

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	06/05/2022 17:57 (SGT)
Date of Accident	06/05/2022 09:55 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TWDS MCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK7962X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIVINWALL PTE LTD
Company Reg No	201713542C
Email Address	mercy@gowithgush.com
Mobile Phone No	(Phone) +65-94372104
Alternative Phone No	+65-94372104

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5124491831
Cover Note Number	-

DRIVER

Name of Driver	DHANASEKAR JAYAKUMAR
Passport No/FIN	G7620368M

Date Of Birth	20/07/1978
Occu pation	Outdoor
Date Of Driving Pass	13/04/2015
Driving experience	7 YEARS AND 1 MONTH
Gender	Male
Mobil e Number	(Phone) +65-82557380
Alt. P hone Number	-
Email Address	mercy@gowithgush.com
Address	2 GAMBAS CRESCENT #01-35
Address complement	-
Postcode	757044
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

ON THE SAID DATE AND TIME OF ACCIDENT, I WAS DRIVING MY LORRY A (GBK7962X) ALONG AYE TOWARDS MCE AFTER JURONG TOWN HALL EXIT. DUE TO HEAVY TRAFFIC AHEAD, I FOLLOWED THE CAR IN FRONT OF ME SLOWLY MOVING FORWARD. SUDDENLY, I FELT AN IMPACT FROM BEHIND AND REALISED THAT WAS VEHICLE B (SJNI4779T) UNABLE TO BRAKE IN TIME AND COLLIDED ONTO MY LORRY REAR PORTION. I WENT TO SEE DOCTOR AFTER THIS ACCIDENT AND WAS GIVEN 2 DAYS MC. IF I STILL FEELING ANY UNCOMFORTABLE AFTER THIS I WILL FOLLOW YP MY MEDICAL TREATMENT. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (SJNI4779T)'S INSURANCE FOR MY ACCIDENT DAMAGES.

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	SJNI4779T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	LIM HOW KIONG
Contact Number	(Phone) +65-97930530
Address	-
Address complement	-
Post Code	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	DHANASEKAR JAYAKUMAR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK7962X
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)

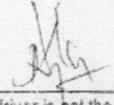
I understand, acknowledge, agree and consent that :

(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")

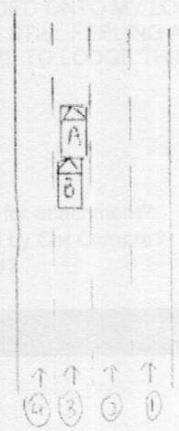
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

 06/05/2022 13.00
 Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



veh (A) G1BK 7962X
 veh (B) SSN 4779T

Along AYE Towards MCE
 After Jurong town hall exit

Describe Circumstances of the Accident

On the said date & time of accident. I was driving my Lorry A (GBK 7962X) along AYE towards MCE after Jurong town hall exit. Due to heavy traffic ahead. I followed the car in front of me slowly moving forward, Suddenly, I felt an impact from behind and realized that was Vehicle B (SJM 4779T) unable to brake in time and collided onto my lorry rear portion.

I went to see doctor after this accident & was given 2 days MC. If I still feeling any uncomfortable after this I will follow up my medical treatment.

Hence, I hereto lodge this report to claim against Vehicle B (SJM 4779T)'s insurance for my accident damages.



Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature, Date & Time


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

Witnessed by Reporting Centre Personnel