

## 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 ..... 03/01/2023 10:02 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 30/12/2022 18:25 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BOK SENG LOGISTICS CAR PARK  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF4925A

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... AL-ABU PTE LTD  
Company Reg No ..... 200803759Z  
Email Address ..... VEERAMANI9611@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-92306626  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Goods vehicle  
Transmission ..... Manual  
CC ..... 2982

#### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5114054693-03

#### DRIVER

Name of Driver ..... VENKATASALAM VEERAMANI  
NRIC No ..... S7965105B  
Date Of Birth ..... 03/06/1979  
Occupation ..... Outdoor

Date Of Driving Pass .....	10/01/2003
Driving experience .....	19 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98759012
Alt. Phone Number .....	-
Email Address .....	VEERAMANI9611@YAHOO.COM
Address .....	68 GEYLANG BAHRU #01-3213 S330068
Address complement .....	-
Postcode .....	-
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 .....	Collided into Property
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) .....	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

#### REFER TO ATTACHED REPORT

#### 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 .....	SLB6764L
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) ..... -

# SKETCH PLAN

## IMPORTANT NOTICE

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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/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

*[Signature]*

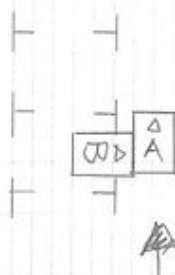
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

*LEK SIM ENG*

## Sketch Plan



A = GBF 4925A

B = SLB 6764L

**Describe Circumstances of the Accident**

On 30.12.2022 at about 06:25hrs. I was travelling inside car park Bok Seng Logistics Pte. Suddenly I felt an impact. The vehicle (SLB 6764L) come out from the parking lot and collision onto left portion of my vehicle (GBF 4925A).

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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



Witnessed by Reporting Centre Personnel

LEK SIV ENG





























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours: Monday to Friday, 09:00 – 17:00  
 UEN: S665500296 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : \_\_\_\_\_ Vehicle Registration No: GBF 4925A  
 Name (as shown in NRIC) : Venkatasalam Veeramani NRIC/FIN/Passport No : S7965105B  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address : Blk 68 Geylang Bahru #01-32B Singapore (330068)  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 9875 9012  
 Email Address : veeramani9611@yahoo.com  
 Date of Accident : 30.12.2022 Time of Accident : 0625pm  
 Place of Accident : Carpark Bok Seng Logistics Pte  
 Insurance Company : NTUC

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:


I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Email Address : veeramani9611@yahoo.com

change to

veeramani 9611 @ yahoo.com

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

  
 Reporting Centre Personnel's Signature  
 Name: LEK SIM ENG  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: