

# 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 Actual 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 .....	29/06/2022 17:08 (SGT)
Reported by .....	Driver
Date of Accident .....	28/06/2022 17:00 (SGT)
Exact Location of Accident .....	Near 3 Russels Rd, Singapore 118282
Additional Location Information .....	ALONG AYE (NEAR EXIT 6)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GT8111Y
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TGR ENGINEERING PTE LTD
Company Reg No .....	201130173W
Email Address .....	CONTACT@TGREENGINEERING.COM.SG
Mobile Phone No .....	(Phone) +65-92257165
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv350
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2488

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D18MCV0002225_03 COVER:13/10/2021-12/10/2022

### DRIVER

Name of Driver .....	CHANDRAN RAMAKRISHNAN
Work Permit No .....	G8689327X
Date Of Birth .....	06/07/1998
Occupation .....	Outdoor

Date Of Driving Pass .....	08/06/2022
Driving experience .....	0 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-86506581
Alt. Phone Number .....	-
Email Address .....	RAMAKRISHNANREDDY203@GMAIL.COM
Address .....	9 KIAN TECK LANE
Address complement .....	#05-29
Postcode .....	627847
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	BOSS'S FRIEND
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 .....	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) .....	3
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 .....	-

#### PASSENGER 1

Name .....	WILSON
Gender .....	Male

#### PASSENGER 2

Name .....	STELIEN
Gender .....	Male

#### 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 STATED DATE AND TIME, I WAS DRIVING ALONG AYE (NEAR EXIT 6). SUDDENLY VEHICLE B (UNKNOWN) IN FRONT OF MY VEHICLE APPLIED BRAKE, I COULD NOT STOP IN TIME. THEREFORE, MY VEHICLE HIT ONTO THE REAR PORTION OF VEHICLE B.

#### 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 .....	UNKNOWN
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) .....	1

# SKETCH PLAN

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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)

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

*C. B.*

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

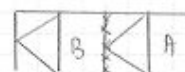


Witnessed by Reporting Centre Personnel

## Sketch Plan

vehicle A : GT 8111 Y  
vehicle B : Unknown

Age Exit 6



## Describe Circumstances of the Accident

REFER TO GIA REPORT

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

☒ Reporting Only  
☐ Claim OD  
☐ Claim TP  
☐ Claim OD/TP at other workshop

## Declaration

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



Witnessed by Reporting Centre Personnel





















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

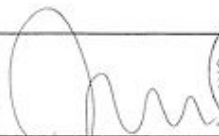
Original Report No : SH04226T0001 Vehicle Registration No: GT8111Y  
 Name (as shown in NRIC) : TGR ENGINEERING PTE LTD NRIC/FIN/Passport No : 201130173W  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : 190 MIDDLE ROAD, #19-05, FORTUNE CENTRE Singapore (188979 )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 92257165  
 Email Address : CONTACT@TGRENGINEERING.COM.SG  
 Date of Accident : 28/06/2022 Time of Accident : 17:00HRS  
 Place of Accident : ALONG AYE (NEAR EXIT 6)  
 Insurance Company: India International Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I WOULD LIKE TO AMEND INSURANCE COMPANY TO India International Insurance Pte Ltd

Policyholder / Driver's Signature  
 Date:

  
 Reporting Centre Personnel's Signature  
 Name: TAN AI MEI  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: \_\_\_\_\_



