

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 06/07/2022 17:34 (SGT)
Reported by Both
Date of Accident 05/07/2022 07:00 (SGT)
Exact Location of Accident Admiralty Rd E, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ8637J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ABS LEASING SERVICES PTE LTD
Company Reg No 2XXXXX528D
Email Address optionsgarage@hotmail.com
Mobile Phone No (Phone) +65-92966056
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00089182102

DRIVER

Name of Driver VELUSAMY SAMINATHAN
Passport No/FIN GXXXX600U
Date Of Birth 06/02/1997
Occupation Outdoor

Date Of Driving Pass	20/01/2022
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98118967
Alt. Phone Number	-
Email Address	optionsgarage@hotmail.com
Address	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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	ZHANG YUCHAO
Gender	Male

PASSENGER 2

Name	LE THANH NAM
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

PLEASE REFER TO SKETCH PLAN

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	GBB6594D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	VELUSAMY SAMINATHAN
Gender	Male
Phone No	(Phone) +65-98118967
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ8637J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ZHANG YUCHAO
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ8637J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	LE THANH NAM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ8637J
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

V. Saminathan

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

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

06/07/2022

Sketch Plan

ADMIRALTY ROAD EAST			
<p>VEHICLE</p> <p>A: GBJ 8637J</p> <p>B: GBB 6594D</p>			

Describe Circumstance of the Accident

① VEHICLE "A" WAS STATIONARY AT THE TRAFFIC LIGHT (RED LIGHT).

② ALL OF A SUDDEN VEHICLE "B" COLLIDED ONTO VEHICLE "A" REAR.

③ THE IMPACT WAS HUGE THAT I SAMINATHAN (DRIVER), YU CHAO (PASSENGER), NAM (PASSENGER). SUFFER INJURIES AND WENT TO CONSULT A DOCTOR AND WAS GIVEN TWO DAYS OF MC.

TWO PASSENGER -

① YU CHAO (M)

② NAM (M).

Declaration

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



Policyholder's Signature / Date & Time

V. Saminathan

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

Witnessed by Reporting Centre Personnel

06/07/2022









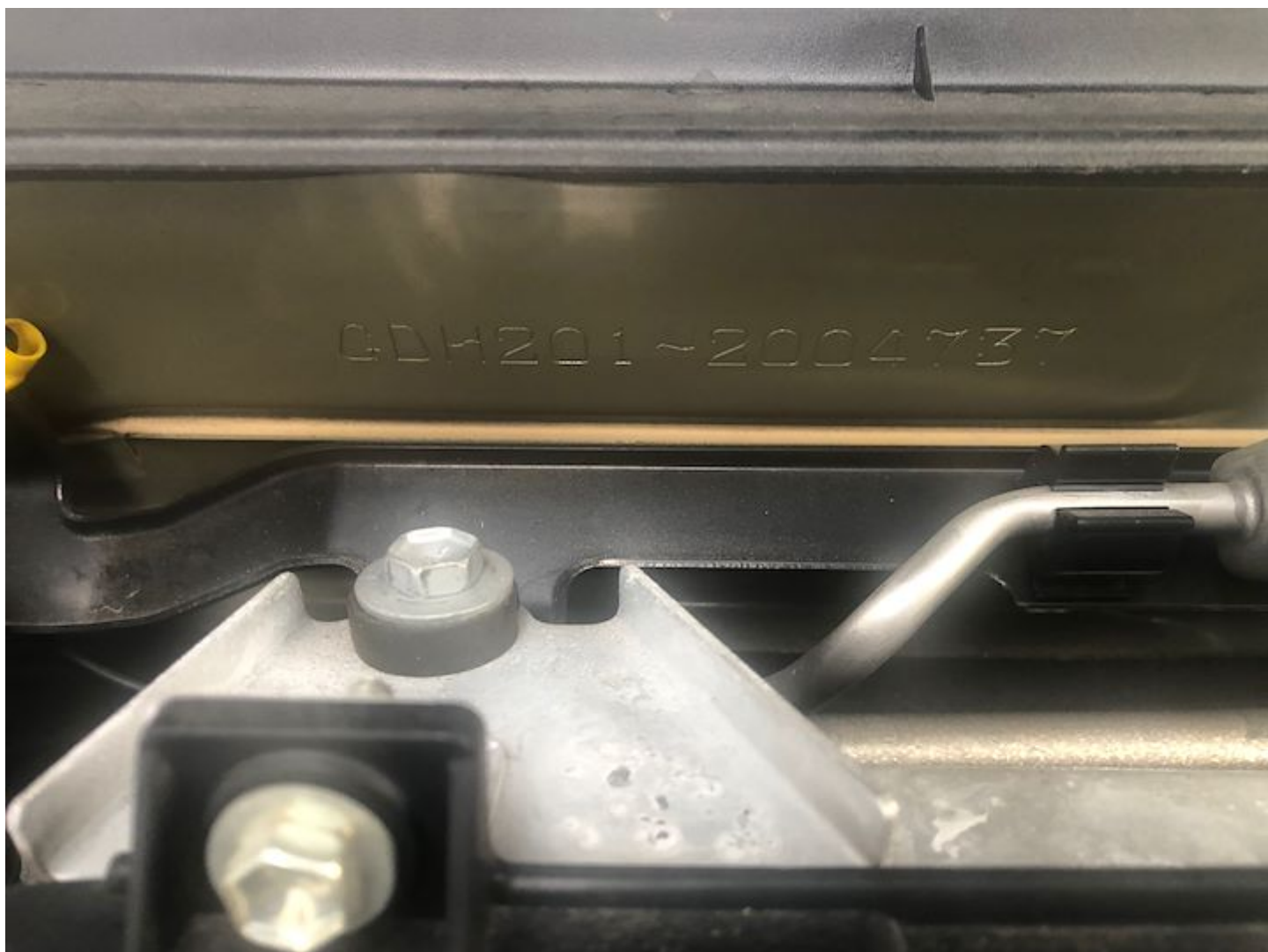
















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0822760003 Vehicle Registration No: G8J 8687J
 Name (as shown in NRIC): VELUSAMY SAMINATHAN NRIC/FIN/Passport No: G89126000.
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 51 ADMIRALTY ROAD WEST S757443 Singapore (757443)
 Contact (Tel): 9811 8967 Mobile No.: 9296 6056.
 Email Address: OPTIONS GARAGE@HOTMAIL.COM.
 Date of Accident: 05/07/2022 Time of Accident: 0700HRS.
 Place of Accident: ADMIRALTY ROAD EAST.
 Insurance Company: CHINA TAIPING.

(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:

TWO PASSENGER FULL NAME AMEND.

- 1 ZHANG YUCHAO G8483350P (MALE)
- 2 LE THANH NAM G8826009Q (MALE)



Policyholder / Driver's Signature
Date:

20/07/2022
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: