

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 15:13 (SGT)
Date of Accident	24/01/2022 17:30 (SGT)
Exact Location of Accident	50 Jurong Gateway Rd, Singapore 608549
Additional Location Information	JEM CARPARK EXIT TWDS JURONG GATEWAY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX1654M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAJKUMAR VIJAYA KUMAR DAVIDSON
NRIC No	S7360004I
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-83284651
Alternative Phone No	+65-83284651

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
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	2000

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Type of Coverage	-
Fleet Policy	No
Policy Number	10903913
Cover Note Number	-

DRIVER

Name of Driver	RAJKUMAR VIJAYA KUMAR DAVIDSON
NRIC No	S7360004I

Date Of Birth	29/01/1973
Occupation	Outdoor
Date Of Driving Pass	18/03/2009
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83284651
Alt. Phone Number	+65-83284651
Email Address	abc8627e@gmail.com
Address	BLK 254 BUKIT BATOK EAST AVE 4 #07-225
Address complement	-
Postcode	650254
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)	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

ON THE STATED DATE AND TIME, VEHICLE A (SLX1654M) WAS TRAVELLING OUT FROM JEM CARPARK EXIT TOWARDS JURONG GATEWAY ROAD. AS ALL THE CARS ON THE MAIN ROAD WAS STATIONARY, I DRIVE OUT AND STATIONARY ON THE YELLOW BOX. SUDDENLY, I FELT AN IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHT, I THEN REALISED THAT IS VEHICLE B (SJD8171Y) THAT HAD COLLIDED MY VEHICLE.

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	SJD8171Y
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	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

Email To

hidperfectautowork@gmail.com

V. Rajkumar

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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.

V. Rajkumar

Policyholder's Signature / Date & Time

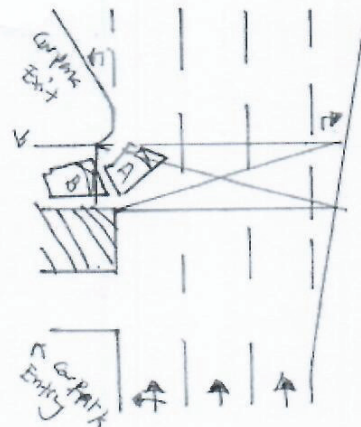
V. Rajkumar 26/1/22

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Jeru



Vehicle A: SLX1654m

Vehicle B: SJD8171Y

Describe Circumstances of the Accident

Attached

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Refer

Declaration

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

V. Rajkumar
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

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VEHICLE A : SLX1654M

VEHICLE B : SJD8171Y

V. Rajkumar