

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	06/02/2023 17:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/02/2023 04:30 (SGT)
Exact Location of Accident	Bukit Batok West Ave 6, Singapore
Additional Location Information	TOWARDS BUKIT BATOK ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN763D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GANESH S/O SUBRAMANIAM
NRIC No	SXXXX670E
Email Address	sivastar115@gmail.com
Mobile Phone No	(Phone) +65-89235584
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Note
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	1198

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-005874

DRIVER

Name of Driver	SIVANATHAN S/O GANESH
NRIC No	TXXXX299H
Date Of Birth	16/02/2002
Occupation	Outdoor

Date Of Driving Pass	26/12/2020
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86166950
Alt. Phone Number	-
Email Address	sivastar115@gmail.com
Address	BLK 346 KANG CHING ROAD #05-115
Address complement	-
Postcode	610346
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Cross Junction
Weather Conditions	AFTER RAIN
Road Surface	Wet

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)	4
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	PAVITHIRAN S/O GANESH
Gender	Male

PASSENGER 2

Name	SASIDAREEN
Gender	Male

PASSENGER 3

Name	SHARIFAH AINI D/O JAMAL MOHAMAD FAIZAL
Gender	Female

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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBR2827A
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
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 SIVANATHAN S/O GANESH
Gender Male
Phone No (Phone) +65-86166950
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SMN763D
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person PAVITHIRAN S/O GANESH
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SMN763D
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person SASIDAREEN
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SMN763D
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

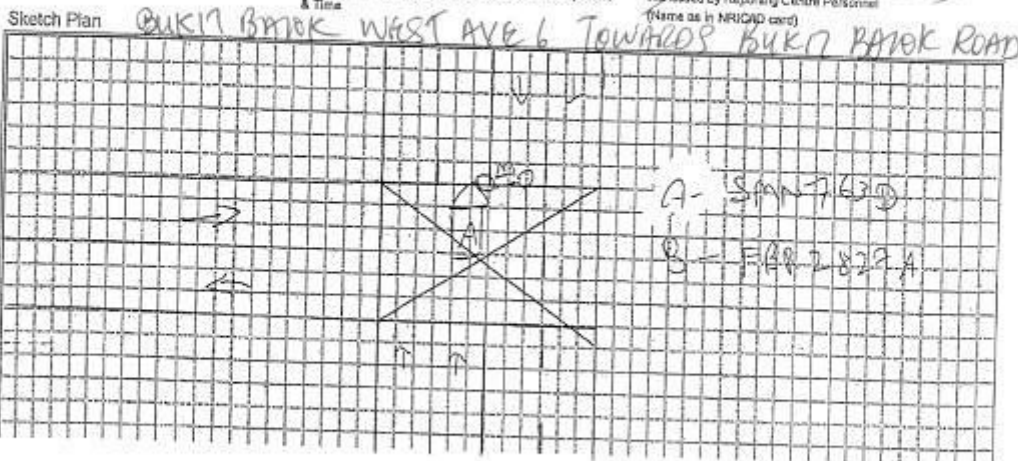
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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' 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.

- (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/are 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.

Ganesh
Policyholder's Signature / Date & Time

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

06/02/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



Describe Circumstance of the Accident

On the stated date and time, I was travelling along Bukit Batok West Ave 6 towards Bukit Batok Road at Bukit Batok St 11 Junction. As the green light was on my favor, I proceeded to cross the junction. Suddenly vehicle Q did a U-turn and collided into my front left portion of my vehicle.

Declaration

(We declare the foregoing particulars are true in every respect.)

Ganesh

Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 06/02/2023

Witnessed by Reporting Centre Personnel











