

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 16:04 (SGT)
Date of Accident 23/12/2021 15:35 (SGT)
Exact Location of Accident Ang Mo Kio, Singapore
Additional Location Information ANG MO KIO AVENUE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GW7777S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LEY CHOON CONSTRUCTIONS & ENGINEERING PTE LTD
Company Reg No 1XXXXX441H
Email Address royyue@leychoon.com
Mobile Phone No (Phone) +65-86234514
Alternative Phone No (Office) +65-67570900

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 Private car
Transmission Auto
CC 2986

INSURANCE COMPANY

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

DRIVER

Name of Driver KUPPUSAMY SELVAKUMAR
Passport No/FIN GXXXX324P

Date Of Birth	05/06/1982
Occupation	Outdoor
Date Of Driving Pass	26/08/2020
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86234514
Alt. Phone Number	+65-86234514
Email Address	thamaxaiselva08@gmail.com
Address	3 SUNGEI KADUT DRIVE
Address complement	-
Postcode	729556
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 - Major/Minor Rd
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	GY3526R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

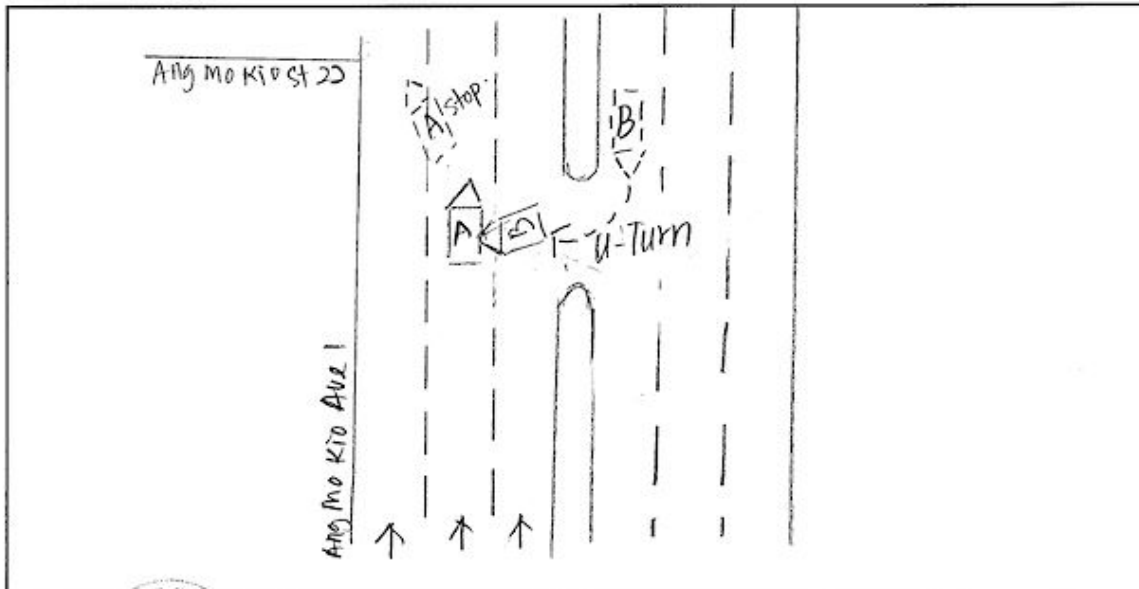
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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

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

Witnessed by Reporting Centre Personnel

Date of accident: 23.12.2021 Time: 1535 Location: Ang Mo Kio Ave 1
 My Vehicle A: GW7777S Vehicle B: GY3526R Vehicle C: _____

SKETCH PLAN

Describe Circumstances of the Accident

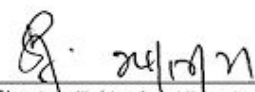
On 23.12.2021 at about 1535, I was my lorry GW7777S along Ang Mo Kio Ave 1 near of 22 and I was in centre lane. Suddenly, a van with bearing carplate number GY3526R make a u-turn from my right side and hit the my right side of my car. Both of driver alight and check the damage, the driver's GY3526R Mr. Toh Lam Huat (S113215761) apology to me for his careless driving.

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

I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel

























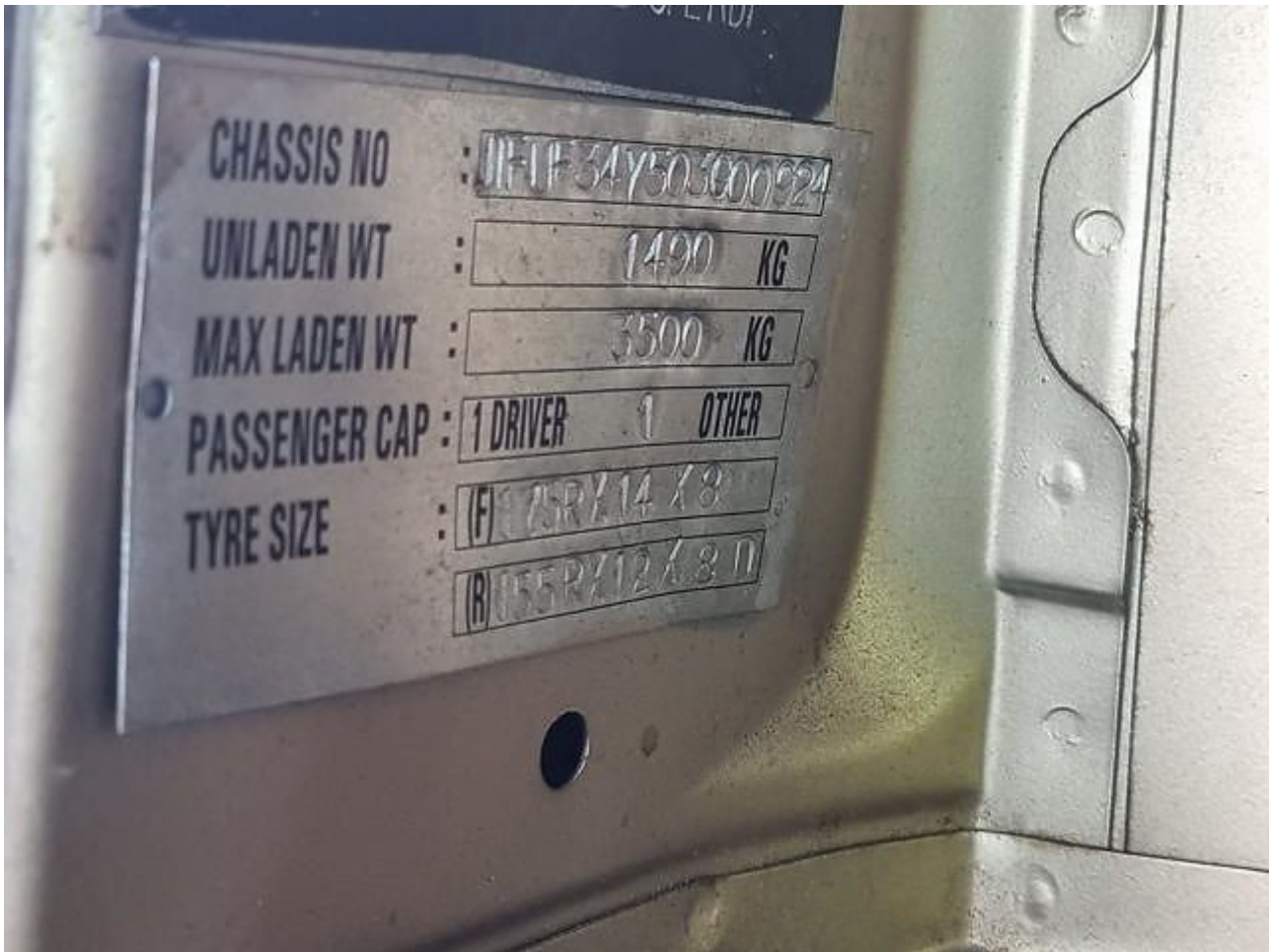


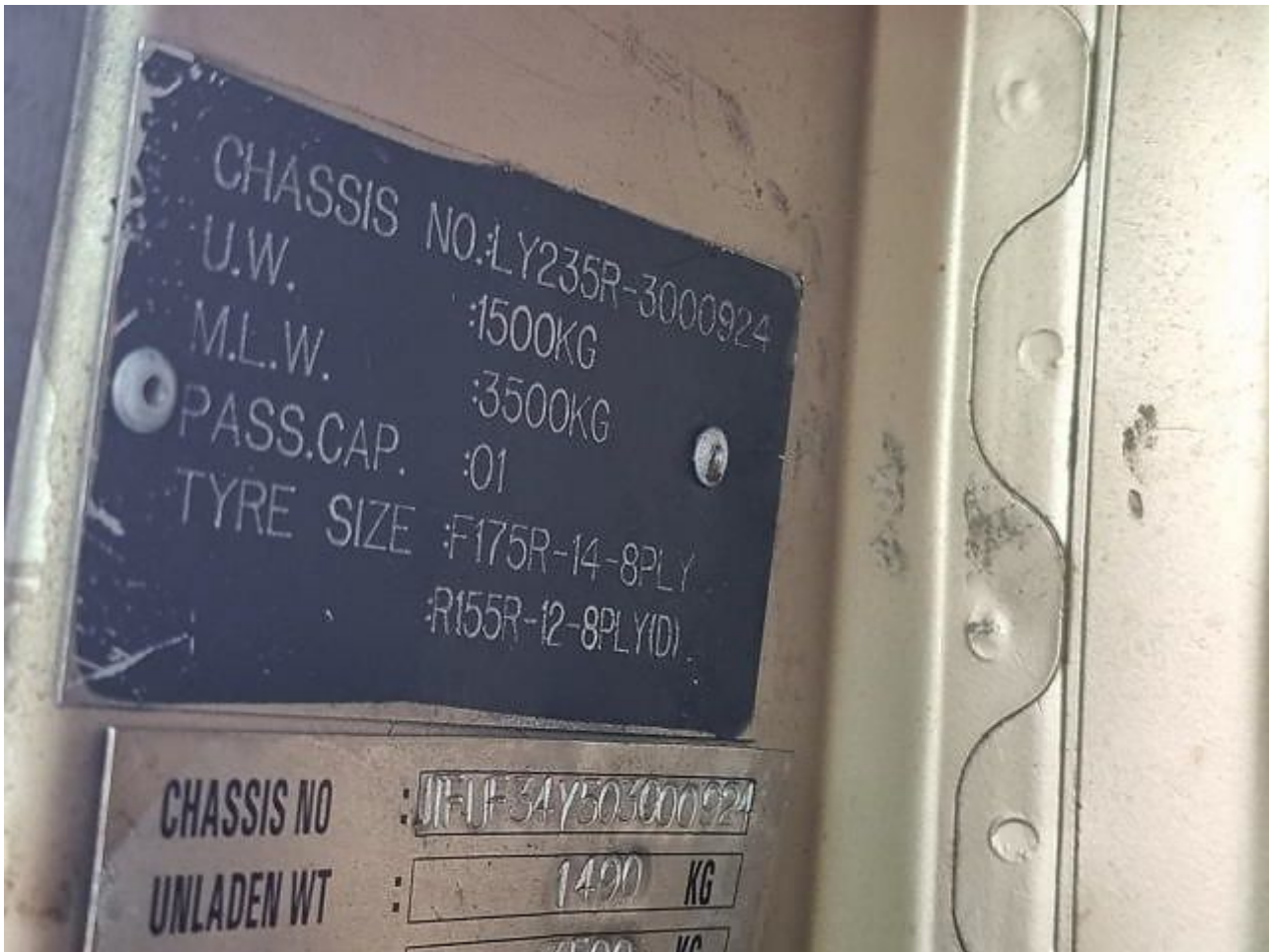










eTiQa

Insurance

INTERVIEW FORM

Name (Driver) : Kuppusamy Selvakumar

Policy No : M0016353

Vehicle No : 9W7777S

Place of Accident : Ang Mo Kio Ave 1

Insured Driver's relationship with Insured : Employee

Drink Driving of Insured and/or Insured Driver : NLO

No of passenger(s) in Insured vehicle : 1

Injury to Insured and/or Insured driver, please indicate which hospital:
XLO

Third Party Vehicle No (if any) : GY 3526

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



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

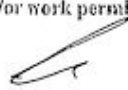
Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
U-TURN

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


GERALD CHEW

Attended by (Name & Signature) / Date

Workshop Name: AH LIM MOTOR COMPANY

Etika Insurance Pte Ltd
One Raffles Quay
#22-01 North Tower
Singapore 048563

T +65 63360477
F +65 63392109

www.etika.com.sg
Company Reg. No. 10339994

Attendant  Maybank Group