

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 07/02/2022 17:57 (SGT)
Date of Accident 06/02/2022 12:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information TEBAN GARDENS RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP6938A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ACL CONSTRUCTION (S) PTE LTD
Company Reg No 200105356R
Email Address pearly_khoo@aclconstruction.com.sg
Mobile Phone No (Phone) +65-68970322
Alternative Phone No (Office) +65-68970322

VEHICLE PARTICULARS

Manufacturer Isuzu
Model NNR85UH4A
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 2999

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00086522101
Cover Note Number 01/08/21 - 31/07/22

DRIVER

Name of Driver KRISHNAN DHIVAGAR
Passport No/FIN G2287719X

Date Of Birth	23/07/1991
Occupation	Outdoor
Date Of Driving Pass	03/11/2014
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84372743
Alt. Phone Number	-
Email Address	pearly_khoo@aclconstruction.com.sg
Address	C/O ACL CONSTRUCTION (S) PTE LTD
Address complement	-
Postcode	-
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 - 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)	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 ATTACHED.

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	SLN9215Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KAMALIYAH BINTE SALIKIM
Contact Number	(Phone) +65-98347462
Address	-
Address complement	-

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

SKETCH PLAN

1. VEHICLE NO.: YP 6938A
 2. INSURER CO: China
 3. ACCIDENT DATE & TIME: 6/2/22 @ 12pm

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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.

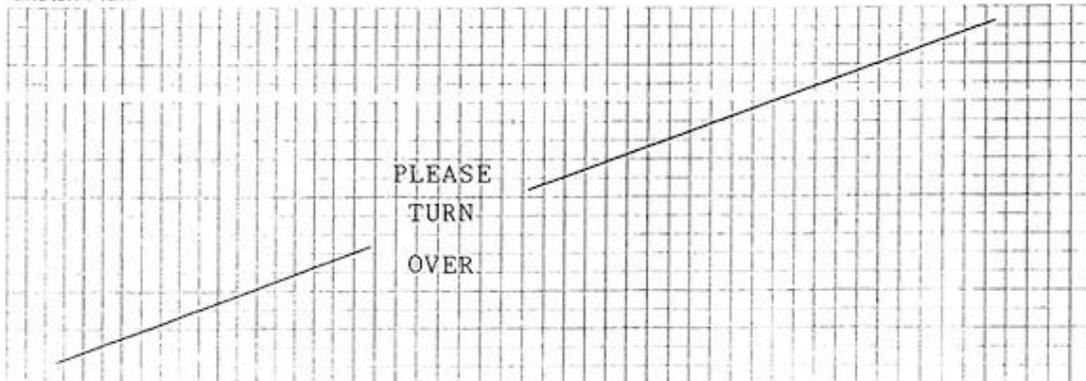
Policyholder's Signature / Date & Time

L. Divasaw 7/02/22
 Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

(Ys)

Sketch Plan





A = YP6938A
 B = SLN9215Y
 Kamaliyah Binte Salikim
 HP-98347462

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As farther down the road was a dead end. I make a reverse to make 3 point turn to exit when car B came and both vehicles collided to each other. No one was injured.



Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
 Date & Time:

K. Divasari 7/2/22
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

[Signature] 7/2/22
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: (YS)

- Claim Own Policy Claim Third Party Reporting Only
 Claim OD/TP at other workshop ()













Date : 07/2/22

To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) Krishnan Dhivagar
 NRIC/FIN G2287719X our employee / employee of ACL
Construction (S) Pte Ltd to drive our m/vehicle no. YP6938A
 and to file the accident report (~~Third Party claims~~/Own Damage Claims/Reporting
 Only) which occurred on (date) 6/2/22 @ (time) 12pm
 along (location) Teban Gardens Rd

* Relationship between Insured and driver's company: _____

Thank you.

Regards,

X  

* SIGN & STAMP at the above *

Name of Owner : ACL Construction (S) Pte Ltd

NRIC / ROC : 200105356R

Contact No : 68970322

Email : pearly-khao@aclconstruction.com.sg