SA1R22B70001 / Autolution Industrial Pte Ltd[408623]
ENTRY DATE & TIME: 07/11/2022 10:24 (SGT)
SUBMITTED BY: Elmer M Alfonso
VERSION: 1 (07/11/2022 10:24 (SGT))

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 witholding 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	07/11/2022 10:24 (SGT)
Reported by	Driver
Date of Accident	04/11/2022 09:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GAMBAS CRESENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ8163T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GNANA SAMBANTHAR S/O PATHMANAPAN
NRIC No	SXXXX274D
Email Address	UMA811_MURU@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-87200858
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125234198

DRIVER

Name of Driver	UMARANI D/O MURUGAYA
NRIC No	SXXXX398B
Date Of Birth	08/09/1976
Occupation	Indoor

Date Of Driving Pass	04/03/2000
Driving experience	22 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87200858
Alt. Phone Number	-
Email Address	UMA811_MURU@YAHOO.COM.SG
Address	1 JALAN MATA AYER #01-07
Address complement	-
Postcode	759075
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	1
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHMENTS.

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	GBL18M
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	UMARANI D/O MURUGAYA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. [illegible]
2. [illegible]
3. [illegible]
4. [illegible]
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. [illegible] GIA Records Management Centre [illegible] General Insurance Association of Singapore [illegible]
7. [illegible]

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

I understand, acknowledge, agree and consent that:

(a) My insurer, my [illegible] General Insurance Association of Singapore ("GIA") [illegible] ("Personal Information") [illegible] the Monetary Authority of Singapore and any relevant government agencies/authority [illegible] for the purpose(s) of:

(i) [illegible]

(ii) investigating the accident and/or my claims;

(iii) [illegible] by me;

(iv) [illegible]

(v) [illegible]

(collectively the "Purposes")

(b) [illegible]

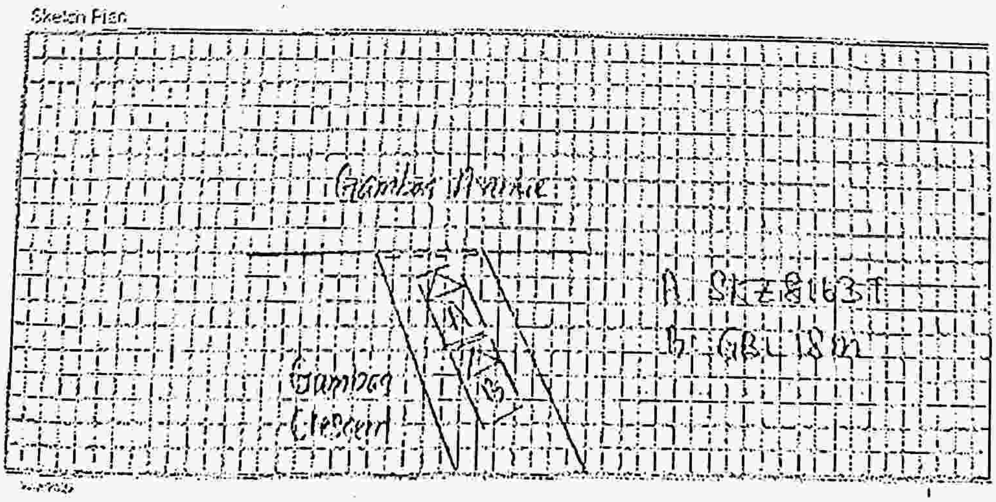
(c) [illegible] outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Actual Owner's Signature (if different from the policyholder) / Date & Time

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

Sketch Plan



Describe Circumstance of the Accident

On 04/11/2022 at about 09:10am, I was travelling along Gambas Crescent towards Gambas Ave. Upon reaching the slip road, I stopped my vehicle before the give-way lines to check on the on-coming traffic. Out of a sudden, I felt an impact from the rear. I alighted and realised vehicle B had collided onto the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) Name & I.C. No.

Witnessed by Reporting Centre Personnel (Name as in NRIC only)