

# 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 ..... 27/12/2021 15:55 (SGT)  
Date of Accident ..... 23/12/2021 10:20 (SGT)  
Exact Location of Accident ..... Lim Chu Kang Road, Singapore  
Additional Location Information ..... LIM CHU KANG ROAD NEAR LAMP POST 171  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XD3474R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LEY CHOON CONSTRUCTIONS AND ENGINEERING PTE LTD  
Company Reg No ..... 1XXXXX441H  
Email Address ..... ADMIN@LEYCHOON.COM  
Mobile Phone No ..... (Phone) +65-67570900  
Alternative Phone No ..... (Home) +65-67570900

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Canter  
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 ..... 12882

### INSURANCE COMPANY

Name of Insurance Company ..... Etiqa Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... M0016353  
Cover Note Number ..... 01/01/2021 TO 31/12/2021

### DRIVER

Name of Driver ..... SUBRAMANIAN RAMESH  
Passport No/FIN ..... GXXXX357Q

Date Of Birth .....	15/04/1986
Occupation .....	Outdoor
Date Of Driving Pass .....	24/10/2014
Driving experience .....	7 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98105103
Alt. Phone Number .....	-
Email Address .....	RAMESHSATHIYA10@GMAIL.COM
Address .....	173 WOODLANDS ST 13 #02-427
Address complement .....	-
Postcode .....	730173
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 .....	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? .....	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 TO SKETCH PLAN

#### 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 .....	21831MID
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Government
Name of Driver .....	MUHAMMAD NUR ALAM SHAH BIN RAZALI
NRIC No .....	TXXXX927Z
Contact Number .....	-
Address .....	-

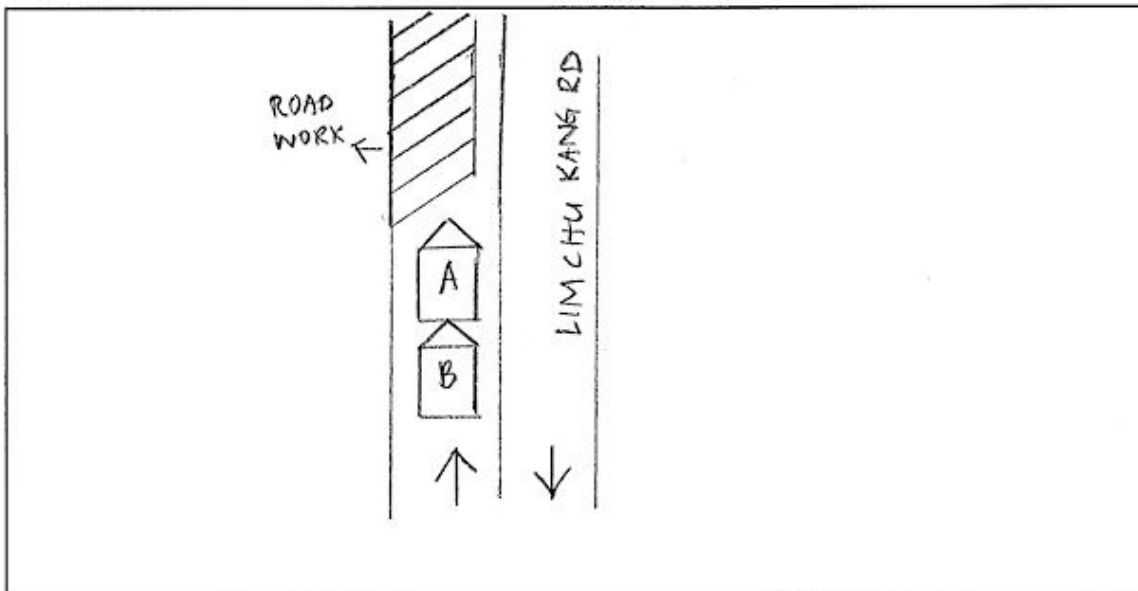
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

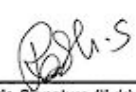
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8. Consent under the Personal Data Protection Act (PDPA)  
I understand, acknowledge, agree and consent that :  
(a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.

## Sketch Plan



Policyholder's Signature / Date & Time  
  
 23/12/21

Driver's Signature (if driver is not the policyholder) / Date & Time  
  
 23/12/21

Witnessed by Reporting Centre Personnel  
  


Date of accident: 23-12-21 Time: 10 20 Location: LIM CHU KANG ROAD  
 My Vehicle A: XD 3474R Vehicle B: 21831 MID Vehicle C: \_\_\_\_\_

SKETCH PLAN

Describe Circumstances of the Accident

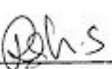
I was driving my company's vehicle along Lim Chu Kang Road on 23/12/21 at about 10.20am. There was road works in front and a worker on ground signalled me to stop. I came to a complete stop and suddenly I felt a strong impact from behind and my vehicle was pushed forward. I came down from my vehicle and found a military truck had collided into the back of my vehicle. I called my office to inform them about the accident and was told to take scene photos and particulars of the other driver.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date & Time  
23-12-21

  
 Driver's Signature (if driver is not the policyholder) / Date & Time  
23-12-21

  
 Reporting Centre Personnel































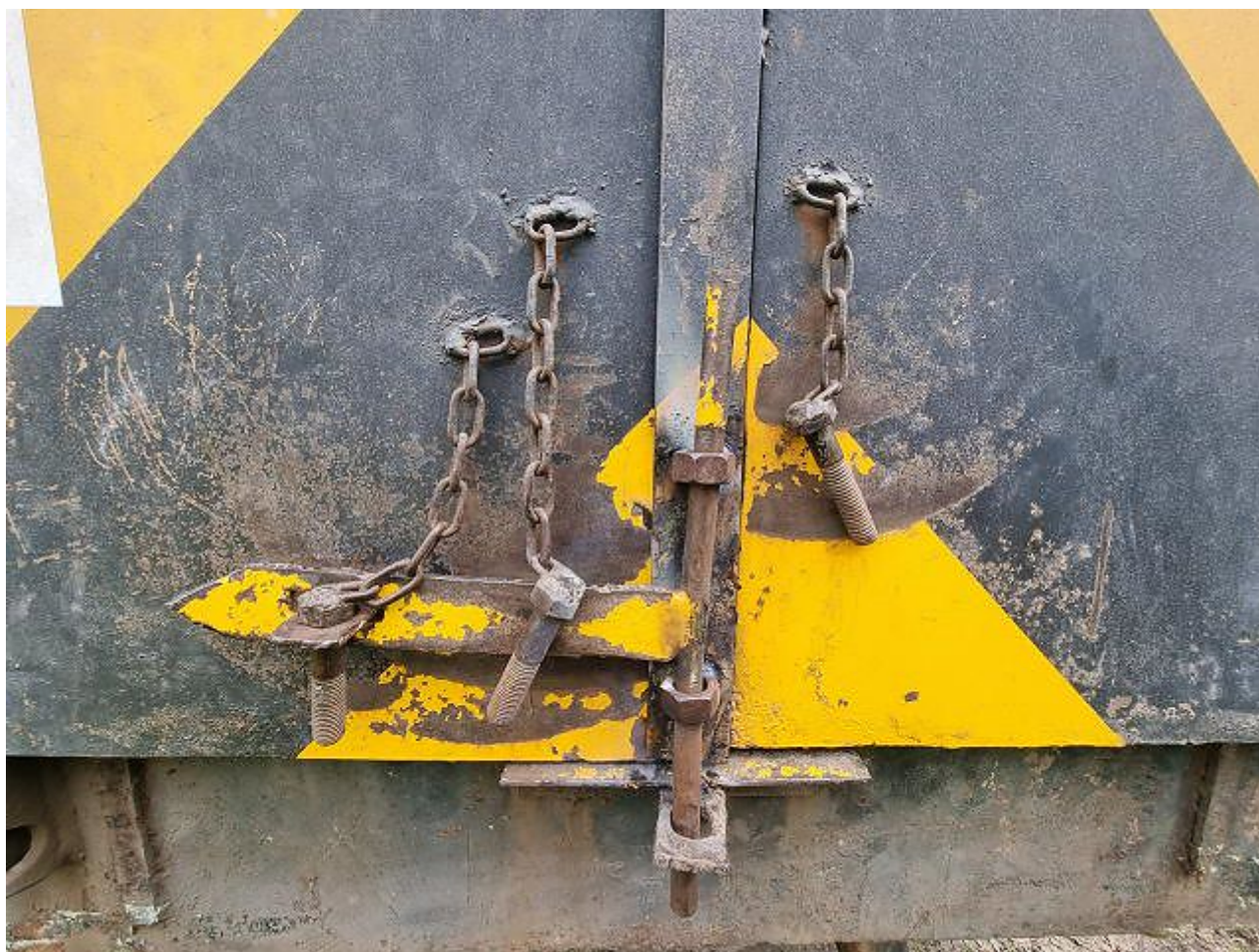




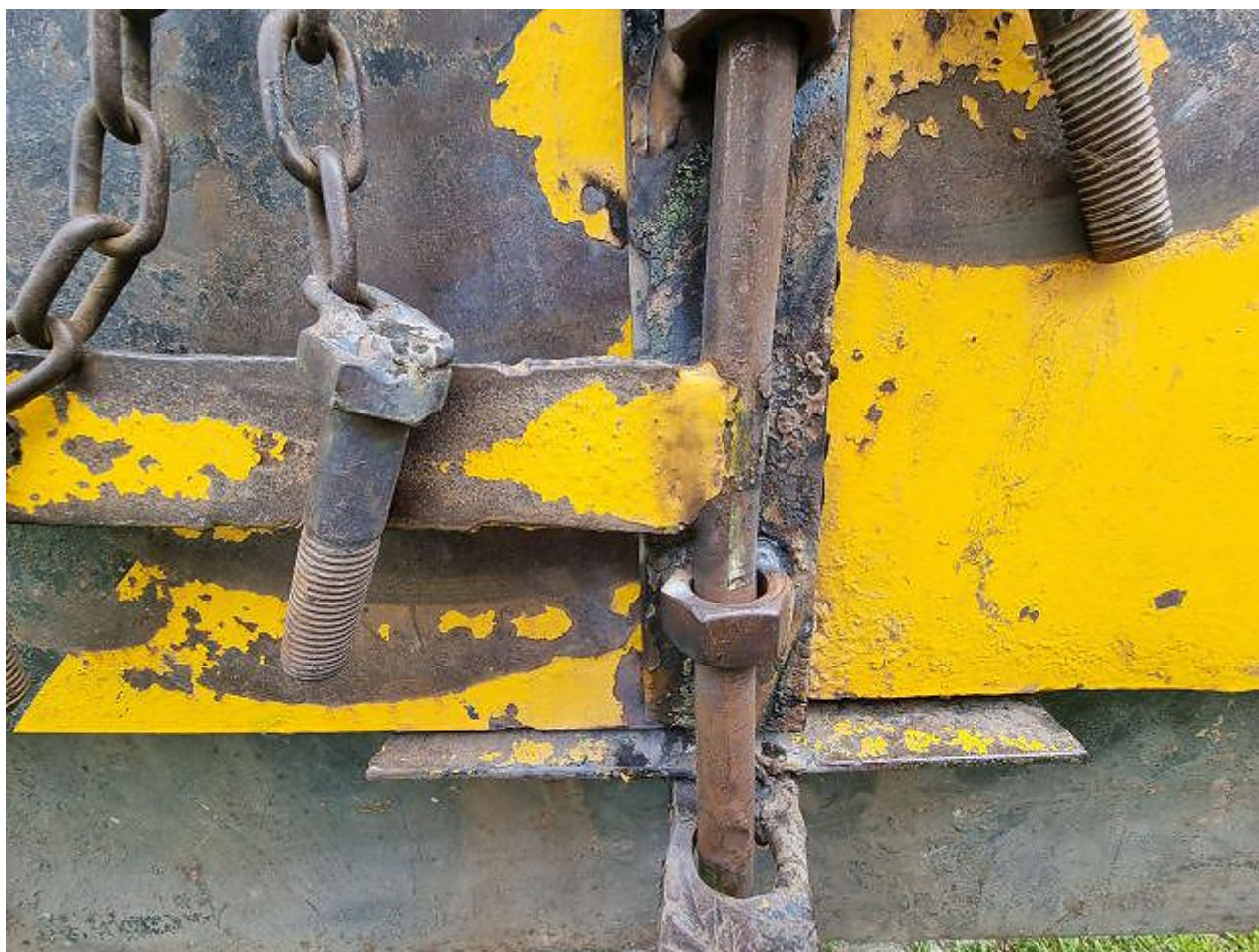


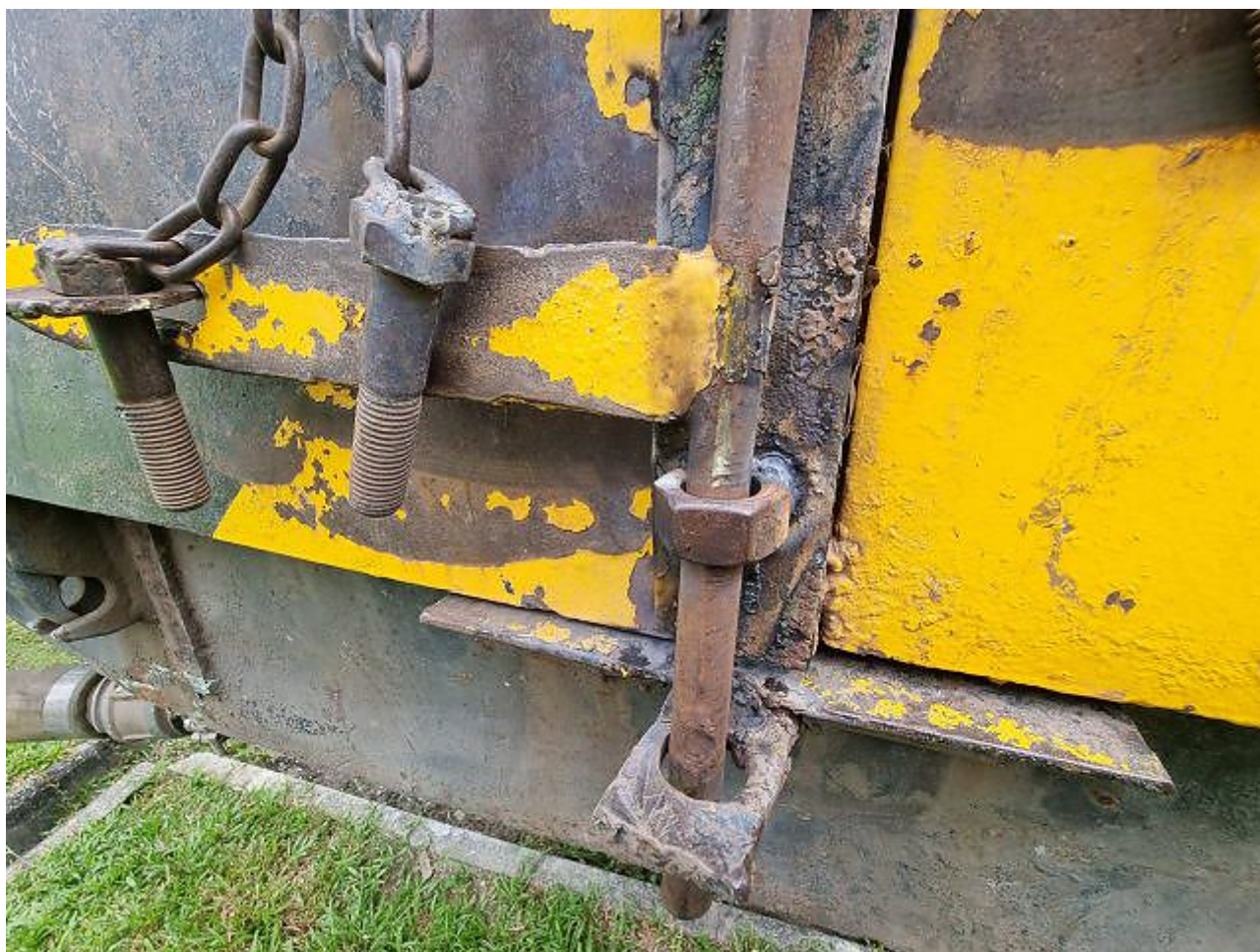










































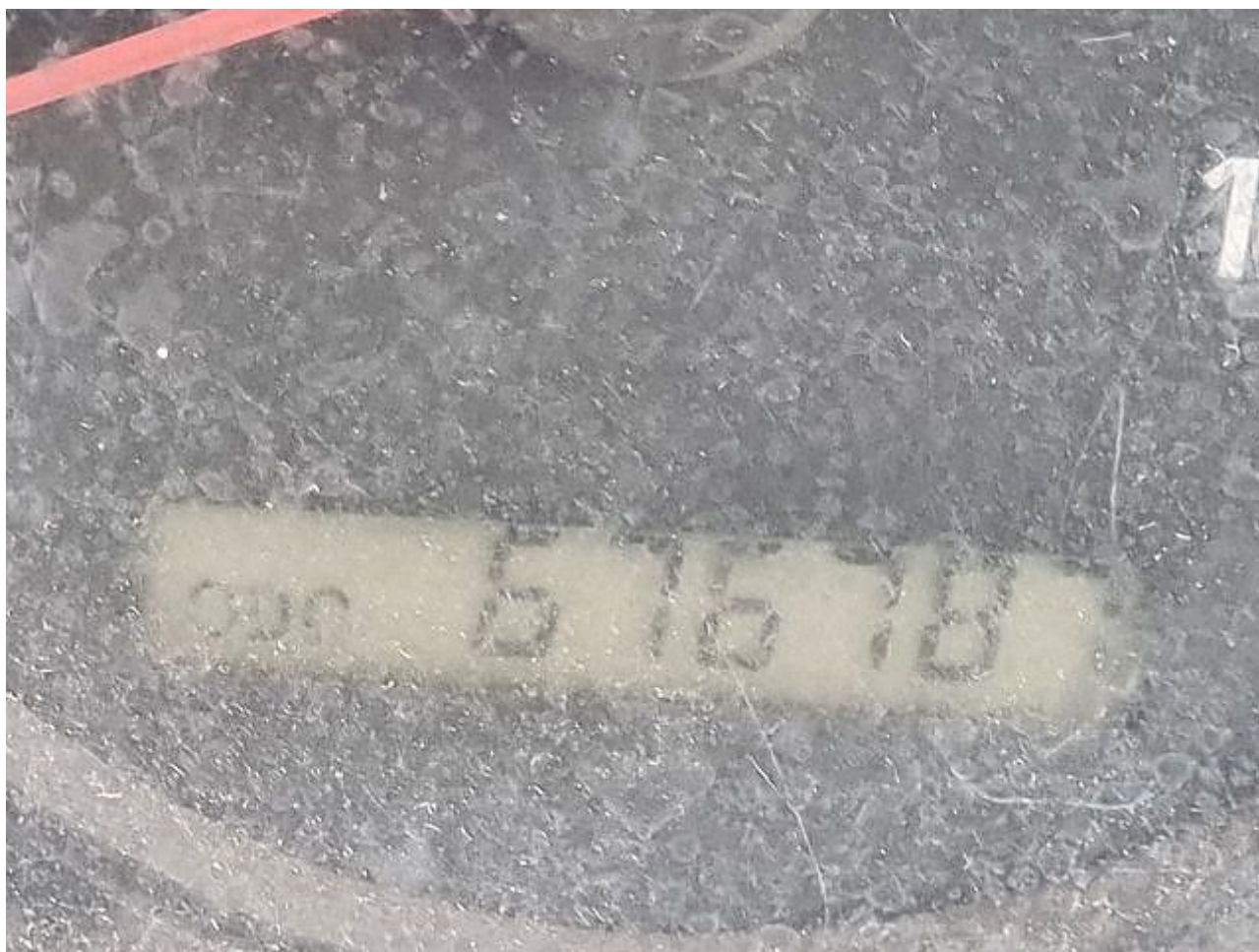




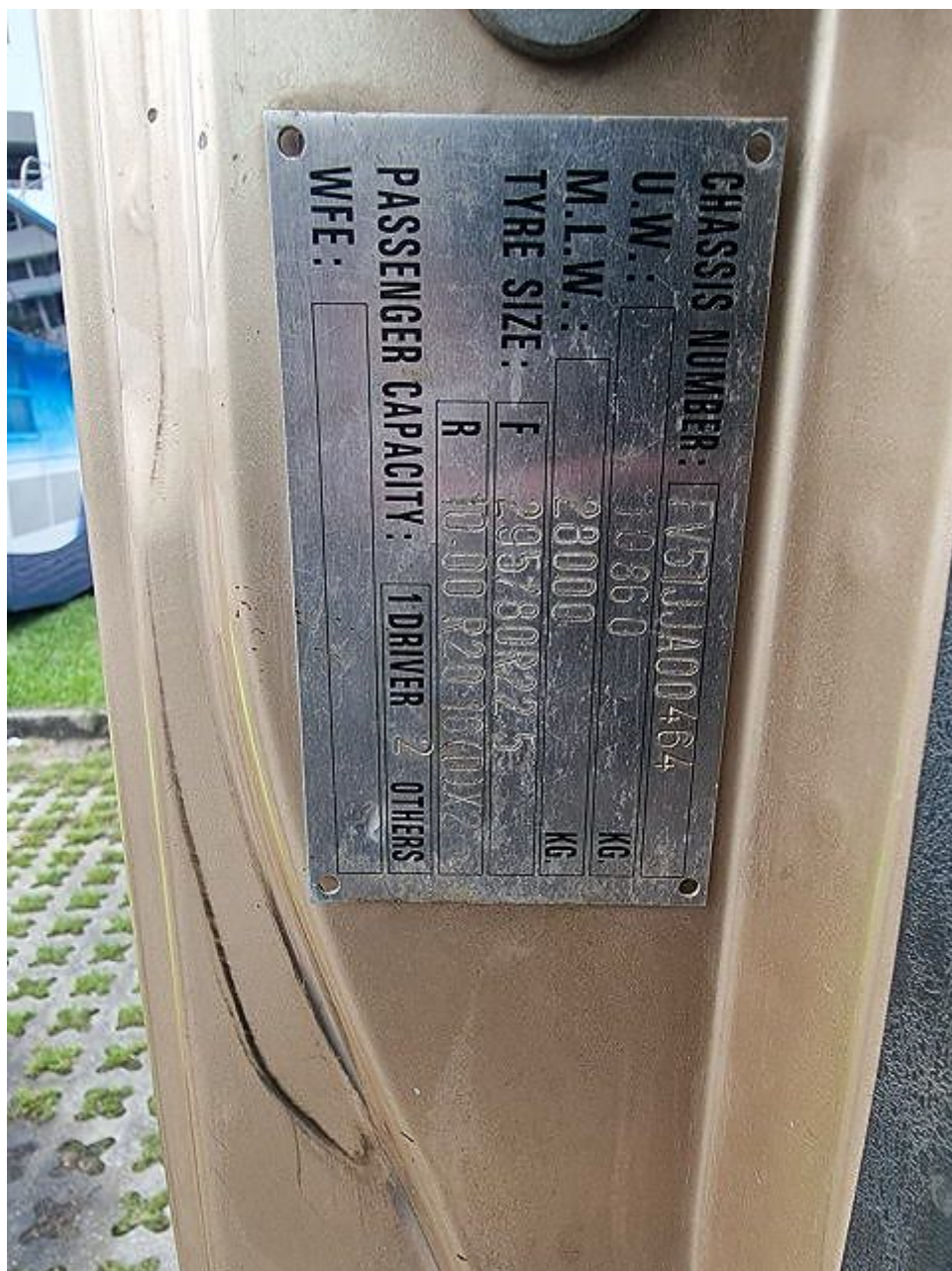
















# eTiqa

Insurance

## INTERVIEW FORM

Name (Driver) : Subramanian Ramesh

Policy No : M 0016353

Vehicle No : XD 3474R

Place of Accident : Lim Chu Kang Rd near (camp post 171

Insured Driver's relationship with Insured : Employer

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : 1

Injury to Insured and/or Insured driver, please indicate which hospital:  
no.

Third Party Vehicle No (if any) : 21831 m10

No of passenger(s) in Third Party Vehicle : —

Injury to Third Party driver and/or passenger(s), please indicate which hospital:  
—

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:  
Head to rear

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):  
—

Traffic Police report (enclosed) : Yes ☐ No ☒

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Driver (Name & Signature) / Date  
I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature) / Date  
Workshop Name: AH LIM MOTOR COMPANY

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