# 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.

  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 25/02/2023 08:30 (SGT) Reported by Date of Accident 24/02/2023 01:30 (SGT) Exact Location of Accident Singapore Additional Location Information TPE(CHANGI) PUNGGOL FLYOVER L/P513 Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number XD8312S

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LEY CHOON CONSTRUCTIONS AND ENGINEERING PTE LTD Company Reg No 199004441H Email Address ROYYUE@LEYCHOON.COM Mobile Phone No (Phone) +65-93263232 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer lveco Model **OTHERS** 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 Auto 1588

#### INSURANCE COMPANY

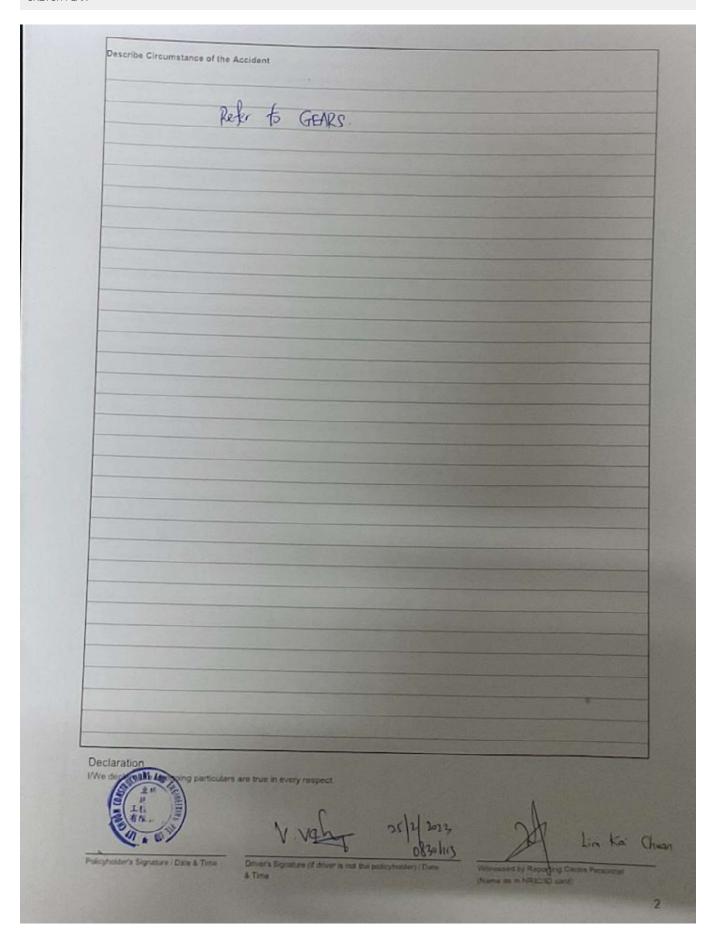
Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5114236480-03

#### DRIVER

Name of Driver VADIVEL VELMURUGAN Passport No/FIN F8088715U Date Of Birth 29/07/1974 Occupation Outdoor

Date Of Driving Pass	10/01/2015
Driving experience	8 YEARS AND 1 MONTH
Gender Makila Number	Male
Mobile Number Alt. Phone Number	(Phone) +65-94487083
Email Address	- NAVEL MUDUICANI20@CMAIL COM
Address	VVELMURUGAN29@GMAIL.COM BLK 173 #02-427 WOODLANDS STREET 13
Address complement	BLK 173 #02-427 WOODLANDS STREET 13
Postcode	730173
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?	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)	N-
soliciting/offering accident claims assistance? Translator's name	No
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 No
If yes, against whom?	-
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ATTACHMENT(C)	
ATTACHMENT(S)	
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Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
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DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	GBE5793L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant Vehicle Colour	-
Vehicle Category	- Commercial vehicle
Name of Driver	Commercial vehicle
5. 511701	<del>-</del>

Contact Number	(Phone) +65-88580565
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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- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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 (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 clarms (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

V. Valy 0830hs

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

I'm Ke Chuan

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

#### Sketch Plan

