOW BOX WAITING FOR THE ROAD TO BE CLEAR BEFORE I MOVE MY VEHICLE "A" SUDDENLY VEHICLE "B" HIT MY VEHICLE "A" ON RH REAR PORTION UP TO RH FRONT PORTION OF MY VEHICLE "A".

* *[Signature]*

Declaration

We declare the foregoing particulars are true in every respect

[Signature] 14/09/2021 3:15 pm
 Policyholder's Signature / Date & Time

[Signature] 14/09/2021 3:15 pm
 Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
 Witnessed by Reporting Centre Personnel
[Signature]