

# 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 .....	26/01/2022 14:17 (SGT)
Date of Accident .....	25/01/2022 13:50 (SGT)
Exact Location of Accident .....	Turf Club Ave, Singapore
Additional Location Information .....	JUNCTION WOODLANDS ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YP5952P
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SHIN KHAI CONSTRUCTION PTE. LTD.
Company Reg No .....	2XXXXX471K
Email Address .....	pat@shinkhai.com
Mobile Phone No .....	(Phone) +65-87543132
Alternative Phone No .....	+65-87543132

### 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 .....	Auto
CC .....	2998

### INSURANCE COMPANY

Name of Insurance Company .....	Great American Insurance Company
Type of Coverage .....	-
Fleet Policy .....	No
Policy Number .....	MOMVC000008934-00-000
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SUBRAMANIAN SUNDARA RAJAN
Passport No/FIN .....	GXXXX074K

Date Of Birth .....	03/06/1987
Occupation .....	Outdoor
Date Of Driving Pass .....	24/04/2018
Driving experience .....	3 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82663970
Alt. Phone Number .....	-
Email Address .....	ssr.eee68@gmail.com
Address .....	27, KAKI BUKIT CRESCENT
Address complement .....	-
Postcode .....	416258
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 .....	Chain 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 .....	5
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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

PLS REFER TO THE ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	SD CARD OVERRIDE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XD368J
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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... YN7686E  
 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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... PC5934S  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number ..... XD9421D  
 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) ..... -

#### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	SUBRAMANIAN SUNDARA RAJAN
Gender .....	Male
Phone No .....	(Phone) +65-82663970
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	YP5952P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## 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.

## SHIN KHAI CONSTRUCTION PTE LTD

27 Kaki Bukit Crescent

Singapore 416258

Tel: 6441 8818 Fax: 6441 8819

Policyholder's Signature / Date &

Time

Sketch Plan

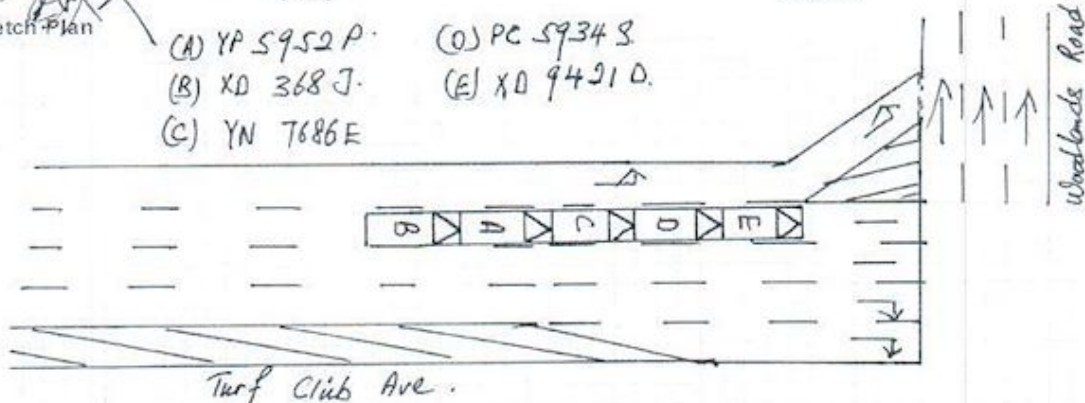
Driver's Signature (If driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre

Personnel

(A) YP 5952 P  
(B) XD 368 J  
(C) YN 7686 E  
(D) PC 5934 S  
(E) XD 9491 D



Describe Circumstances of the Accident

On 25/01/2022 at @ 1350 hrs, I stopped my vehicle (YP 5952 P) along Turf Club Ave junction Woodlands Road on the 2nd lane from the left due to red light. Suddenly, a truck (XD 368J) from behind collided onto the rear portion of my vehicle. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto the vehicles ahead of me. I got down from my vehicle and found it was a chain collision involving 5 vehicles.

Declaration

We declare the foregoing particulars are true in every respect.

SHIN KAI CONSTRUCTION PTE LTD

27 Kaki Bukit Crescent  
Singapore 416258

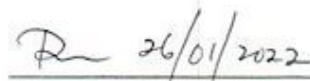
Tel: 6441 8818 Fax: 6441 8819

Policyholder's Signature / Date & Time



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



 26/01/2022

Witnessed by Reporting Centre Personnel





































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN09221Q0003 Vehicle Registration No: YP5952P  
 Name (as shown in NRIC): Subramanian Sundaram Rajan NRIC/FIN/Passport No: G12889074K  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 27, Kaki Bukit Crescent Singapore (416258)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8266 3970  
 Email Address: \_\_\_\_\_  
 Date of Accident: 25/01/2022 Time of Accident: 13:50  
 Place of Accident: Turf Club Ave junction woodlands road  
 Insurance Company: Great American

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Add in policy type of coverage: Comprehensive

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

R  
 Reporting Centre Personnel's Signature  
 Name: Renee  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 26/01/2022