

# 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 ..... 24/12/2021 17:00 (SGT)  
Date of Accident ..... 24/12/2021 15:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TUAS WEST ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJJ1365U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ELANCHEZHIAN RAJENDRAN  
NRIC No ..... SXXXX082H  
Email Address ..... CHEZHI.LA@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-94592945  
Alternative Phone No ..... +65-94592945

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Allion  
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 ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... -  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ELANCHEZHIAN RAJENDRAN  
NRIC No ..... SXXXX082H

Date Of Birth .....	26/03/1977
Occupation .....	Indoor
Date Of Driving Pass .....	05/02/2008
Driving experience .....	13 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94592945
Alt. Phone Number .....	+65-94592945
Email Address .....	CHEZHI.LA@GMAIL.COM
Address .....	68 WOODLANDS DRIVE 16
Address complement .....	#09-39
Postcode .....	737892
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 .....	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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ARUN VADIVELU
Gender .....	Male

#### PASSENGER 2

Name .....	KALIYAPERUMAL NAPOLEAN
Gender .....	Male

#### 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 .....	XE4269E
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	KALIYAMOORTHY LENIN
- .....	GXXXX979N
Contact Number .....	(Phone) +65-83511592
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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

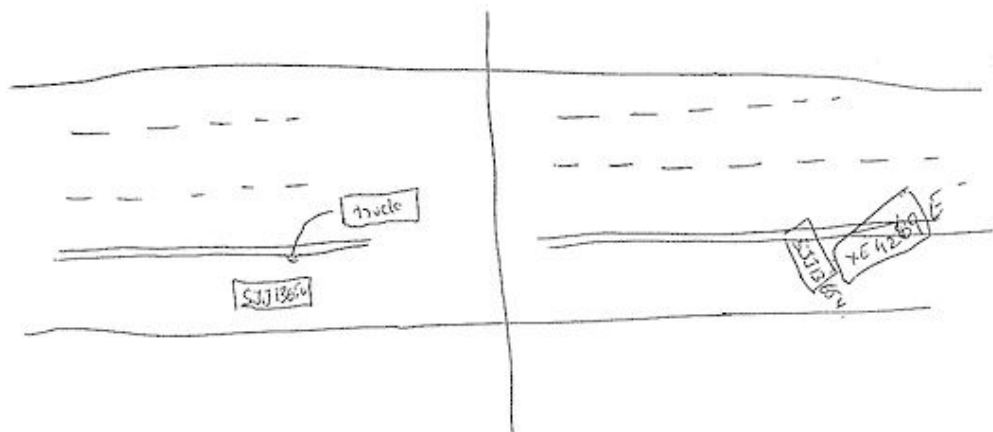
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



**Describe Circumstances of the Accident**

LICENSE PLATE: <u>ST13650</u>	ACCIDENT DATE & TIME: <u>24/12/2021 15:20 approximately</u>
CONTACT NUMBER: <u>94592943</u>	E-MAIL ADDRESS: <u>Cheerila@gmail.com</u>
LOCATION: <u>2. front of turn one pte 11d</u>	
<p>I was on the <sup>last</sup> lane and got red on the signal suddenly got an impact on my behind and it turned the vehicle to my right due to impact. After checking the surroundings we checked the damage looks like the truck crossed the double lane and hit my behind on the right side which forced my car to skid right. <del>and</del> exchanged the details and informed the insurance and shifted the car to the workshop.</p>	
<p>Third party lorry # <u>XE 4269 E</u></p> <p>Driver name: <u>Kalyanmathy Lenin</u></p> <p>License no: <u>G6882979W</u></p>	
<p>while parking the car at the workshop while turning there was some noise and while driving here <del>need</del> car was pulling on left side need to check.</p>	
<p>Following are the concerns.</p> <ul style="list-style-type: none"> <li>* <del>Morse</del> <sup>found</sup> while turning near suspension</li> <li>* Car wheel pulling on left side while driving</li> <li>* <del>Need to check</del> need to check suspension of all 4 wheel, Tie rod and drive shaft condition</li> <li>* due to impact we want to know the complete health condition.</li> </ul>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
<p>Please state:</p> <p>( ) Claim Own Policy    <input checked="" type="checkbox"/> Claim Third Party    ( ) Claim OD/TP at other workshop    ( ) Reporting Only</p>	

**Declaration**

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



























