

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	08/07/2022 12:13 (SGT)
Reported by	Both
Date of Accident	07/07/2022 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE(CTE/TPE) BEFORE WOODLANDS AVE 2 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW9366Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PANEARSELVAN S/O VEERAPPAN
NRIC No	S1328357E
Email Address	VIPSELVAN@GMAIL.COM
Mobile Phone No	(Phone) +65-97982831
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V5001715

DRIVER

Name of Driver	PANEARSELVAN S/O VEERAPPAN
NRIC No	S1328357E
Date Of Birth	12/03/1958
Occupation	Indoor

Date Of Driving Pass	08/03/1984
Driving experience	38 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97982831
Alt. Phone Number	-
Email Address	VIPSELVAN@GMAIL.COM
Address	749 WOODLANDS CIRCLE #07-602 S730749
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	LALITHA
Gender	Female

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

REFER TO ATTACHED REPORT

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	SMQ5394L
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PANEARSELVAN S/O VEERAPPAN
Gender	Male
Phone No	(Phone) +65-97982831
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLW9366Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LALITHA
Gender	Female
Phone No	(Phone) +65-97982831
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLW9366Y
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

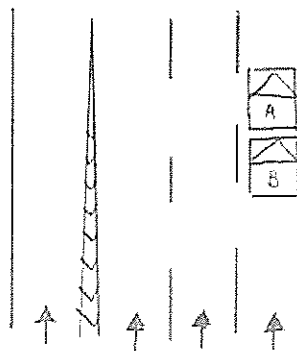

Policyholder's Signature / Date & Time

 8/7/2022 10.24 a.m.
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel LEK SIU ENG

Sketch Plan

veh A: SLU9366Y
veh B: SMU5394L





Describe Circumstances of the Accident


Handwritten sketch of a road layout with a curve and a straight section. The word "Accident" is written diagonally across the sketch. The word "Peter" is written at the bottom left of the sketch area.

Declaration

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


Policyholder's Signature (Date & Time)

 8/7/2022 10:24 am
Driver's Signature (If driver is not the policyholder) Date & Time


Witnessed by Reporting Centre Personnel LEK SIM ENG

ON THE STATED DATE AND TIME. I, VEHICLE A (SLW9366Y) WAS TRAVELLING STRAIGHT ON LANE 1 OF SLE(CTE/TPE) BEFORE WOODLANDS AVENUE 2 EXIT. WHEN THE FRONT VEHICLE SLOWED DOWN AND STOP, I FOLLOWED SUIT TO SLOWED DOWN WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SMQ5394L) THAT HAD COLLIDED ONTO MY VEHICLE.

I WISH TO STATE THAT I GOT 1 PASSENGER IN MY CAR.

VEHICLE A : SLW9366Y

VEHICLE B : SMQ5394L

A handwritten signature in black ink, appearing to be 'S. K. S.', located below the vehicle information.