

# SINGAPORE ACCIDENT STATEMENT

GBK9836P 6507M

## 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	05/08/2022 11:37 (SGT)
Reported by	Driver
Date of Accident	04/08/2022 15:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVE 12 TO AVE 10
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK9836P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KIM YEW INTEGRATED PTE LTD
Company Reg No	199606507M
Email Address	stess@kimyew.com.sg
Mobile Phone No	(Phone) +65-62358138
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Manual
CC	2982

## INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP000272

## DRIVER

Name of Driver	MOH PENG SONG
NRIC No	S1462245D
Date Of Birth	12/08/1961
Occupation	Outdoor

Date Of Driving Pass	08/01/1988
Driving experience	34 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91083476
Alt. Phone Number	-
Email Address	danielmoh@kimyew.com.sg
Address	BLK 124 GEYLANG EAST AVE 1 #11-57
Address complement	-
Postcode	380124
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)	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	MURUGAN
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

#### REFER TO 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	YQ1831B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

(NTUC)

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	APPAR SELVAKUMAR
NRIC No	S7666299A
Contact Number	(Phone) +65-97697354
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### WITNESS DETAILS

##### WITNESS 1

Name	MURUGAN
Phone	(Phone) +65-87124025
Email	-



SKETCH PLAN

1. VEHICLE NO.: 6BK9836P  
 2. INSURER CO.: 10K70  
 3. ACCIDENT DATE & TIME: 4/8/2022, 3:45 PM

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 willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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. The 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.
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 be 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/mailed 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 be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and  
 (c) my Personal Information can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including those overseas firms), which may be sited outside of Singapore, for one or more of the above Purposes.



*[Signature]*

5/8/2022

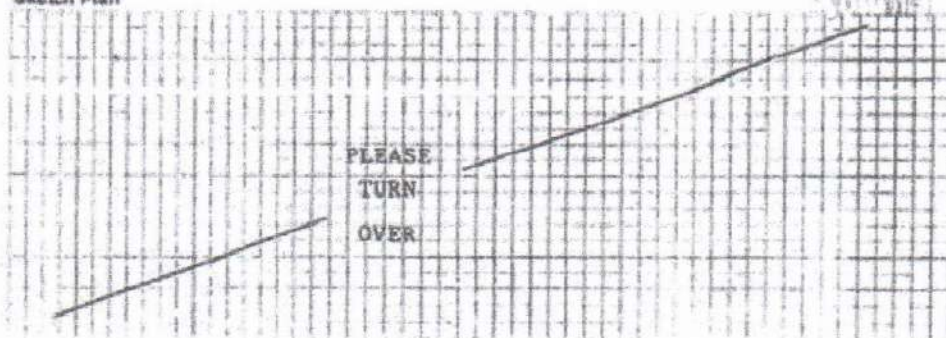
*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



PLEASE  
TURN  
OVER

Sketch Plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving veh. GBK 9836P on Woodland Ave 12 to Ave 10. I ~~was~~ was about to start move off as the traffic light turn (green), the rear vehicle hit onto my rear.

My vehicle sustain deated damages to the rear and the other vehicle damage on the front portion. There were no human injuries.

Driver Name : Appar Selvakumar  
 IC : 5766299A  
 Tel : 9769735X

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

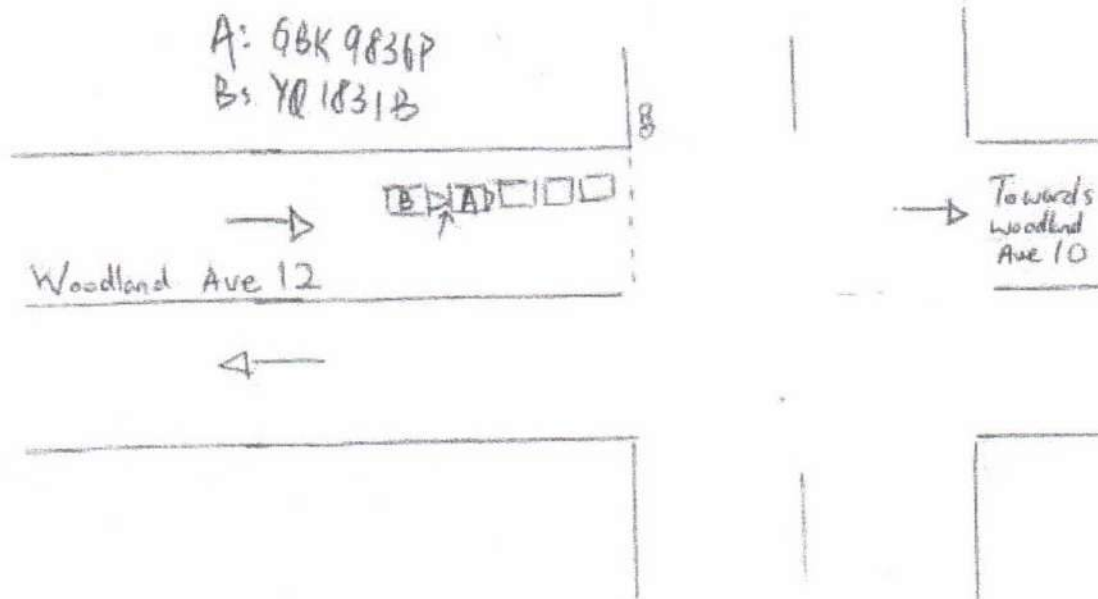
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
 Date & Time:

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

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/PA No.:

☒ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only  
☒ Claim OD/TP at other workshop



I was waiting as the 4th vehicle at a Traffic Junction along woodland Ave 12 driving towards Ave 10 about 3.45pm on 4th August 2022.

Suddenly as I was just about to move off following the front vehicle I felt a strong impact at the rear of my vehicle.

I stop my vehicle and immediately come out of my vehicle to check.

My vehicle sustain some slight dent. The opposing vehicle also suffer some damage at his front portion.

There were no human injuries.

Driver Name: Appar Selvakumar

IC No : S 7 6 6 6 2 9 9 A

Tel 9 7 6 9 7 3 5 4

Signature: 5/8/2022