

# 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 ..... 24/03/2022 17:09 (SGT)  
Date of Accident ..... 23/03/2022 17:38 (SGT)  
Exact Location of Accident ..... Kranji Rd, Singapore  
Additional Location Information ..... KRANJI RD -SLIP RD TWDS WOODLANDS  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBG6260R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LEY CHOON CONSTRUCTION & ENGINEERING PTE LTD  
Company Reg No ..... 441H  
Email Address ..... admin@leychoon.com  
Mobile Phone No ..... (Phone) +65-90696557  
Alternative Phone No ..... (Office) +65-67570900

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... PICKUP D/CAP  
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 ..... 2664

### INSURANCE COMPANY

Name of Insurance Company ..... Etiqa Insurance Pte Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... M0016353  
Cover Note Number ..... 01/01/22 TO 31/12/2022

### DRIVER

Name of Driver ..... GUNASEKARAN VIVEK  
Passport No/FIN ..... GXXXX772Q

Date Of Birth .....	28/07/1985
Occupation .....	Outdoor
Date Of Driving Pass .....	17/12/2009
Driving experience .....	12 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90696557
Alt. Phone Number .....	-
Email Address .....	g.vivek@leychoon.com
Address .....	BLK 213 MARSLING CRESCENT
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? .....	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

#### 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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMB170C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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 .....	GUNASEKARAN VIVEK
Gender .....	Male
Phone No .....	(Phone) +65-90696557
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	WAIST & LEG
Injured person in which vehicle? .....	GBG6260R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

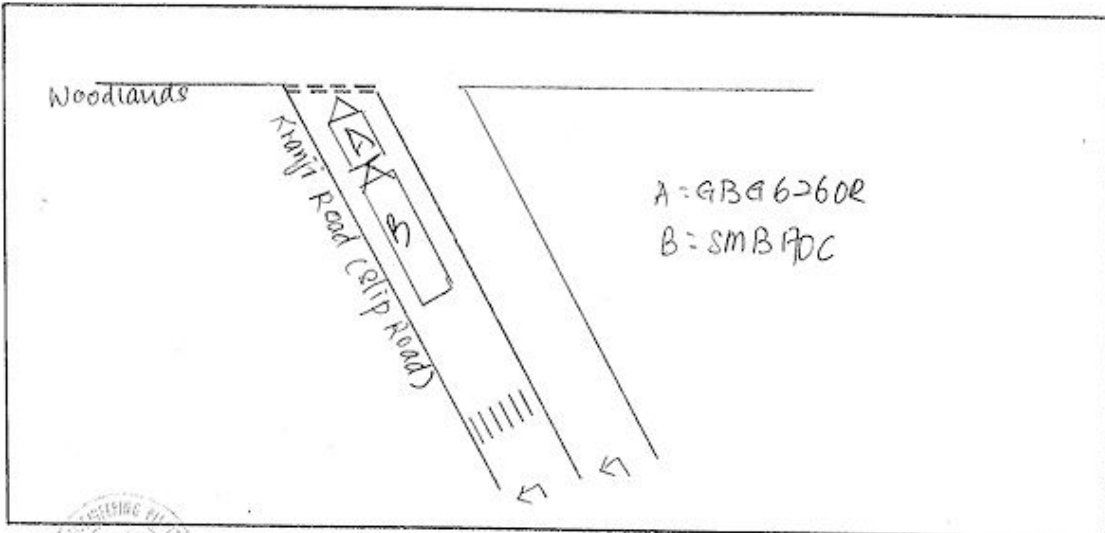
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7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, 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.

Vehicle: GBG 260R

Insurer: Etiga

Sketch Plan



Policyholder's Signature / Date & Time  
Roy 23/3

Driver's Signature (If driver is not the policyholder) / Date & Time  
24/03/2022, 4:00pm

Witnessed by Representative  
AH LAM MOTOR COMPANY  
(SIN MING BRANCH)  
176, Sin Ming Drive, #05-12  
Sin Ming Autocare, Singapore 575721  
Tel: 6456 3637 Fax: 6456 3686

Muh 24/3/22

Kranji Rd (Slip Rd)

Date of accident: 02/03/2022 Time: 1738 Hrs Location: Towards Woodlands  
 My Vehicle A: GBG 6260R Vehicle B: SMB170C Vehicle C: /

## SKETCH PLAN

## Describe Circumstances of the Accident

On 02/03/2022 at about 1738hrs, I was driving my company van (GBG 6260R), Nissan along Kranji Rd towards Woodlands Rd. My van was stationary at the Slip Rd at the Kranji Rd / Woodlands Rd Junction. I was waiting on the give way (Slip Rd) as vehicles were going on the main rd. Shortly after, I felt an impact coming from the rear of van. As such, I left my van to make a check and found that a SMRT Bus (SMB170C) had collided with the rear of my van. After the incident, I had informed to my company and the Bus driver also informed to his company. I took photos of the accident. After leave left from the accident place, 15 mins later I had reached to my home at B1K13 Marsiling Cres. I suffered muscle cramps and numbness on my lower back and Right Leg and to my knowledge, the Bus driver did not suffer any injuries. My vehicle suffered a dislodged rear bumper and dent on the rear door while the Bus suffered a heavy damage on the front bumper. Subsequently I contacted my insurance agent who advised.

Due to my injuries, I went to LIAN CLINIC PTE LTD at B1K18 Marsiling Lane to seek medical attention and received a 2 days medical certificate from 04/03/2022 to 05/03/2022.


I am lodging this report for insurance claims purposes

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

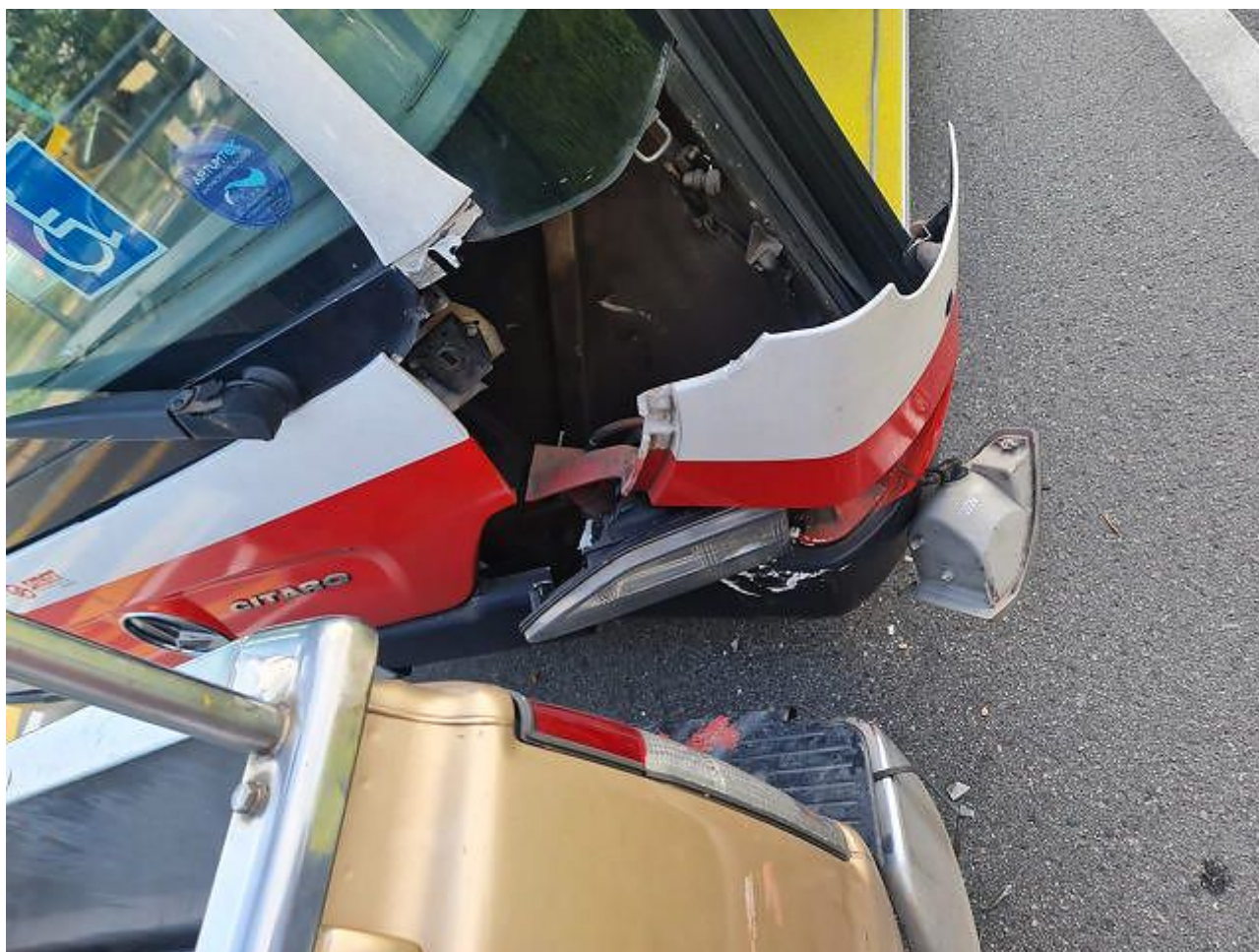
We declare the foregoing particulars are true in every respect. Vehicle: GBG 6260R

Policyholder's Signature / Date & Time  
  
 24/3/22

Driver's Signature (if driver is not the policyholder) / Date & Time  
  
 24/03/2022 3:50pm

Witnessed by:   
 (SIN MING BRANCH)  
 Personnel:   
 Sin Ming Autocare, Singapore 575721  
 Tel: 6456 3637 Fax: 6456 3686

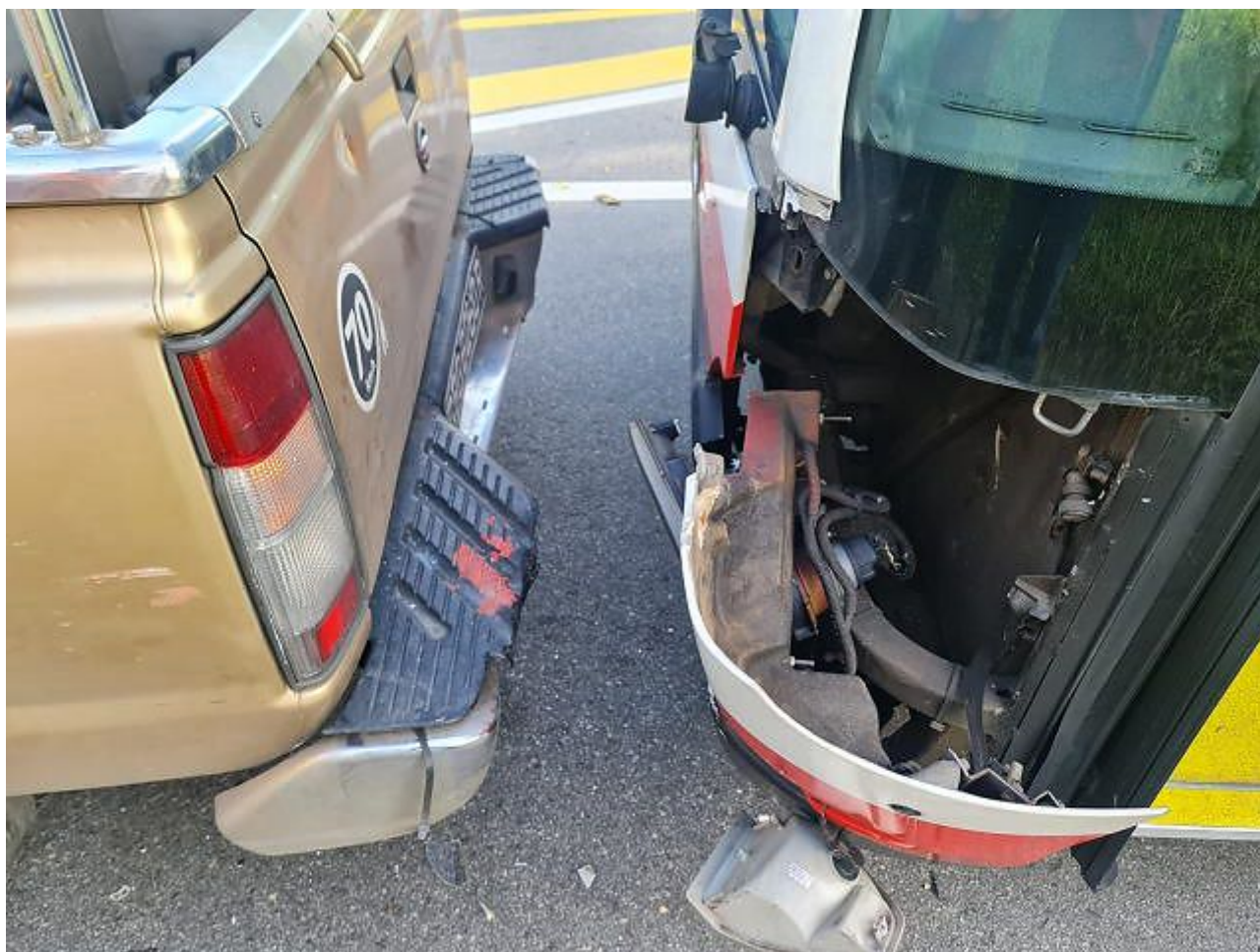


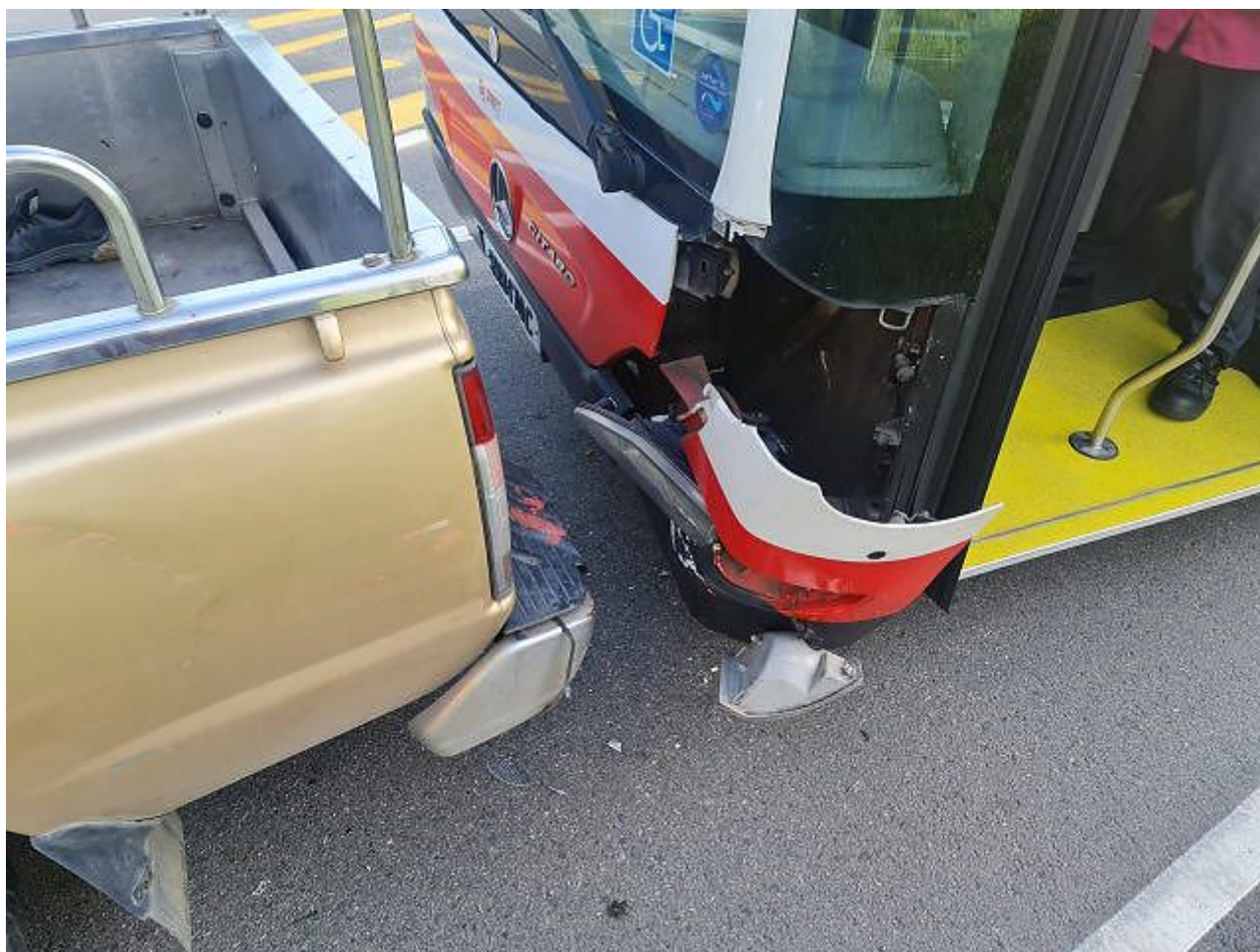


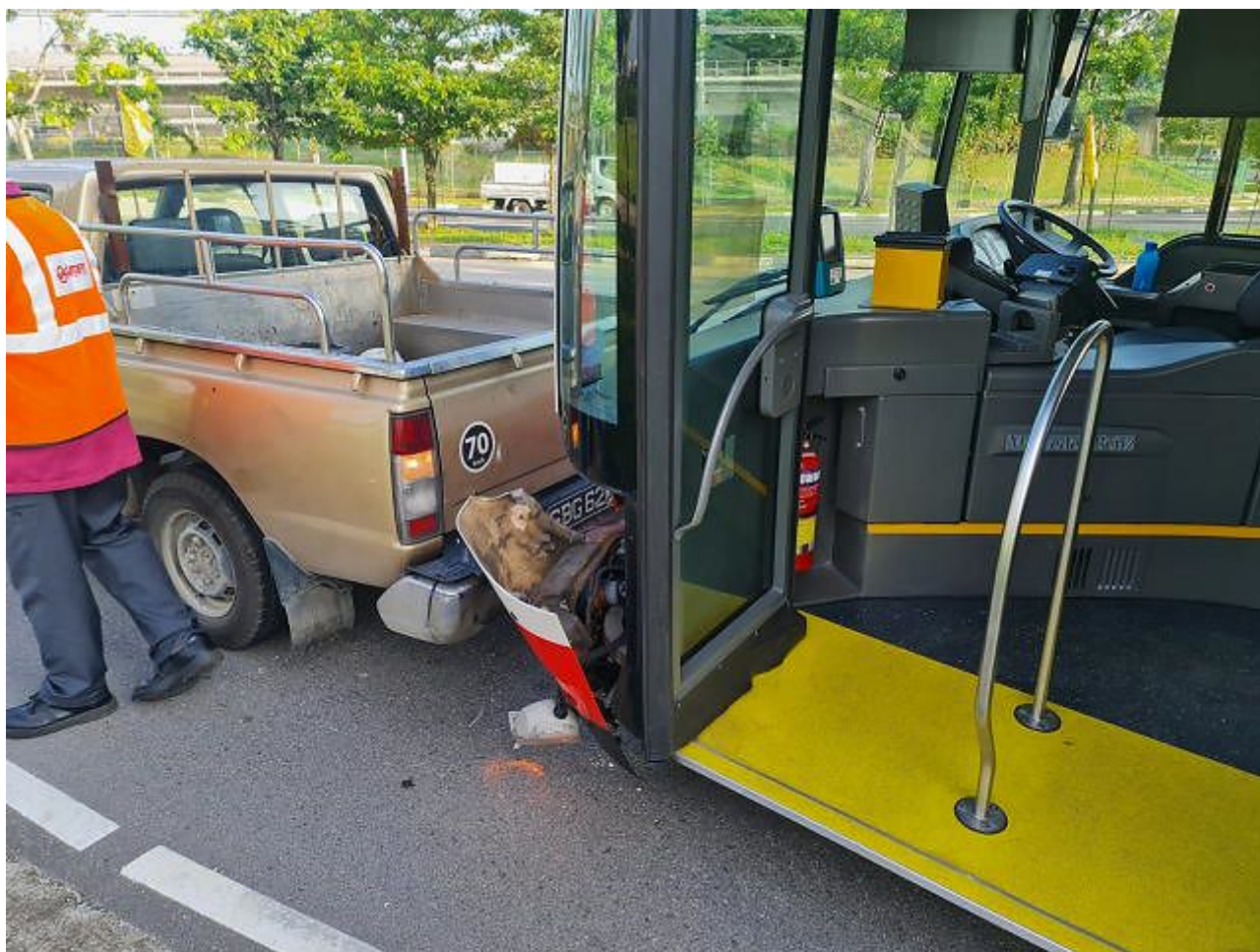






































eTiQa

Insurance

INTERVIEW FORM

Name (Driver) : Gunasekaran Vivek

Policy No : \_\_\_\_\_

Vehicle No : QB6660R

Place of Accident : Kranji Road (Slip Road) Towards Woodlands.

Insured Driver's relationship with Insured : Employee

Drink Driving of Insured and/or Insured Driver : x10

No of passenger(s) in Insured vehicle : 0

Injury to Insured and/or Insured driver, please indicate which hospital:  
Lian Clinic Pte Ltd

Third Party Vehicle No (if any) : SMB170C

No of passenger(s) in Third Party Vehicle : unknown

Injury to Third Party driver and/or passenger(s), please indicate which hospital:  
unknown

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:  
road to rear.

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):  
\_\_\_\_\_

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)


Gunasekaran Vivek ✓ 24/03/22  
Driver (Name & Signature) / Date  
I, affirmed the above information is given to  
my best knowledge

**AH LIM MOTOR COMPANY**  
**SIN MING BRANCH**  
Attested by: Name & Signature / Date  
1/8, Sin Ming Drive, #05-12  
Sin Ming Autocare, Singapore 575721  
Tel: 6456 3637 Fax: 6456 3686

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