

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	23/09/2021 17:28 (SGT)
Date of Accident	22/09/2021 18:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	FILTER LANE TO JLN EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK4077X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Company Reg No	2XXXXX271R
Email Address	car.rental@sianghock.com.sg
Mobile Phone No	(Phone) +65-62568888
Alternative Phone No	(Office) +65-62568888

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-21097524MFCV/119
Cover Note Number	-

DRIVER

Name of Driver	RAMASAMY ANANDKUMAR
Passport No/FIN	GXXXX868L

Date Of Birth	24/09/1994
Occupation	Outdoor
Date Of Driving Pass	02/01/2018
Driving experience	3 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98992330
Alt. Phone Number	-
Email Address	regine_yau@hotmail.com
Address	67 UBI AVE 1
Address complement	#02-05
Postcode	408942
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	CHINNADURAI RAJA
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	SMQ1278R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
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	RAMASAMY ANANDKUMAR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK4077X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHINNADURAI RAJA
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK4077X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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)**

I understand, acknowledge, agree and consent that:

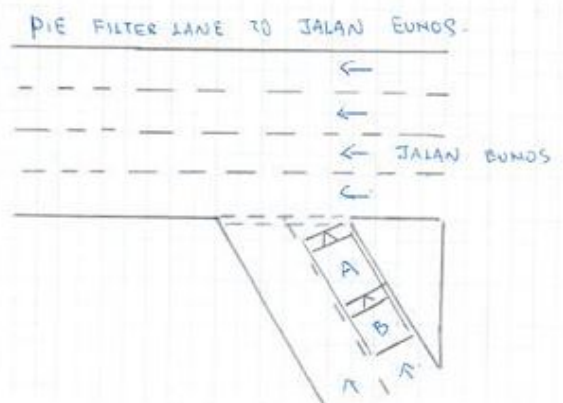
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

VEHICLE A: GBK 4077 X

VEHICLE B: SMQ 1278 R.

ON THE STATED DATE & TIME, I'M DRIVING MY VEHICLE ~~7A~~ ON PIE EXITING FILTER
LANE TOWARDS JALAN BUNOS. I STOP MY VEHICLE AT THE STOP LINE TO CHECK THE UP-COMING
TRAFFIC. THEN I FELT AN IMPACT FROM MY REAR. I ALIGHTED MY VEHICLE & RELEASED
VEHICLE B (SMQ 1278R) WHO REAR ENDED MY VEHICLE. WE EXCHANGE PARTICULAR & LEFT
THE SCENE SHORTLY.

AFTER THE ACCIDENT, MY PASSENGER & I FELT UNWELL. WE WENT TO INHAMEDICAL KOUAN
SEEK FOR MEDICAL CHECK. ~~WE~~ BOTH OF US WERE ISSUED 3 DAYS MC EACH DUE TO THIS ACCIDENT.

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



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

Witnessed by Reporting Centre Personnel

















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

INTEMEDICAL

MEDICAL CERTIFICATE

MC No: OD-KV0000162758

NAME: RAMASAMY ANANDKUMAR

NRIC: G2627368L

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

from 22-09-2021 to 23-09-2021 inclusive.

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

DR TYLER JIE SHENG LIM
MBBS (S'pore), GDFM (S'pore)
MCR 19711D
INTEMEDICAL KOVAN
210 HOUGANG ST21 #01-233
SINGAPORE 530210
TEL: (65) 6243 3036 FAX: (65) 6243 3103
EMAIL: contact.kovan@intemedical.com

Tyler Jie Sheng Lim

MCR: M19711D
MBBS (SINGAPORE), GDFM
(SINGAPORE)

Signature

22/09/2021
Date



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

INTEMEDICAL

MEDICAL CERTIFICATE

MC No: OD-KV0000162759

NAME: CHINNADURAI RAJA

NRIC: G2432183K

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

from 22-09-2021 to 23-09-2021 inclusive.

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(SINGAPORE)

Signature

22/09/2021
Date