

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 31/05/2022 18:42 (SGT)
Date of Accident 31/05/2022 09:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE TWDS PIE CHANGI EXIT 8B
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ1816X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ARC URBAN SERVICES PTE. LTD.
Company Reg No 2XXXXX281M
Email Address suryaancurban@gmail.com
Mobile Phone No (Phone) +65-67479949
Alternative Phone No (Office) +65-67479949

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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 4009

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM120047631902
Cover Note Number -

DRIVER

Name of Driver RATHINAVEL SURESH
Passport No/FIN GXXXX809U

Date Of Birth	27/01/1982
Occupation	Outdoor
Date Of Driving Pass	10/01/2011
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91316059
Alt. Phone Number	-
Email Address	suryaancurban@gmail.com
Address	53 UBI AVE 1
Address complement	#05-43 PAYA UBI INDUSTRIAL PARK
Postcode	408934
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

I WAS TRAVELLING FROM CTE TWDS PIE CHANGI EXIT 8B ON THE RIGHT LANE OF A2-LANES RD.DUE TO THE HEAVY TRAFFIC EVERY VEH MOVING SLOW.I ACCIDENTALLY HIT ONTO THE REAR PORTION OF VEH B.

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	SHA4164J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LEONG SIEW MENG
NRIC No	SXXXX600J
Contact Number	-

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

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

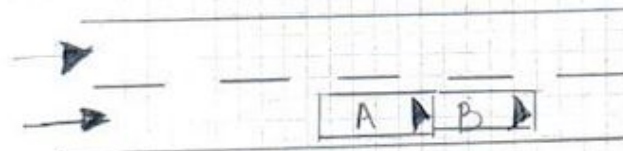
Sketch Plan

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

2/ym 31/05/22
Witnessed by Reporting Centre
Personnel

CTE TWS A/E CHANGI EXIT 8B

A- YQ1816X
B- SHA4164J



Describe Circumstances of the Accident

On 31/5/2022 at 9.40am, I was travelling CTE towards PIF Changi Exit 8B due to heavy traffic every vehicle moving slow. I accidentally hit onto the taxi SHA H164J in front of me.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

P. Surendra

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

Shyam 31/05/22

Witnessed by Reporting Centre Personnel















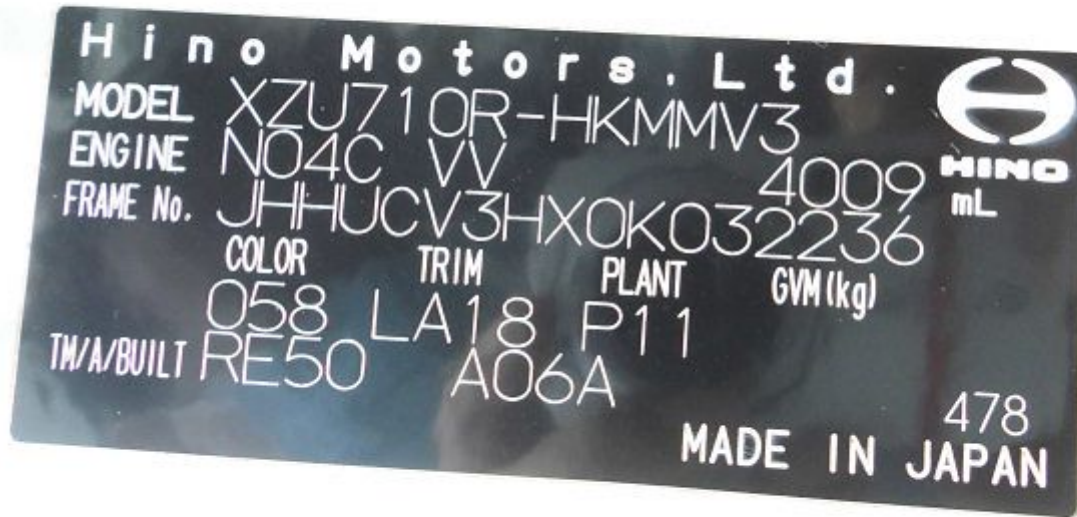
















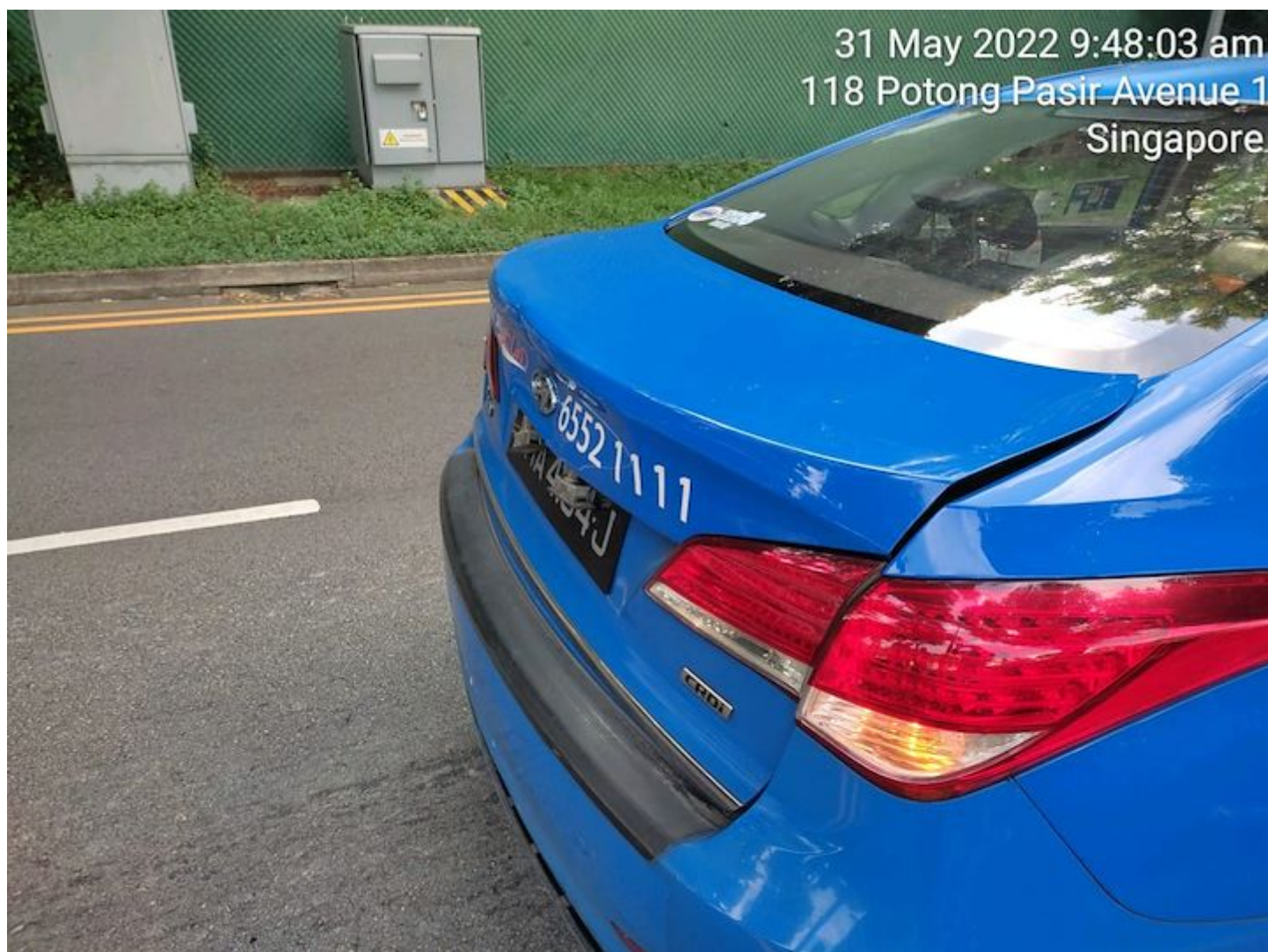


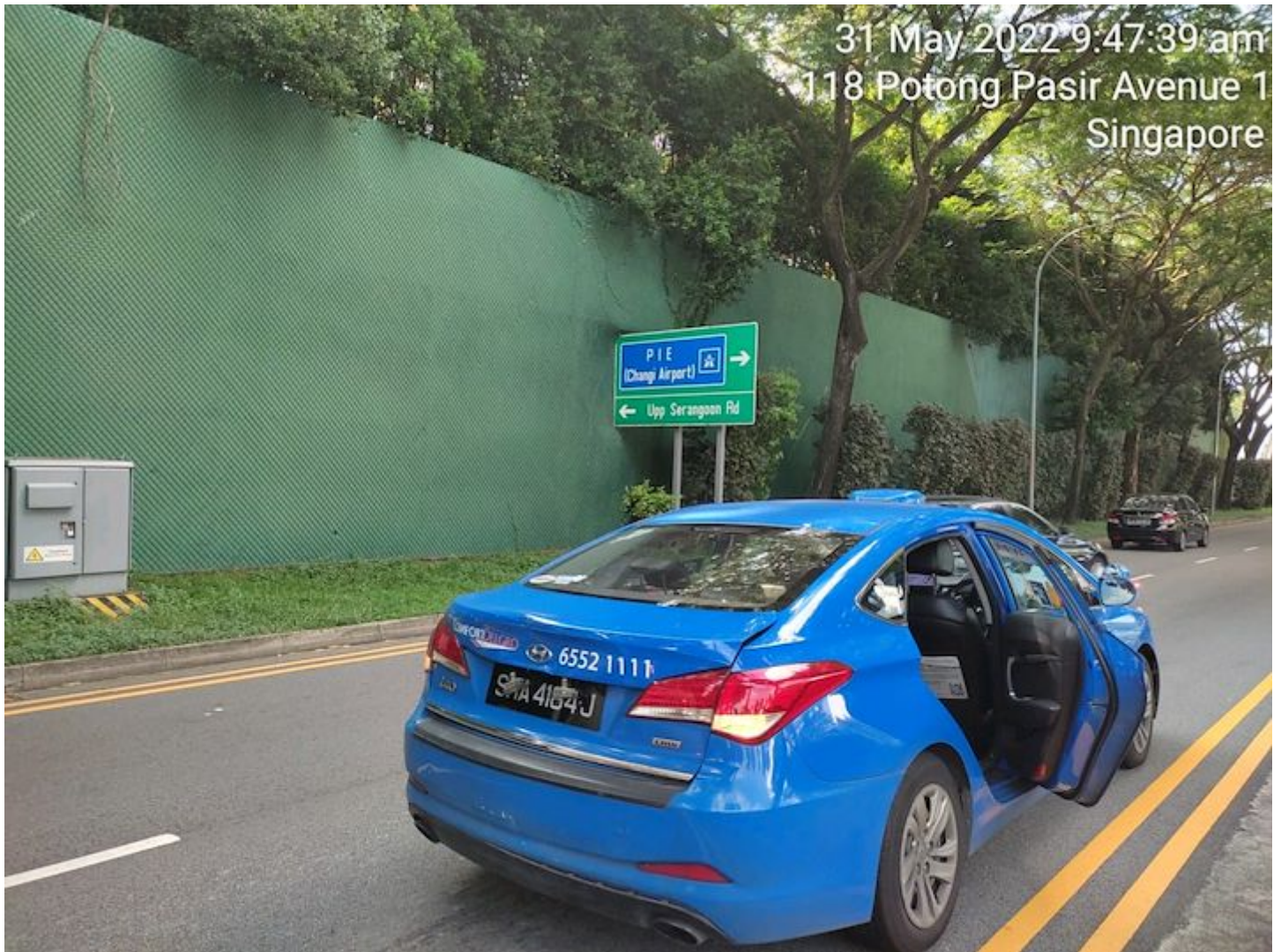


















31 May 2022 9:48:10 am
118 Potong Pasir Avenue 1
Singapore

