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 12/01/2022 16:17 (SGT) Date of Accident 11/01/2022 08:00 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG TANAH MERAH COAST ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number XF1180X

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **B & D INVESTMENT AND PROPERTY PTE.LTD.** Company Reg No 201116723D **Email Address** estrpt66@gmail.com Mobile Phone No (Phone) +65-90839350 Alternative Phone No (Office) +65-65607788

VEHICLE PARTICULARS

Manufacturer

Model 3336k/6x4 Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Auto CC 11946

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D21MFL0008535 Cover Note Number

DRIVER

Name of Driver THANGAVEL SUBRAMANIAN Passport No/FIN G7637218M

Date Of Birth 15/05/1971 Occupation Outdoor Date Of Driving Pass 27/05/2011 Driving experience 10 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-90839350 Alt. Phone Number Email Address estrpt66@gmail.com Address 19 KIAN TECK ROAD Address complement Postcode 628772 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? 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 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? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLQ2999Z Vehicle Manufacturer Vehicle Model

Private car

Address complement	

Accident report SC1R221C0006

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver
Contact Number
Address

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)

Lunderstand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") maylare permitted to cotect, use, disclose and/or process my personal deta/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 necklent (all insurer(s) who have insured vehicle(s) involved in this necklent shall be collectively referred to as the "insurers"), the haven's lawyersfaw firms, the Monetary Authority of Singapore and any relevant covernment encountlinety (such as the police). For the nursessets of statement of the personal information of the nursessets of statement of the nursessets of the nursessets of statement of the nursessets of statement of the nursessets of the nursesse government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the selflement of the claims and any necessary investigations relating to

(I) 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 onvelopes/mail packages); and/or

(v) complying with applicable low 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 eccident and the insurers lawyers flaw firms, maybre permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and

(c) my Persone's formulan may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including 1985) wayers flow (time), which may be sited outside of Singapore, for one or more of the dispute Purposes TO PTE LTD

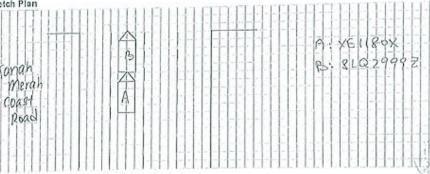
Blk 8 Sin Ming Road #01-58/60/62 Sin Ming Ind Est Singapp 97/5643 Tel: 6453 125 Fax: 6453 7944 (Claims Section)

Witnessed by Reporting Centre

Policyholder's Signature / Date &

0 Driver's Signature (7 driver is not the policyholder) / Date





Describe Circumstances of the Accident
On 11/01/2022, at about 08:00hrs, I was travelling along
Tangh Merah Coast Road. (Ipm reaching the junction, the
raffic light turned amber and vehicle 13 jammed briber. Noticing
that, I also applied brake but could not stop in time and
collided and the rear postion of vehicle B. No one is injured

We declare the foregoing particulars are true in every respect.

Poteyholder's Signature / Dato &

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapor 575643
Tel: 6453 1245 Fax: 6453 7944
(Claims Section)
Wilnesselby Reporting Centre
Personnel

Personnel







