

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	09/09/2021 17:25 (SGT)
Date of Accident	09/09/2021 09:05 (SGT)
Exact Location of Accident	Newton Rd, Singapore
Additional Location Information	TOWARDS NEWTON CIRCUS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ9013J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GOLDEN SINGA ENGINEERING (S'PORE) PTE LTD
Company Reg No	1XXXXX188M
Email Address	bskumaran80@gmail.com
Mobile Phone No	(Phone) +65-91293622
Alternative Phone No	(Office) +65-62737695

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	2835

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DHOM110075660713
Cover Note Number	-

DRIVER

Name of Driver	BHOOBALAN SENTHIL KUMARAN
NRIC No	SXXXX451E

Date Of Birth	12/04/1980
Occupation	Outdoor
Date Of Driving Pass	22/07/2010
Driving experience	11 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91293622
Alt. Phone Number	-
Email Address	bskumaran80@gmail.com
Address	BLK 187 BOON LAY AVENUE #05-64
Address complement	-
Postcode	640187
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	AMAL KUMAR
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

ON THE ABOVE MENTION DATE AND TIME I WAS TRAVELLING ALONG NEWTON ROAD MY INTENTION WANTED TO MAKE A U-TURN TO GO TO GILSTEAD ROAD WHICH IS MY WORK PLACE. I REACH THE U-TURN POINT AND WAITING FOR ONCOMING VEHICLE TO CLEAR WHEN I WAS WAITING SUDDENLY THE VEHICLE 'B' COLLIDED MY VEHICLE 'A' AT THE BACK. NO ONE WAS INJURED.

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	GBF4851D
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SIE YOU WEI
NRIC No	SXXXX824F
Contact Number	(Phone) +65-91555260
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 their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

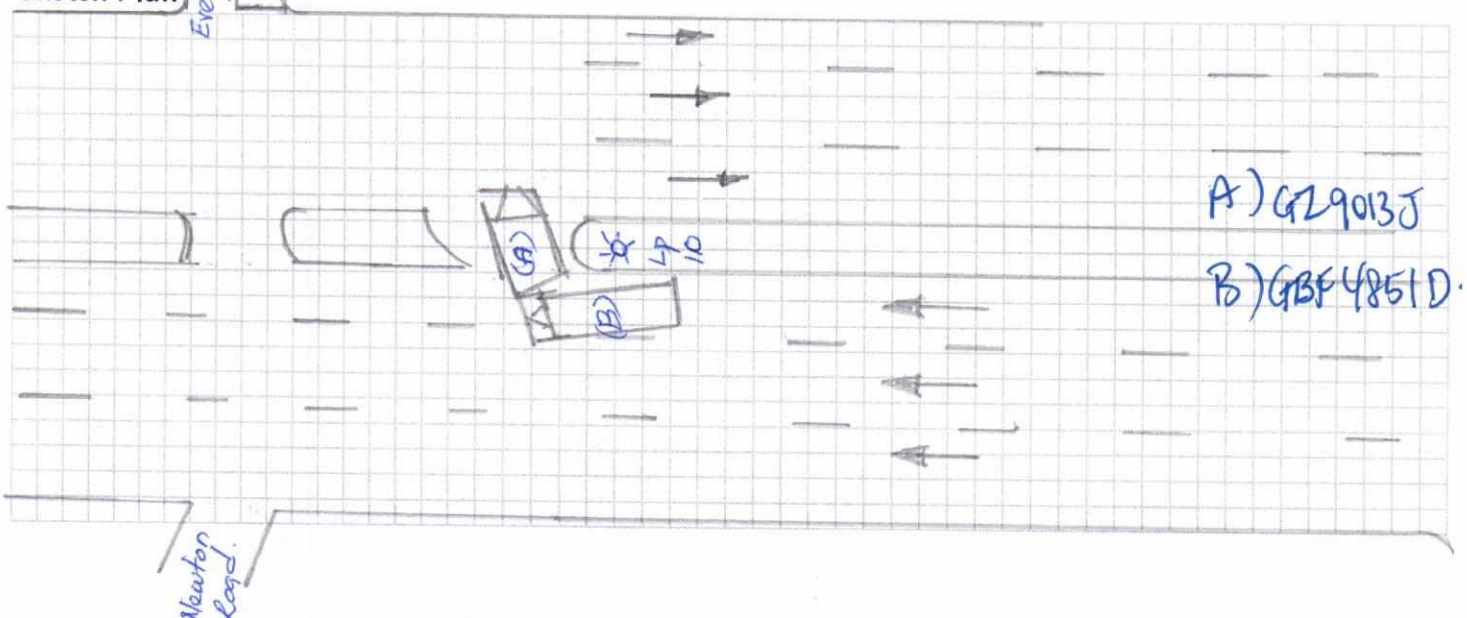


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

on the above mentioned date & time: I was travelling along Newton Road my intention wanted to make u-turn to go Gilstead Road which is my work place.

I reach the u-turn point and waiting for oncoming vehicle to clear when I was waiting suddenly the lorry (B) collided my vehicle (A) at the back.

no one was injured.

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

ACCIDENT STATEMENT

ACCIDENT DATE: (09 / 09 / 2021) (DD/MM/YYYY), TIME: (09 : 05) (HH:MM)

LOCATION: Newton Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G29013J
b) INSURANCE COMPANY: VOI
c) POLICY NUMBER: DHOM110075660713
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: mitsubishi FB70AB09RDEB
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: GOLDEN SINGA ENGINEERING (Cs'pore PTE LTD) (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 198300188M CONTACT: 62737695
c) ADDRESS: _____

Amal Kumar

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: BHOORALAN SETHIL KUMARAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: Q8064451E CONTACT: 91293622
c) ADDRESS: _____

* No of passenger
(Including driver)
(02)

* d) DATE OF BIRTH: (12 / 04 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: CLASS 3

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR
b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO) YES

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G3F 4851D MODEL: NISSAN (ABSTAR)
b) DRIVER'S NAME: SIE YU WEI
c) NRIC/FIN/PASSPORT: S9203824F CONTACT: 91555260

* No of passenger
(Including driver)
()

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
()

Email: bskumaran80@gmail.com

VIDEO



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited

3 Anson Road
#28-01 Springleaf Tower
Singapore 079909

Tel (65) 6222 7733

Fax (65) 6327 3869 / 6327 3870

Email: ContactUs@uoi.com.sg
uoi.com.sg

Co. Reg. No. 197100152R

Certificate of Insurance

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)

Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960

Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE NO. DHOM110075660713 **Excess:** \$3000/-APPL TO <25 YRS & OR <3YRS EXP
Type of Cover THIRD PARTY
Vehicle Number GZ9013J
Name of Insured GOLDEN SINGA ENGINEERING (S) PTE LTD
Restricted Driver(s) NOT APPLICABLE

Period of Insurance 12 October 2020 to 11 October 2021

Engine# 4M40HC7345
Chassis# FB70ABA00630

Goods carrying - Private Type [MZ 300]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

- (1) Use in connection with the Insured's business
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
- (3) Use for social domestic and pleasure purposes

THE POLICY DOES NOT COVER

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

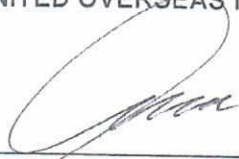
Provided that the person is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

*Limitation rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles(Third-Party Risks and Compensation) Act (Chapter 189) and part IV of the Road Transport Act, 1987 (Malaysia).

UNITED OVERSEAS INSURANCE LTD

vmld1 Date : 24/09/2020


For the Company

Transfer Of Vehicle Ownership (Confirmation)**Vehicle Details**

Vehicle No.: GZ9013J
 Vehicle Type: B31 - Goods (Open) Lorry (Metal Body)/Pickup
 Vehicle Attachment 1: No Attachment
 Vehicle Scheme: Normal
 Vehicle Make: MITSUBISHI
 Vehicle Model: FB70ABOSRDEB
 Chassis No.: FB70ABA00630
 Engine No.: 4M40HC7345
 Engine Capacity: 2835 cc
 Lifespan Expiry Date: 11 Oct 2026
 Road Tax Expiry Date: 11 Apr 2007
 Transfer Count: 0
 Transfer Date: 16 Mar 2007

Owner Particulars

Owner ID Type: Company
 Owner ID: 198003963G
 Owner Name: GOLDBELL ENGINEERING PTE LTD

Buyer Particulars

Buyer ID Type: Company
 Buyer ID: 198300188M
 Buyer Name: GOLDEN SINGA ENGINEERING (S'PORE) PTE LTD
 Salutation: M/S
 Director Name: TAN POH SOON

Buyer Address

Registered Address Type: Private Condo / Shopping / Office Complexes
 Registered Block/House No.: 21
 Registered Street Name: KRANJI LOOP
 Registered Unit No.: -
 Registered Building Name: -
 Registered Postal Code: 739557

Buyer Contacts

Home Telephone No.: -
 Handphone/Pager No.: -
 Office Telephone No.: -
 Fax No.: -
 Email Address: -

Road Tax Details

Pay Radio Licence: Yes