

# 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 .....	10/10/2022 18:28 (SGT)
Reported by .....	Driver
Date of Accident .....	08/10/2022 07:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE SLIP ROAD TOWARDS JURONG WEST AVENUE 2
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YQ4552L
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	POWERCORP PTE LTD
Company Reg No .....	2XXXXX258D
Email Address .....	INFO@POWERCORP.COM.SG
Mobile Phone No .....	(Phone) +65-98569030
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 .....	2755

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNW00115172200

### DRIVER

Name of Driver .....	HOSSAIN MD ABDUL
Work Permit No .....	GXXXX535M
Date Of Birth .....	18/03/1997
Occupation .....	Outdoor

Date Of Driving Pass .....	17/10/2019
Driving experience .....	3 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-88031341
Alt. Phone Number .....	-
Email Address .....	INFO@POWERCORP.COM.SG
Address .....	2 KALLANG PUDDING ROAD #09-04
Address complement .....	-
Postcode .....	349307
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) .....	6
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 .....	UDDIN SABIR
Gender .....	Male

#### PASSENGER 2

Name .....	MOLLA RAJAU
Gender .....	Male

#### PASSENGER 3

Name .....	UDDIN KHAZIM
Gender .....	Male

#### PASSENGER 4

Name .....	RAMUKKANNU KARTHICK
Gender .....	Male

#### PASSENGER 5

Name .....	SNGARAVELU KASIRAJAN
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 CIRCUMSTANCES OF ACCIDENT

## 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 ..... SMC490Z  
 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 ..... UDDIN SABIR  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... YQ4552L  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... -

## INJURED 2

Name of injured person ..... MOLLA RAJAUL  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... YQ4552L  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... -

## INJURED 3

Name of injured person ..... UDDIN KHAZIM  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -

Injuries Sustained ..... -  
Injured person in which vehicle? ..... YQ4552L  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

INJURED 4

Name of injured person ..... RAMAMUKKANNU KARTHICK  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... YQ4552L  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

INJURED 5

Name of injured person ..... SINGARAVELU KASIRAJAN  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... YQ4552L  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

INJURED 6

Name of injured person ..... HOSSAIN MD ABDUL  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... YQ4552L  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -




**SKETCH PLAN****IMPORTANT NOTICE**

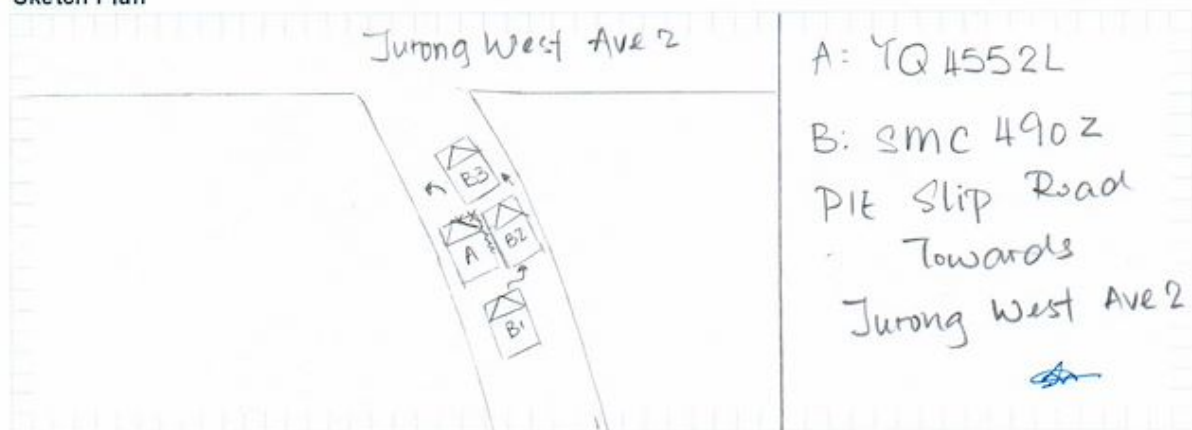
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**8. Consent under the Personal Data Protection Act (PDPA)**

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' law yers/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' law yers/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 law yers/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 Personnel

**Sketch Plan**


**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was travelling straight along PIE slip road towards Jurong West Ave 2.

Suddenly, I felt an impact. Veh "b" came with high speed, trying squeeze & overtake me and collided onto the right portion of my vehicle and caused damaged.


After the accident, I alighted and driver "B" exchanged particulars and left the scene. 

**Passenger :**


1. Uddin Sabir (M)
2. Molla Rajaul (M)
3. Uddin Khazim (M)
4. Ramukkannu Karthick (M)
5. Singaravelu Kasirajan (M) 

**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/FIN No.:

















