

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 08/10/2021 12:37 (SGT)
Date of Accident 07/10/2021 07:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNC OF WOODLANDS AVE 9 & GAMBAS AVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK4099H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CM METAL PTE LTD
Company Reg No 2XXXXX547D
Email Address limgn@cmmetal.com.sg
Mobile Phone No (Phone) +65-62646889
Alternative Phone No +65-62646889

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00079852100
Cover Note Number -

DRIVER

Name of Driver RAMAN SUBRAMANIAN
Passport No/FIN GXXXX796U

Date Of Birth	10/01/1989
Occupation	Outdoor
Date Of Driving Pass	02/11/2017
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90825682
Alt. Phone Number	-
Email Address	limgn@cmmetal.com.sg
Address	23 WOODLANDS SECTOR 1
Address complement	BLK 23 #02-57
Postcode	738250
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	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)	12
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SEKAR SANKAR
Gender	Male

PASSENGER 2

Name	RATHW ASAMY ILAYA YARAJA
Gender	Male

PASSENGER 3

Name	RAHMAN SHAHANUR
Gender	Male

PASSENGER 4

Name	FARHAD
Gender	Male

PASSENGER 5

Name	MONDAL DHANANJAY
Gender	Male

PASSENGER 6

Name	NEELAKANDAN VETRIVEL
Gender	Male

PASSENGER 7

Name	SILUVALSAMY JOSEPH ARULSAMY
Gender	Male

PASSENGER 8

Name	DAS KIRISHNA CHANDRA
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Gender Male

PASSENGER 9

Name CHIT ZAW TUD

Gender Male

PASSENGER 10

Name RAKKAMUTHU MURUGESAN

Gender Male

PASSENGER 11

Name MAMUN MOHAMMED

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 GBJ8048J

Vehicle Manufacturer -

Vehicle Model -

Vehicle Variant -

Vehicle Colour -

Vehicle Category Commercial vehicle

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 RAHMAN SHAHANUR

Gender Male

Phone No -

Address -

Address Complement -

Post Code -

Approximate Age Years Old -

Injuries Sustained SLIGHT

Injured person in which vehicle? GBK4099H

Were seat belts worn? -

Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person	FARHAD
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK4099H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	MONDAL DHANANJAY
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK4099H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	NEELAKANDAN VETRIVEL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK4099H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	SILUVALSAMY JOSEPH ARULSAMY
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK4099H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 6

Name of injured person	DAS KIRISHNA CHANDRA
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK4099H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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.

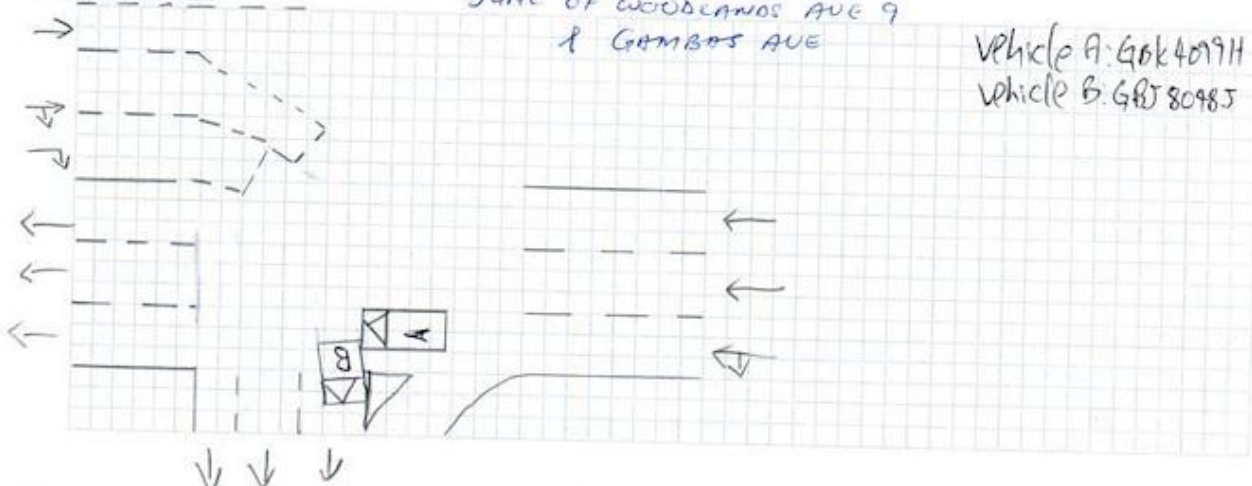


Policyholder's Signature / Date & Time

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 stated date and time, I was travelling straight along the stated location. suddenly, vehicle B came from my right and turned into my path, and collided into my vehicle front left portion with its vehicle rear left portion.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel





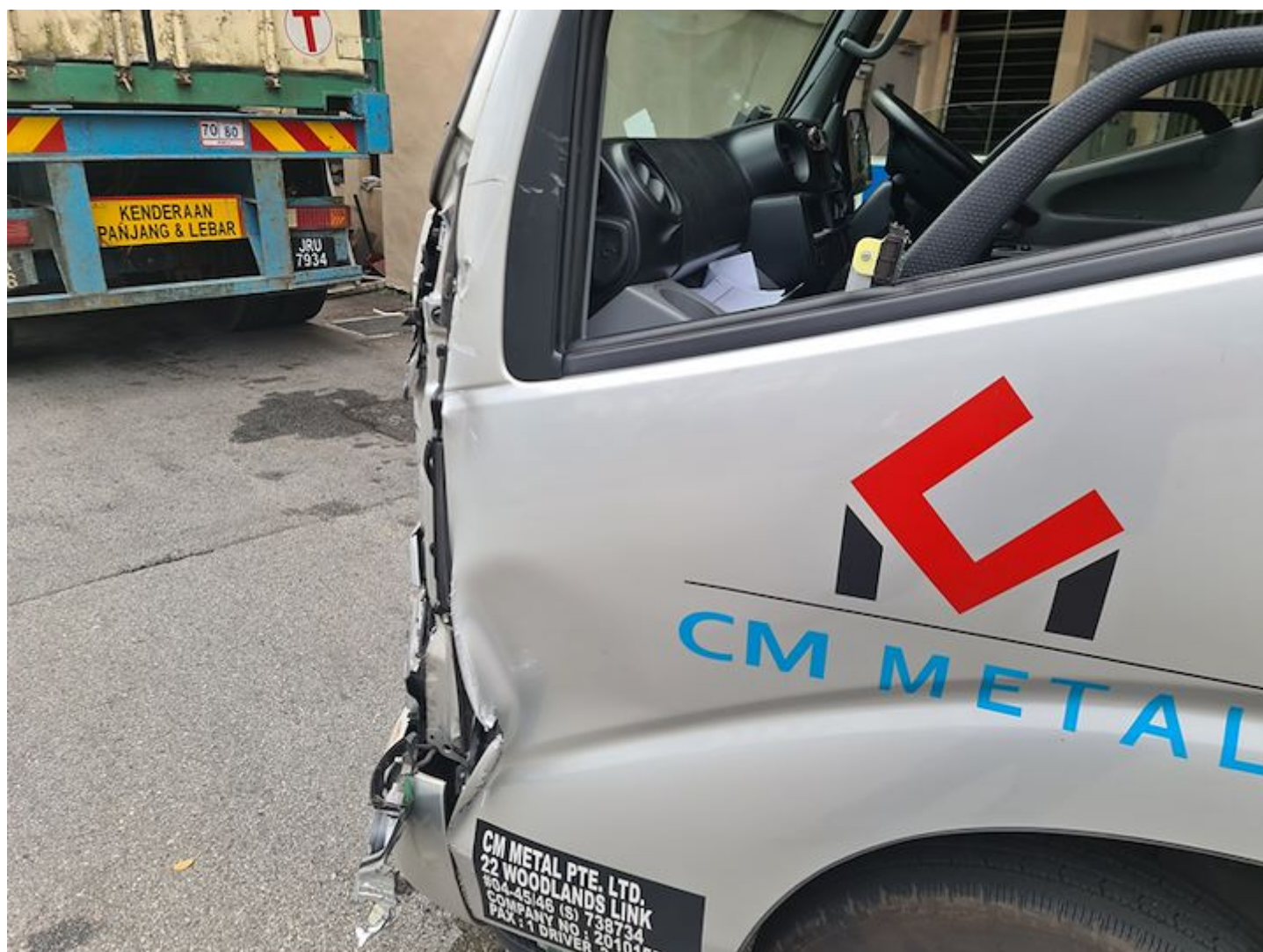




















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0921A80004 Vehicle Registration No: G8K4099H
 Name (as shown in NRIC): RAMAN SUBRAMANIAN NRIC/FIN/Passport No: GXXXX7964
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 23 WOODLANDS SECTOR 1 BLK 23 H02-57 Singapore (738250)
 Contact (Tel): _____ Mobile No.: 90825682
 Email Address: _____
 Date of Accident: 07/10/21 Time of Accident: 07:30
 Place of Accident: JUNC OF WOODLANDS AVE 9 & GAMBAS AVE
 Insurance Company: CHINA TRIPING

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To add passenger name 8) Rakkamuthu Murugesan (M)
1) Rahman Shahanur (M) injured 9) Mamun Mohammed (M)
2) Farhad (M) injured
3) Mondal Dhananjay (M) injured
4) Neelakandan Vetrivel (M) injured
5) Siluvalsamy Joseph Arulsamy (M) injured
6) Das ^{Kirishna} ~~Kirishna~~ chandra (M) injured
7) Chit Zaw Tud (M)

TOTAL: 12 PAX INC DRIVER

[Signature] 8.10.2021
 Policyholder / Driver's Signature
 Date:

[Signature] 11/10/21
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: