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.

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 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 12/12/2022 17:59 (SGT) Reported by Date of Accident 09/12/2022 20:30 (SGT) Exact Location of Accident Singapore Additional Location Information OPEN CARPARK OF BLK 668 BELILIOS ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

2982

Vehicle Registration Number PC8121B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **RUSHOWL SINGAPORE PTE LTD** Company Reg No 2XXXXX849W **Email Address** gopianand@Rushowl.com Mobile Phone No (Phone) +65-92349610 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

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 No - Claiming third party your vehicle? Vehicle Category Bus Transmission Auto

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMB1SNW00016272200

DRIVER

CC

Name of Driver GOPIANAND S/O KALIPERMAL NRIC No SXXXX986Z Date Of Birth 29/08/1985 Occupation Outdoor

Date Of Driving Pass 05/07/2016 Driving experience 6 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-81206112 Alt. Phone Number +65-84291445 Email Address gopianand@Rushowl.com Address 527 WOODLANDS DRIVE 14 Address complement 12-507 Postcode 730527 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 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) 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED 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 GBK122A 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)		_

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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' 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.

RUSHOWL SINGAPORE PTE LTD

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

Witnessed by Reporting Centre

Sketch Plan

Cor Pork Lot | A | Cor Pork Lot | A = PC 81213

B = GBK 122A

Open Corpork of

Cor Pork Lot | T | T | Blk 668

Belilios Road

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Declaration

IWe declare the foregoing particulars are true in every respect.

RUSHOWL SINGAPORE PTE LTD

Policyholder's Signature / Date & Time

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

12/12/2021 Witnessed by Reporting Centre Personnel

On 09.12.2022 at about 20:30 hours at Open Carpark of BLK 668 Belilios Road, I was parked stationary at Carpark Lot No.4 and when I saw vehicle (B) that parked on my right hand side coming out from the Carpark Lot No.3 was so near to my vehicle (A), I immediately horn to alert the driver of vehicle (B). Unfortunately, the driver of vehicle (B) still proceeds to came out from the carpark lot, hence collided onto the front right hand side portion of my vehicle (A).

Vehicle (A): PC 8121B

Vehicle (B): GBK 122A

RUSHOWL SINGAPORE PTE LTD















