

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 07/03/2022 19:12 (SGT)
Date of Accident 06/03/2022 06:15 (SGT)
Exact Location of Accident 10 Toh Guan Rd E, Singapore 608838
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ5158K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CHINA STAR BUILDING CONSTRUCTION PTE LTD
Company Reg No 2XXXXX267R
Email Address wjj.csbc@gmail.com
Mobile Phone No (Phone) +65-87226689
Alternative Phone No +65-87226689

VEHICLE PARTICULARS

Manufacturer Hino
Model XZU710R 14FT WIDE CAB 5T
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 Manual
CC 4009

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MCV0000807_01
Cover Note Number -

DRIVER

Name of Driver PRAKASAM SELVAKUMAR
Passport No/FIN GXXXX377W

Date Of Birth	07/05/1983
Occupation	Outdoor
Date Of Driving Pass	04/05/2009
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87471269
Alt. Phone Number	-
Email Address	wjj.csbc@gmail.com
Address	10 UBI CRESCENT
Address complement	#07-51 UBI TECHPARK LOBBY
Postcode	408564
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	Side Swipe
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

PASSENGER 4

Name	WORKER
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	GBG2269T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RETHINASAMY AROCKIYADASS
Passport No/FIN	GXXXX665M
Contact Number	(Phone) +65-88273534
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' 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.



Policyholder's Signature / Date & Time

Sketch Plan

A = YQ 5158 K

B = GBG 2269 T

10 TOH GUAN ROAD EAST.



P. Ramarathnam

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

Witnesed by Reporting Centre Personnel 07/03/22

Describe Circumstances of the Accident

~~Vehicle 281 slow down~~

I was travelling along Teh Guan Road and vehicle B which is in front of me slow down hence i ~~slow~~ swerved to ^{the} right side but suddenly vehicle B veered towards right side too hence our vehicle collided.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

P. Kumar.

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

shym 07/03/22

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: SN092237000B Vehicle Registration No: YQ5158K
 Name (as shown in NRIC): ARAKASAM SELVAKUMAR NRIC/FIN/Passport No: GXXXX8770
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 10 UBI CRESCENT #07-51 UBI TECHPARK LOBBY Singapore (408564)
 Contact (Tel): _____ Mobile No.: 87471269
 Email Address: _____
 Date of Accident: 06/03/22 Time of Accident: 06:15
 Place of Accident: 10 TOH QUAN RD EAST
 Insurance Company: INDIA

(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:

REVERT FROM REPORTING TO TP CLAIMS



Policyholder / Driver's Signature
Date:

shym 08/03/22
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: