# **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 witholding 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.

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   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 31/03/2022 15:01 (SGT) Date of Accident 31/03/2022 08:22 (SGT) Exact Location of Accident Near KJE, Singapore Additional Location Information KJE TOWARDS PIE Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GY3483F

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HARFORD ENGINEERING PTE LTD Company Reg No 199602659G Email Address HARFORD@SINGNET.COM.SG Mobile Phone No (Phone) +65-63672068 Alternative Phone No +65-63672068

#### VEHICLE PARTICULARS

Manufacturer Nissan Model P/UP LOWBED 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 - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 2664

#### **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage ThirdParty Fleet Policy Policy Number 0100508151-17 Cover Note Number

### DRIVER

Name of Driver KANNAPIRAN MANIKANDAN Passport No/FIN G3110962R

Date Of Birth 27/07/1990 Occupation Outdoor Date Of Driving Pass 09/01/2021 Driving experience 1 YEAR AND 2 MONTHS Gender Mobile Number (Phone) +65-94292317 Alt. Phone Number Email Address HARFORD@SINGET.COM.SG Address BLK 438 CHOA CHU KANG AVE 4 Address complement #06-471 Postcode 680438 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS TRAVELLING ALONG KJE TOWARDS PIE, THAT POINT OF TIME WAS HEAVY TRAFFIC. FRONT VEHICLE BRAKE SUDDENLY AND I COULDN'T STOP IN TIME AND ACCIDENT HAPPENED. 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 CB7045D Vehicle Manufacturer Vehicle Model Vehicle Variant

Bus

Accident report SP0Q223V0001
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Address

Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

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

#### SKETCH PLAN

#### IMPORTANT NOTICE

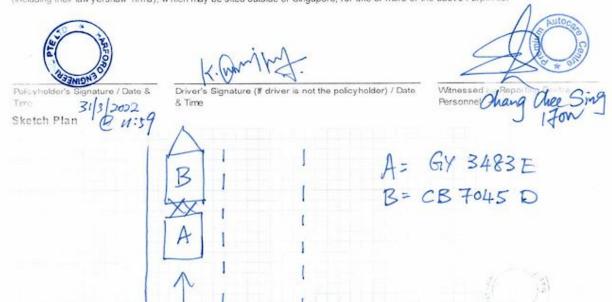
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- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 produced by any insurer (collectively the "Personal Information") and disclose and transfer such Personal information to as insured 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.



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# Declaration

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

Policy's ider's Signature / Date &

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

Witnessed by Reporting Centre Personnel Charg Chee Sing

















