

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 MARSILING 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

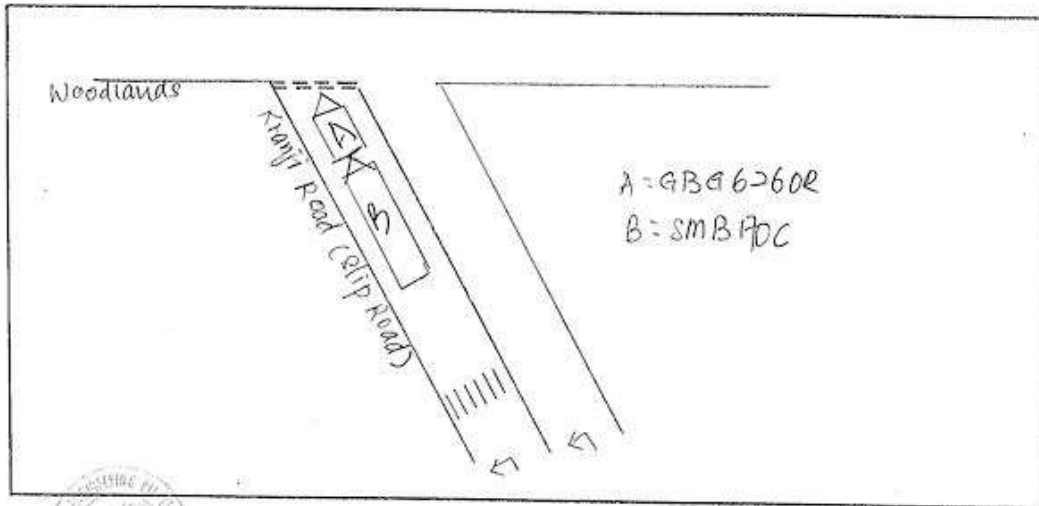
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8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process 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/are 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: [Signature]
AHLAM MOTOR COMPANY
(SIN MING BRANCH)
176, Sin Ming Drive, #05-12
Sin Ming Autocare, Singapore 575721
Tel: 6456 3637 Fax: 6456 3686

Mulu 24/3/22

Kranji Rd (Slip Rd)

Date of accident: 02/03/2022 Time: 1738 Hrs Location: Towards Woodlands
 My Vehicle A: GBG6260R 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 (GBG6260R), 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 131K 013 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 131K 013 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: GBG6260R


 Policyholder's Signature / Date & Time


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


 WITNESSED BY: 24/03/2022 3:50pm **AH LIM MOTOR COMPANY**
 (SIN MING BRANCH)
 Witnessed by: Personnel 70, Sin Ming Drive, #05-12
Sin Ming Autocare, Singapore 575721
 Tel: 6456 3637 Fax: 6456 3680

24/3/22 Nelli