

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 04/01/2022 16:30 (SGT)
Date of Accident 03/01/2022 07:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information TUAS VIEW DORMITORY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE9033X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ANG TONG SENG BROTHERS ENTERPRISES PTE LTD
Company Reg No 1XXXXX478H
Email Address aang@angtongseng.com
Mobile Phone No (Phone) +65-64291148
Alternative Phone No (Office) +65-64291148

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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 21-MU004896-R04
Cover Note Number -

DRIVER

Name of Driver GOVINDARAJ DHANABAL
Passport No/FIN GXXXX355U

Date Of Birth	15/04/1981
Occupation	Outdoor
Date Of Driving Pass	27/01/2005
Driving experience	17 YEARS
Gender	Male
Mobile Number	(Phone) +65-80297449
Alt. Phone Number	-
Email Address	dhanabal2927@yahoo.com
Address	134 YISHUN STREET 11
Address complement	#11-165
Postcode	760134
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	No Collision
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)	13
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	COLLEAGUE
Gender	Male

PASSENGER 2

Name	COLLEAGUE
Gender	Male

PASSENGER 3

Name	COLLEAGUE
Gender	Male

PASSENGER 4

Name	COLLEAGUE
Gender	Male

PASSENGER 5

Name	COLLEAGUE
Gender	Male

PASSENGER 6

Name	COLLEAGUE
Gender	Male

PASSENGER 7

Name	COLLEAGUE
Gender	Male

PASSENGER 8

Name	COLLEAGUE
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Gender Male

PASSENGER 9

Name COLLEAGUE

Gender Male

PASSENGER 10

Name COLLEAGUE

Gender Male

PASSENGER 11

Name COLLEAGUE

Gender Male

PASSENGER 12

Name COLLEAGUE

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

PLS REFER TO THE ATTACHED STATEMENT

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 GBD543E

Vehicle Manufacturer Nissan

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**IMPORTANT NOTICE**

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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

A = GBE 9033X

B = GBD 543E

Tuas View Dormitory

side carpark.

Describe Circumstances of the Accident

After picking my colleagues and wanted to drive out my vehicle from the side carpark, suddenly vehicle B driving ~~into~~ in and block my way. I try to warn & horn him but he didn't move his vehicle. And there is another vehicle parked in front of me. So i slowly drive out my vehicle but i ~~was~~ unable to ~~drive~~ out because our vehicle was too close so i stopped. Then the driver of vehicle B alighted from his vehicle and say that my vehicle bang into his, but i didn't even hit onto his vehicle. I wanted to take photo of the vehicle but the driver ~~of~~ of vehicle B don't let and he drove away. I wish to ~~state~~ state that my vehicle did not hit onto vehicle B, just that our vehicle was too close to each other. There is some damages on vehicle B and it wasn't caused by me.

Declaration

We declare the foregoing particulars are true in every respect.



Policy holder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Deleel 04/01/2022

R 04/1/2022

















