

## 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 ..... 11/01/2023 13:24 (SGT)  
Reported by ..... Both  
Date of Accident ..... 09/01/2023 19:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE EXIT PIONEER ROAD NORTH  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBA3450K

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HECON CONSTRUCTION  
Company Reg No ..... 5XXXX263A  
Email Address ..... HECONCEPL@SINGNET.COM.SG  
Mobile Phone No ..... (Phone) +65-98167975  
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 ..... 21-MQ005641-R00

#### DRIVER

Name of Driver ..... BANIK SAJAL  
Work Permit No ..... GXXXX883U  
Date Of Birth ..... 22/10/1992  
Occupation ..... Outdoor

Date Of Driving Pass .....	05/10/2018
Driving experience .....	4 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86163170
Alt. Phone Number .....	-
Email Address .....	SKBANIK92@GMAIL.COM
Address .....	BLK 6F 2 SELETAR LINK #04-301
Address complement .....	-
Postcode .....	797601
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? .....	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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO THE SKETCH PLAN

#### 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 .....	GBL6232X
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

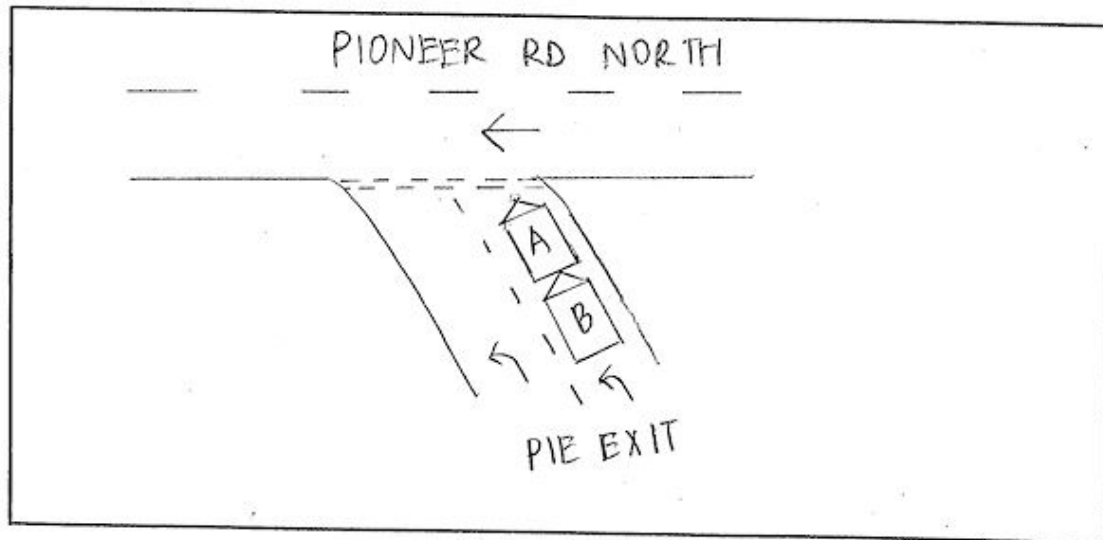
Name of injured person .....	BANIK SAJAL
Gender .....	Male
Phone No .....	(Phone) +65-86163170
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	PAIN IN THE RIGHT SHOULDER, 2 DAYS MC
Injured person in which vehicle? .....	GBA3450K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

## IMPORTANT NOTICE

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  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/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.

## Sketch Plan



Policyholder's Signature / Date & Time:     11/01/2023  
 Driver's Signature (if driver is not the policyholder) / Date & Time: \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel: \_\_\_\_\_

Date of accident: 09.01.23 Time: 1900 Location: PIE EXIT PIONEER RD NORTH  
 My Vehicle A: EBA 3450K Vehicle B: ABL 6232X Vehicle C: \_\_\_\_\_

## SKETCH PLAN

## Describe Circumstances of the Accident




I had stopped at the slip road from PIE exiting to Pioneer Rd North to wait for oncoming vehicles to clear when suddenly Veh B hit onto the rear of my car. I alighted to check and Veh B's driver offered to compensate me in cash but I did not accept. I got my company's manager to speak to the other driver and my company decided to claim through the proper channel.

The following day, I felt pain around my shoulder area and went to see a doctor. I was given 2 days of MC.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

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  
 Witnessed by Reporting Centre Personnel

11/01/2023













































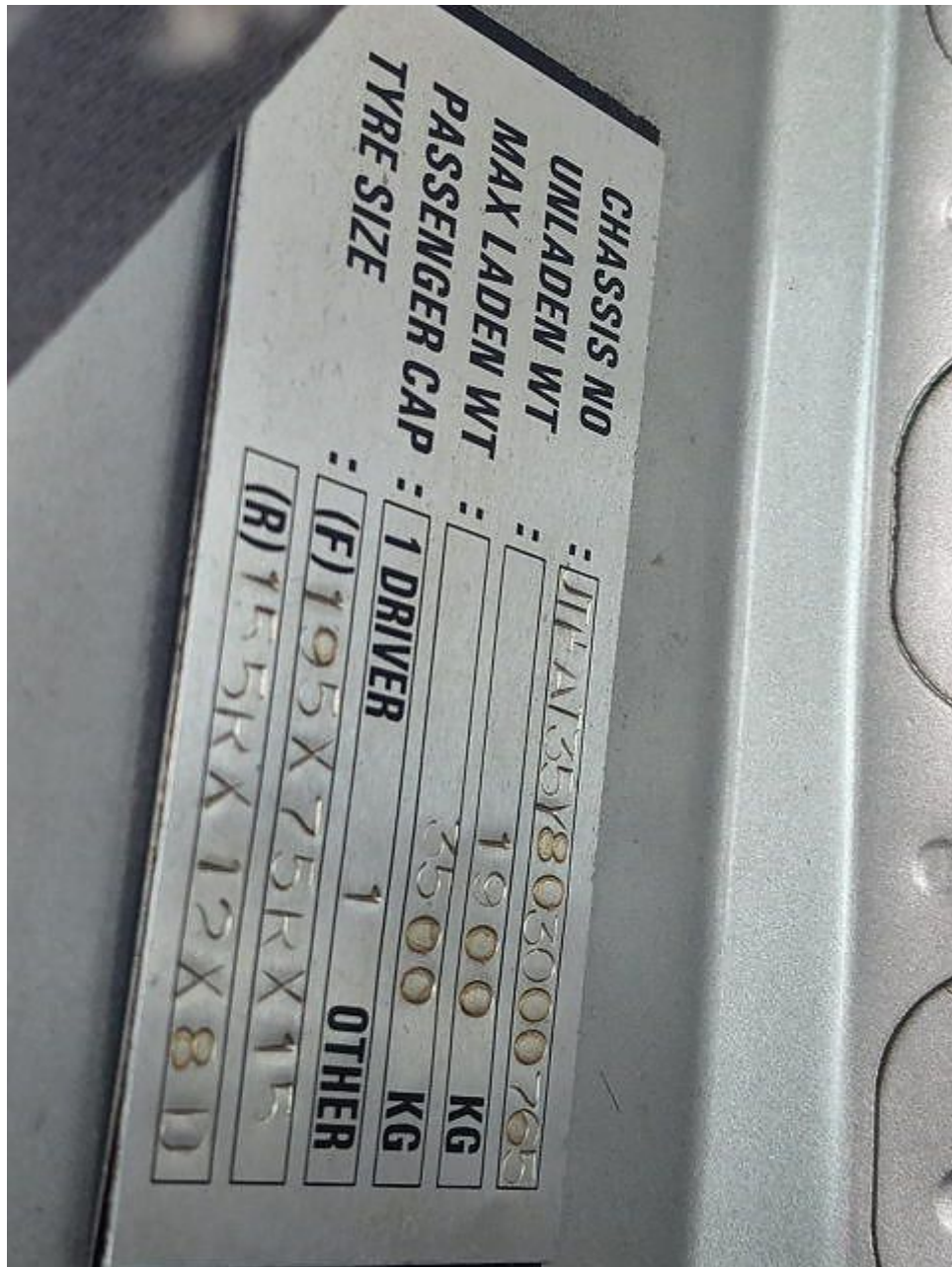
















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

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

Original Report No: SA1B231B0002 Vehicle Registration No: GBA3450K  
 Name (as shown in NRIC): HECON CONSTRUCTION NRIC/FIN/Passport No: 52950263A  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 149 GEYLANG ROAD #03-07 Singapore (389233)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9816 7975  
 Email Address: HECONCEPL@SINGNET.COM.SG  
 Date of Accident: 09/01/2023 Time of Accident: 19:00 HRS  
 Place of Accident: PIE EXIT PIONEER ROAD NORTH  
 Insurance Company: TOKIO MARINE

**(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:

To key in the Ci number.

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OPERATOR

Policyholder / Driver's Signature  
Date:



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

## Tokio Marine Insurance Singapore Ltd.

(Company Reg. No. 192300014M) (GST Reg. No. MZ-000023-4)

20 Malacca Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0805 E: [info@tokiomarine.com.sg](mailto:info@tokiomarine.com.sg) W: [www.tokiomarine.com](http://www.tokiomarine.com)A member of the  
Tokio Marine GroupTOKIO MARINE  
INSURANCE GROUP

ORIGINAL

## POLICY ENDORSEMENT

## INSURED / ADDRESS

HECON CONSTRUCTION

BLK 40 WOODLANDS DRIVE 16

#04-43

SINGAPORE 737774

POLICY NO : 21-MQ05641-R00

POLICY TYPE : Commercial Vehicle

POLICY PERIOD : 31/12/2021 TO 28/02/2023 ✓

EFFECTIVE DATE : 31/12/2021

DATE OF ISSUE : 16/08/2022

PREMIUM DUE SGD 270.92  
(inclusive of GST)

ACCOUNT : 1659DDA

Please Report Accident  
Within 24 Hours

The following endorsements, memorandum or clauses are added and form part of this Policy:

## Endorsement No.01

\*\*\*\*\*

Vehicle Registration No. GBA3450K

It is hereby declared and agreed that the Period of Insurance under this policy is extended to read as stated above.

In view of above, an additional premium inclusive of GST is charged to the Insured.

Subject otherwise to the terms, exceptions and conditions of this policy.

Signed for and on behalf of the Company

Transaction No. 2

Phelim Yang 9798 3999