

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	04/02/2023 12:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/02/2023 15:25 (SGT)
Exact Location of Accident	Near Opp Changi General Hosp, Singapore
Additional Location Information	Along Simei Avenue (Beside Changi General Hospital, near Lamppost #36A)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS4514K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	VINOD PURATHOOT RAMACHANDRAN
NRIC No	SXXXX047Z
Email Address	vinod.sgp@gmail.com
Mobile Phone No	(Phone) +65-97354469
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	1395

INSURANCE COMPANY

Name of Insurance Company	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	GA443436

DRIVER

Name of Driver	VINOD PURATHOOT RAMACHANDRAN
NRIC No	SXXXX047Z
Date Of Birth	25/05/1964

Occupation	Outdoor
Date Of Driving Pass	13/06/2001
Driving experience	21 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97354469
Alt. Phone Number	-
Email Address	vinod.sgp@gmail.com
Address	BLK 702 TAMPINES STREET 71, #09-26
Address complement	-
Postcode	520702
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	Yes
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 ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	DUE TO LARGE FILE SIZE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5953L
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	Purple
Vehicle Category	Taxi

Name of Driver	SOH KAI GEE
NRIC No	SXXXX186Z
Contact Number	(Phone) +65-90404118
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT AND REAR PORTIONS
Details of property damaged in accident	STRIDES TAXIS PTE LTD
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	UNKNOWN MALE
Gender	Male

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJT4482S
Vehicle Manufacturer	BMW
Vehicle Model	320i
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	LIN YAHONG
NRIC No	SXXXX636J
Contact Number	(Phone) +65-81689937
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	CHINESE BOY
Gender	Male

SKETCH PLAN

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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.

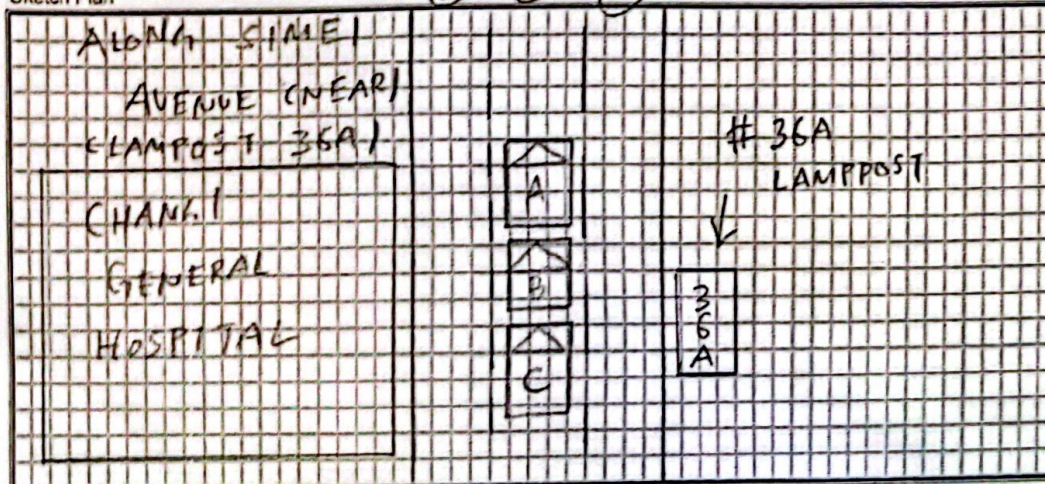


N/A
2-3-2023
x
Policyholder's Signature / Date & Time

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

Vincent Chua
03/02/2023
VINCENT CHUA
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



A: SDS 4514K
B: SHB 5953L
C: STT 4482 S

Describe Circumstance of the Accident

On 3rd Feb 2023, approximately at 15:25 Hrs, I was on the middle lane of SIMEI AVENUE before the junction of Sime Street-3, stopped at the traffic light. Suddenly with a bang, a ^{TAXI} car hit the back of my AUDI A4. It was raining. When I came out, noticed that a BMW (2 door) hit the TAXI and then the Taxi hit my AUDI.

* NO INJURY INVOLVED

* NO AMBULANCE

Declaration

I/We declare the foregoing particulars are true in every respect.

[Signature]
3/2/2023 x
Policyholder's Signature / Date & Time

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

[Signature] 03/02/2023
VINCENT CHUA
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

