# **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 20/12/2021 10:35 (SGT) Date of Accident 18/12/2021 10:00 (SGT) Exact Location of Accident Jalan Bukit Merah, Singapore Additional Location Information TRAFFIC LIGHT JUNCTION Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBD3615I

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner GRAND OCEAN SEAFOOD SUPPLY PTE LTD

Company Reg No 201523247D

Email Address winson tingwei@hotmail.com Mobile Phone No (Phone) +65-96262150

Alternative Phone No +65-87264704

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna

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 your vehicle?

Vehicle Category Commercial vehicle

Transmission Manual CC

2982

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.

Nο

Type of Coverage Comprehensive

Fleet Policy

Policy Number 7210110559

Cover Note Number

DRIVER

Name of Driver ARUNNAGIRI KANNADHASAN Passport No/FIN G5179413W

Date Of Birth 06/07/1990 Occupation Outdoor Date Of Driving Pass 28/01/2019 Driving experience 2 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-87264704 Alt. Phone Number Email Address winson\_tingwei@hotmail.com Address BLK 476 SEMBAWANG DRIVE #12-311 Address complement Postcode 750476 Is the driver the policyholder? Nο 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 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 PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH OWNER Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SLJ9251M
Vehicle Manufacturer	Nissan
Vehicle Model	Sylphy
Vehicle Variant	-
Vehicle Colour	Brown
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 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.
- 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

海洋海鲜供应私人有限公司 GRAND OCEAN SEAFOOD SUPPLY PTE LTD

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

Witnessed by Reporting Centre

Sketch Plan

Javan BUKIN MARAY TRAFFIC LIGHT JUNIONON

vehicle A GBD 3615L

vehicle B SLJ 925/M

On 18/12/2021 short 10-00 An according. I us travelling along  Jelan Dutt energy 3 towards in front traffic light Junction, traffic light  Turn red and I could not broke in time so collided and vahicle 8  "SLJ 9251M" rear car portion and push vahicle 8 "SLJ 9251M"  Car push forward due to the collision simpact. There is no any injuries  or imposed injured involved.  Declaration  We declare the foregoing particulars are true in every respect.	Describe Circumstances of the A		ust treally alms
Turn held and I could not broke in time so collided and vahicle of "SLJ 9251M" rear (or portion and pund vahicle of "SLJ 9251M" car push furvered due to the collision impact. There is no are installed or installed installed.		100	
"SLJ 9251M" rear car portion and punch vehicle 8 "SLJ 9251M"  car push firver) due to the collision impact. There is no are installed as installed installed.  Declaration	Jelan Bukit merah 3 f	swards in front fraffic light	I Traction, traffic light
car push firred Ine to the collision impact. There is no any installed or matter installed.	turn red and I could	not brake in time so coll	lided anto vahicle B
or mand insured involud.	· SLJ 9251 M " re.	r car portion and people w	chicle B" SLJ 9251M"
Declaration	car push forward Ine	to the collision impact. 7	there is no one insuries
	or wasted injured in	. لمام	
We declare the foregoing particulars are true in every respect.	Declaration		
	We declare the foregoing particulars ar	re true in every respect.	
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(m) July 20/17/20	Ga .	Lu	an 20/17/20)
Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Time Witnessed by Reporting Centre Personnel	Time &	Time	
海洋海鲜供应私人有限公司 GRAND OCEAN SEAFOOD SUPPLY PTE LTD	海洋海鲜供应私人有限公 SRAND OCEAN SEAFOOD SUPPLY PTE	司 LTD	





























