

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	02/08/2022 11:20 (SGT)
Reported by	Driver
Date of Accident	01/08/2022 06:00 (SGT)
Exact Location of Accident	Woodlands Rd, Singapore
Additional Location Information	WOODLANDS ROAD TOWARDS KJE(BKE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7756B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LOADNGO PTE LTD
Company Reg No	2XXXXX655M
Email Address	SURESHSARAVANAN7756@GMAIL.COM
Mobile Phone No	(Phone) +65-87542442
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	2800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5122025599-01

DRIVER

Name of Driver	SURESH SARAVANAN S/O MUNIANDY
NRIC No	SXXXX903G
Date Of Birth	20/05/1974
Occupation	Outdoor

Date Of Driving Pass	10/12/2001
Driving experience	20 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88172700
Alt. Phone Number	-
Email Address	SURESHSARAVANAN7756@GMAIL.COM
Address	817B KEAT HONG LINK
Address complement	03-99
Postcode	682817
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	Side Swipe
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)	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

PLEASE REFER TO SKETCH PLAN ATTACHED

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	PA5257Z
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	SURESH SARAVANAN S/O MUNIANDY
Gender	Male
Phone No	(Phone) +65-88172700
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	48
Injuries Sustained	-
Injured person in which vehicle?	PC7756B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

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

Witnessed by Reporting Centre P (Name as in L20C/ID card)



Sketch Plan

WH A' PC 77 56 B
veh B. PA 52 57 Z

ON THE STATE DATE AND TIME. I, VEHICLE A (PC7756B) WAS STATIONARY ON LANE 1 OF WOODLANDS ROAD TOWARDS KJE(BKE) DUE TO THE TRAFFIC WAS RED. WHEN THE TRAFFIC TURNS GREEN I STARTED TO MOVE OFF SLOWLY. SUDDENLY I FELT A HUGE IMPACT FROM THE LEFT PORTION OF MY VEHICLE I THEN REALISE THAT IS VEHICLE B (PA5257Z) FROM MY LEFT (LANE 2) MAKING U-TURN AND COLLIDED ONTO MY VEHICLE, HE DID NOT STOP CONTINUE TO DRIVE I TRIED TO HORN HIM BUT HE STILL CONTINUE TO MAKE THE U-TURN AND PUSH MY VEHICLE TO HIT ONTO THE CURB ON MY RIGHT HAND SIDE.

I WISH TO STATE THAT MY DAMAGES PORTION WAS ON THE RIGHT HAND SIDE AND LEFT HAND SIDE.

VEHICLE A : PC7756B

VEHICLE B : PA5257Z



Describe Circumstance of the Accident

Attacked

the

by

Refuse

Declaration

I We declare the foregoing particulars are true in every respect

 Name, Title, Signature (Date & Time)

 Name, Title, Signature (Date & Time)

 Name, Title, Signature (Date & Time)

