

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	25/11/2021 11:31 (SGT)
Date of Accident	24/11/2021 13:20 (SGT)
Exact Location of Accident	Near 282a Sago Ln, Singapore
Additional Location Information	CARPARK EXIT GANTRY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU2627M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	VICKNES KUMAR S/O RAMASAMY
NRIC No	SXXXX414D
Email Address	NESH0209@GMAIL.COM
Mobile Phone No	(Phone) +65-93837049
Alternative Phone No	(Home) +65-93837049

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10508679R00
Cover Note Number	-

DRIVER

Name of Driver	VICKNES KUMAR S/O RAMASAMY
NRIC No	SXXXX414D

Date Of Birth	02/09/1986
Occupation	Indoor
Date Of Driving Pass	27/09/2011
Driving experience	10 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93837049
Alt. Phone Number	(Home) +65-93837049
Email Address	NESH0209@GMAIL.COM
Address	BLK 107 TECH WHYE LANE #08-552
Address complement	-
Postcode	680107
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Raining
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

REFER SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK5918M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods 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) -

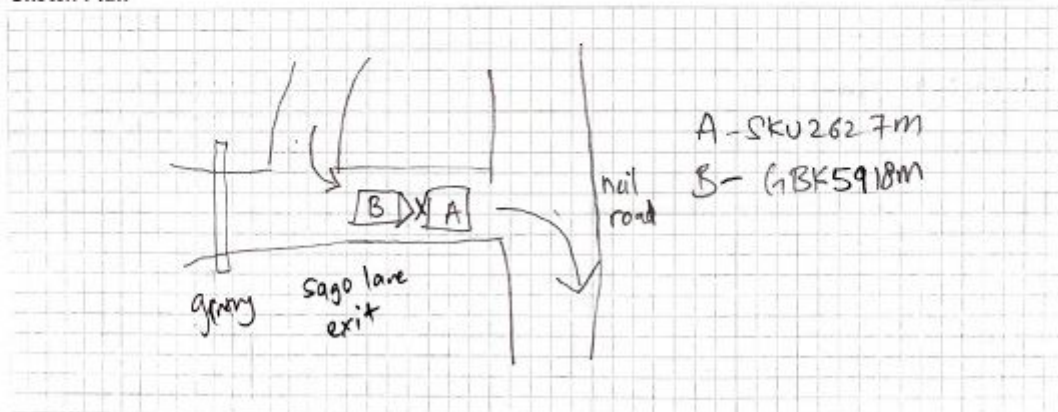
SKETCH PLAN**IMPORTANT NOTICE**

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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

24th Nov Wednesday, 1320 hrs

After exiting 4 Sago Lane via carpark gantry exit, I had to wait behind another vehicle to exit into the main road (Neil Road).

As traffic was heavy, had to wait for the road to clear. Van (GBK 5918m) was exiting and ~~just~~ queued behind my car (SKU2622m) to exit as well.

Unfortunately, he could not brake on time and collided into the rear end of my car. Van driver admitted his fault upon checking of vehicles and exchange of particulars.

As it was a rainy day, his shoes ~~he~~ may have not had a good grip to switch to brake pedal on time.

nesho209@gmail.com

We declare the foregoing particulars are true in every respect.

25/11/21

again

Witnessed by Reporting Centre
Personnel

Witnessed by Reporting Centre
Personnel











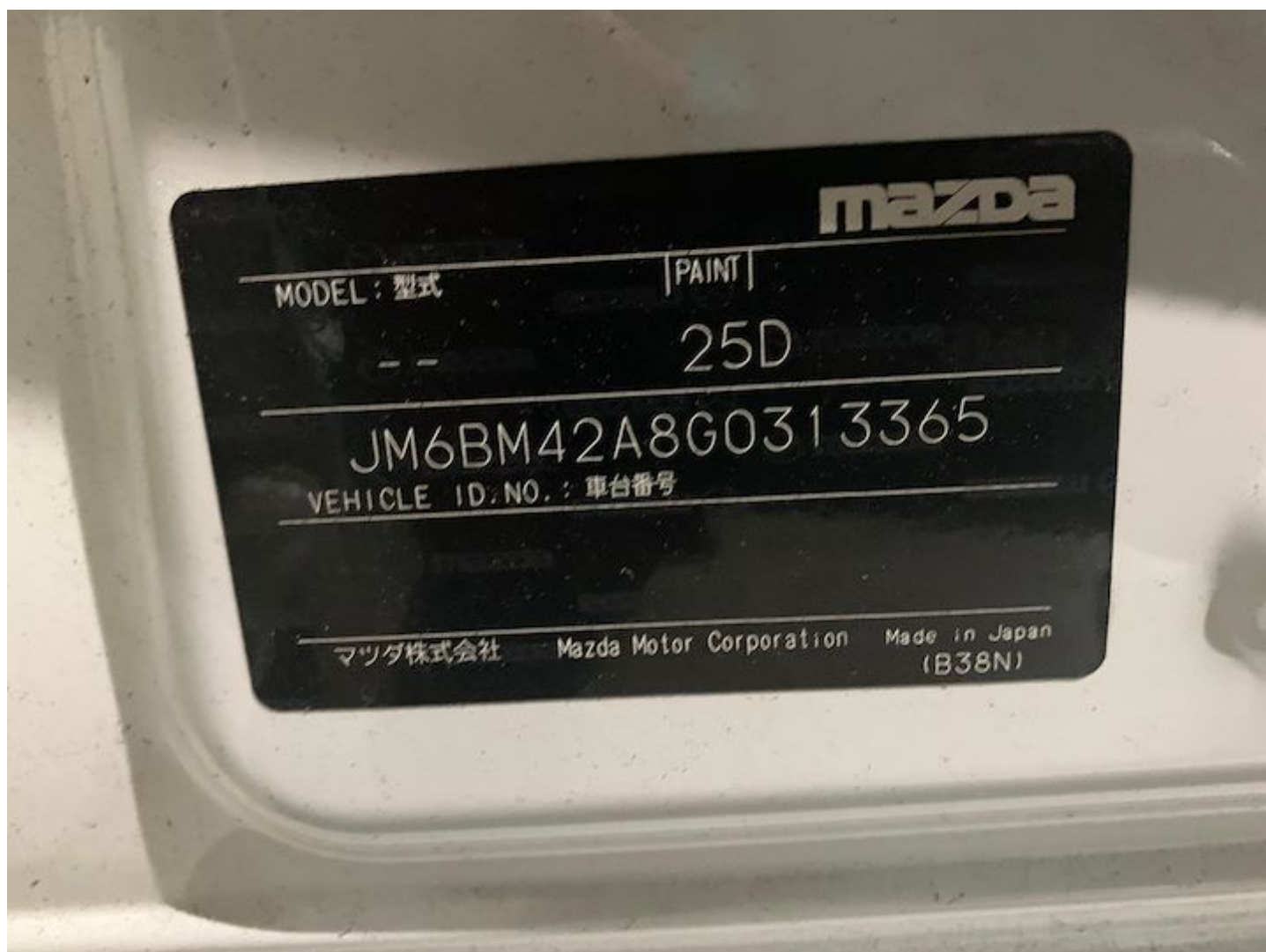




























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA0N21BP0001 Vehicle Registration No: SKU 2627M
 Name (as shown in NRIC): VICKNES KUMAR RAJASEKAR NRIC/FIN/Passport No: S8624414D
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 107 TELUK WHYE LANE #08-552 Singapore (680107)
 Contact (Tel): - Mobile No.: 9383 7049
 Email Address: NBSH0209@GMAIL.COM
 Date of Accident: 24.11.2021 Time of Accident: 1320 HRS
 Place of Accident: EXITING 4 SAGO LANE VIA CARPARK GENTRY EXIT TO MAIN ROAD
 Insurance Company: BUDGET DIRECT

(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:

1. Amend attachment accident photos from NO to YES
2. Remove upload personal documents

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: EZZALI
NRIC/FIN No.: 9524
Date: 25/11/21

GLARMC Addendum Form