

## 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	20/06/2022 17:50 (SGT)
Date of Accident	20/06/2022 09:20 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	Towards city (at Ang Mo Kio Ave 1 exit)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP271D
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE ENGINEERING SERVICES PTE LTD
Company Reg No	201009393C
Email Address	sky@seshub.com
Mobile Phone No	(Phone) +65-64845711
Alternative Phone No	(Office) +65-64845711

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FEB21ER4SDEB
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	2998

#### INSURANCE COMPANY

Name of Insurance Company	AIIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210134424
Cover Note Number	-

#### DRIVER

Name of Driver	Arumugam Manikandan
Passport No/FIN	G2681550P



Date Of Birth	10/05/1993
Occupation	Outdoor
Date Of Driving Pass	21/12/2020
Driving experience	1 YEAR AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88732138
Alt. Phone Number	-
Email Address	sky@seshub.com
Address	C/O 51 Admiralty Road West
Address complement	-
Postcode	757443
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	Raining
Road Surface	Wet

#### 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

Please refer to the sketch plan.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP5952P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Subramanian Sundara Rajan
Passport No/FIN	G2889074K
Contact Number	(Phone) +65-82663970
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  
20 JUN 2022

Driver's Signature (if driver is not the policyholder) / Date & Time  
20 JUN 2022

Witnessed by Reporting Centre Personnel  
Angie Soh

Sketch Plan

(TE towards City (AT AME AVE 1 exit))

A = YP271D  
B = YPS952P





Describe Circumstances of the Accident

On 20.06.2022 at about 0930 hrs I was travelling along  
 CTE towards City wanting to Exit AMK Ave 1.  
 Traffic was heavy As the vehicle in front of me stopped,  
 I brake gradually and came to a stop.  
 Suddenly I felt an impact from the rear. Realised that  
 vehicle YP5952P collided onto my rear.

Declaration

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

  
 Policyholder's Signature / Date &  
 Time 20 JUN 2022

  
 Driver's Signature (If driver is not the policyholder) / Date  
 & Time 20 JUN 2022

  
 Witnessed by Reporting Centre  
 Personnel Angie Soh