# **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 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. 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 06/09/2021 14:42 (SGT) Date of Accident 03/09/2021 08:30 (SGT) Exact Location of Accident Singapore Additional Location Information BARTLEY VIADUCT TWDS BARTLEY RD Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number GBD5130F

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MJL DESIGN AND BUILD PTE. LTD. Company Reg No 2XXXXX459C Email Address mjldesign@singnet.com.sq Mobile Phone No (Phone) +65-90017754 Alternative Phone No +65-90017754

#### VEHICLE PARTICULARS

Manufacturer

Model Dyna Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2982

#### **INSURANCE COMPANY**

Name of Insurance Company Lonpac Insurance Bhd Type of Coverage Comprehensive Fleet Policy Policy Number Z/21/VC00/110884 Cover Note Number

#### DRIVER

Name of Driver RENGASAMY VINOTH Passport No/FIN GXXXX455W

Date Of Birth 22/04/1991 Occupation Outdoor Date Of Driving Pass 25/11/2015 Driving experience 5 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-91090465 Alt. Phone Number Email Address mjldesign@singnet.com.sg Address BLK 444 ANG MO KIO AVE 10 Address complement #08-1599 Postcode 560444 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **MOLLA SAIDUL** 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 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 **GBJ8785P** Vehicle Manufacturer Vehicle Model

Commercial vehicle

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver NRIC No	ONG JUN GUO SXXXX621I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# INJURED PERSONS DETAILS

### INJURED 1

Name of injured person  Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	RENGASAMY VINOTH Male SLIGHT
Injured person in which vehicle? Were seat belts worn?	GBD5130E Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	

INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	MOLLA SAIDUL Male SLIGHT GBD5130E Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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. 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 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)

- Lunderstand, 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' 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

- (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

Vehick A: GBD 5130 E Vehicle B. GBJ 8785P Bartley Viaduct

Bartley Road

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### Declaration

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

NOTICE OF REPORTING
This is to confirm that Rengasamy Vinoth , G3159455W , NRIC/FIN
H/P:91090465 , has reported to the Police a non-injury traffic accident which
occurred at Bartley Rd East
on 03/09/2021at 0830hrs am/pm involving the following vehicles:
2 If this accident was reported to the Police within 24 hours of its occurrence, then
he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.
On 03/09/2021 at about 0830hour, my vehicle(GBD5130E) was travelling along Bartley Rd East.  There was a vehicle(SJV7119L) turned on its hazel light and stopped at the left side of the road.  I am unable to proceed straight, hence I signalled and filter to my right. Suddenly a vehicle (GBJ8785P) from my rear collided on to me
Both of us then came down of our vehicles and exchanged particulars. No one was injured. My vehicle suffered damages at the rear
I am lodging this report as informed by my company as well as for insurance claim.
Rank/Name of Issuing Officer: W/Sgt Elaine
Date: 03/09/2021 Time: 0930
S/D Ref: 21 & 22
Police Post/Unit : Ang Mo Kio South NPC





Annex B



















#### INTEMEDICAL KOVAN

210 Hougang St21 #01-233 530210 Tel: (65) 6243 3036 Fax: (65) 6243 3103

NTEMEDICAL

MEDICAL CERTIFICATE

MC No: OD-KV0000150906

NAME: MOLLA SAIDUL

NRIC: G2674051M

This is to certify that the above pretient name is Unfit for Duty for a period of 2 day

from 03-09-2021 to 04-09-2021 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

OR CHANG HUI WEN CHRISTIE, BMedMC (Australia), GOFM (Sipore) MCR 81301) INTEMEDICAL KOWAN 210 HOUGANG ST 21 401-233 ERIOGAPORE 50301 TEL (51 6243 3036 FAX: (65) 6243 3103 [AAGL contact Apvan@intemedical.com

Christie Chang

M61301J BMed/ MD (Aus) GDFM (Singapore) Signature

03/09/2021

Date

5/2

### INTEMEDICAL KOVAN

210 Hougang St21 #01-233 530210 Tel: (65) 6243 3036 Fax; (65) 6243 3103

NTEMEDICAL

MEDICAL CERTIFICATE

MC No: OD-KV0000150913

NAME: RENGASAMY VINOTH

NRIC: G3159455W

This is to certify that the above patient name is Unfit for Outy for a period of 2

from 03-09-2021 to 04-09-2021 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

OR CHANG HUI WEN CHRISTIE
BMes/MD (Australia), GDFM (S'pore)
MCR 61301J
INTEMEDICAL KOVAN
210 HOUGANG ST 21 801-233
SINGAPORE 530210
TEL: (65) 6243 3036 FAX: (65) 6243 3103
EMASI : contact kovan@intervedical.com

SW SET OF CHILDREN

Christie Chang

M61301J BMed/ MD (Aus) GDFM (Singapore) OL\_

03/08/2021

Date