

## 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 ..... 24/06/2022 16:38 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 10/05/2022 17:30 (SGT)  
Exact Location of Accident ..... Sims Ave, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SML5412U

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DELCO ART INTERIOR PTE LTD  
Company Reg No ..... 2XXXXX509N  
Email Address ..... murthidelco@gmail.com  
Mobile Phone No ..... (Phone) +65-67446254  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Accent  
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 ..... Private car  
Transmission ..... Auto  
CC ..... 1368

#### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D20MPC0002789\_02

#### DRIVER

Name of Driver ..... AYYAKKANNU PRAKASH  
Passport No/FIN ..... GXXXX838R  
Date Of Birth ..... 07/02/1986  
Occupation ..... Outdoor

Date Of Driving Pass .....	29/10/2012
Driving experience .....	9 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91088139
Alt. Phone Number .....	-
Email Address .....	murthidelco@gmail.com
Address .....	1079 EUNOS AVE 7
Address complement .....	#01-163
Postcode .....	409582
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMU2481S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) ..... -

**SKETCH PLAN**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

**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

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

*Handwritten notes:*

- A - SML 54124*
- B - SMU 24815*
- ALONG SIMS AVE*
- 24/06/2022*
- ROSINDA BINTE A. WAHAB*
- 24/06/22*

## Describe Circumstance of the Accident

I was travelling straight along Sims Ave on the extreme right lane. In front of my veh stop at the red traffic light and i followed suit, suddenly my veh moved forward and touch the rear portion of veh B.

## Declaration

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



Policyholder's Signature / Date & Time

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

ROSLINDA BINTE A. WAHAB  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card) 24/06/22





























24 June 2022

National Assessment Centre  
Blk 51 Ubi Avenue 1 #01-25 Paya  
Ubi Industrial Park, 408933

To whom it may concern:

I, Bolisay Nerelyn Simbulan, Associate Director of Delco Art Interior Pte Ltd, hereby authorized Mr. Murthi Selvaraj with FIN F7941800P to report the accident for our company vehicle SML5412U on behalf of Ayyakkannu Prakash with FIN G8183838R who is driving the mentioned car during the accident.

I am hoping for your kind cooperation on this matter.

If you have any question or concerns in this letter, you may contact me via my email at [nerelyn@delcoart.com.sg](mailto:nerelyn@delcoart.com.sg) or thru our office line 6284 9558

Sincerely,

A handwritten signature in black ink, followed by a circular stamp. The stamp contains the letters 'DA' in the center, with 'DELCO ART INTERIOR PTE LTD' written around the perimeter.

Bolisay Nerelyn Simbulan  
Associate Director  
Delco Art Interior Pte Ltd

Blk 1079 Eunos Avenue 7, #01-163 Singapore 409582  
Tel: 6284 9558 Fax: 6744 0230 Website: [www.delcoart.com.sg](http://www.delcoart.com.sg)