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.

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 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 21/12/2021 12:16 (SGT) Date of Accident 21/12/2021 07:35 (SGT) Exact Location of Accident Singapore Additional Location Information JALAN BUKIT MERAH Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Isuzu

Vehicle Registration Number PA7310P

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner EML TRANSPORT SERVICE PTE. LTD. Company Reg No 2XXXXX462H **Email Address** emltpt08@gmail.com Mobile Phone No (Phone) +65-92779277 Alternative Phone No +65-92779277

VEHICLE PARTICULARS

Manufacturer

Model LT134P 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 Bus Transmission Manual CC 7790

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number D20MFL0004774_01 Cover Note Number

DRIVER

Name of Driver TAMILCHELVAN S/O MANICKAM NRIC No. SXXXX574G

Date Of Birth 14/01/1962 Occupation Outdoor Date Of Driving Pass 31/10/1988 Driving experience 33 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-82095062 Alt. Phone Number Email Address emltpt08@gmail.com Address BLK 54 TELOK BLANGAH DRIVE #08-40 Address complement Postcode 100054 Is the driver the policyholder? Nο 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? No Was any injured conveyed to hospital by ambulance? 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? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 21/12/2021 AROUND 0735HRS, I WAS DRIVING MY BUS PA7310P ALONG BUKIT MERAH, SUDDENLY I FELT AN IMPACT FROM THE REAR. VEH B SMJ6345J COLLIDED ONTO MY BUS REAR PORTION. 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** J

Vehicle Registration Number	SMJ6345J
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)	_

SKETCH PLAN

IMPORTANT NOTICE

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- 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
- By the lodgment 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 Monetory Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - 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 malling 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 versional information may/sen be disclosed by any of the insurant and/or CIA to their third early sensor provides or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

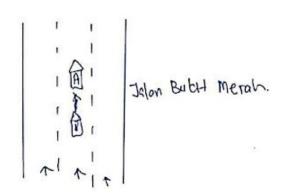
Reporting Centre Personne

Name: NRIC/FIN No



SKETCH PLAN

901EFA9-A B- SMJ 63 45]



SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
on onliabour oround orashrs, I was driving lalan Bulch Merch. Suddanly I felt an in 3MJ 6345J collided onto my rear portion.	My Bus PA73107 along
alan Bukit Merch. Suddenly I felt an in	ipact from the rear. VemB
3m 163457 collided auto my rear portion.	
or a page of the page of the	
CLARATION	C SUECY
Ve declare the foregoing particulars are true in every respect.	(6()2)
STRANSON Chel	1 6 6 9
licyholder's Signature	Reporting Centre Personnel's Signature Name:
ite & Time: (If driver is not the policyholder)	HRIC/FIN No.:



