

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	07/03/2023 17:34 (SGT)
Reported by	Driver
Date of Accident	06/03/2023 16:28 (SGT)
Exact Location of Accident	Alexandra Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS QUEENSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL6301E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CRAY VENTURES PRIVATE LIMITED
Company Reg No	2XXXXX657G
Email Address	darren@playmade.com.sg
Mobile Phone No	(Phone) +65-91155552
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM120064392100

DRIVER

Name of Driver	ONG JUN LI
NRIC No	SXXXX215H
Date Of Birth	07/02/1985
Occupation	Outdoor

Date Of Driving Pass	29/03/2006
Driving experience	17 YEARS
Gender	Male
Mobile Number	(Phone) +65-94570291
Alt. Phone Number	-
Email Address	darren@playmade.com.sg
Address	BLK 678B PUNGGOL DRIVE #04-832
Address complement	-
Postcode	822678
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	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?	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

ON 06-03-2023 I WAS AT ALEXANDRA ROAD AND WANTED TO FILTER LEFT TOWARDS QUEENSWAY AND MY HEAD WAS FACING RIGHT TO SEE WHETHER THERE IS ON COMING VEHICLE AND WHEN I TURN MY HEAD THE VAN SUDDENLY STOP AFTER THE FILTER LANE (WHICH I DID NOT KNOW WHY) HE TOLD THAT THE ARE ON COMING VEHICLE AND I COULD NOT BRAKE ON TIME AND HIT THE REAR OF THE VAN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH9806S
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	PALAVINE GOPALAKRISHNAN
Passport No/FIN	GXXXX711R
Contact Number	(Phone) +65-93414275
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.
 (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.

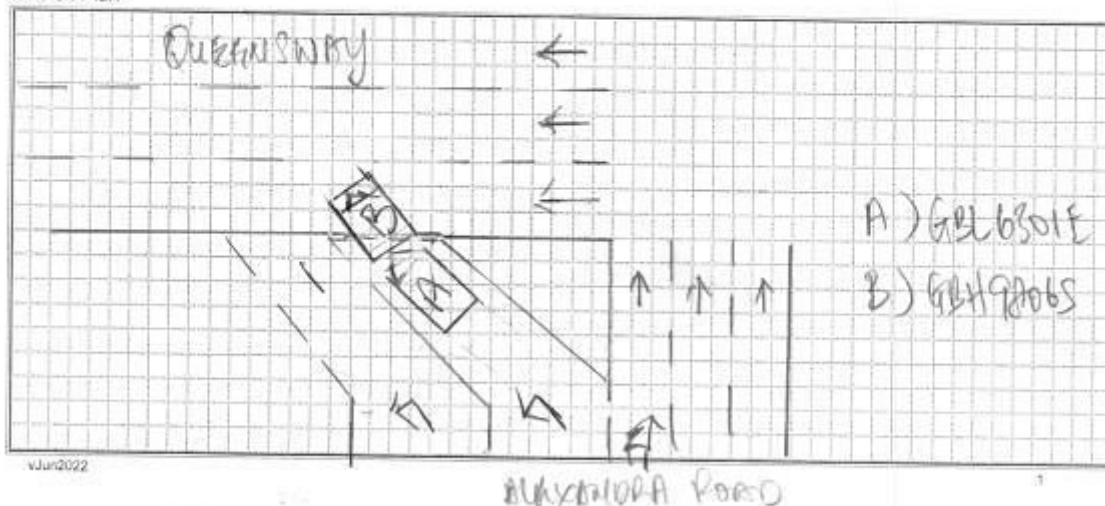


Policyholder's Signature / Date & Time

[Signature] 07/03/2023
1658
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 07/03/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

REFER TO STATEMENT

Declaration

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



Policyholder's Signature / Date & Time

[Signature] 07/03/2023
1656

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

[Signature] 07/03/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



















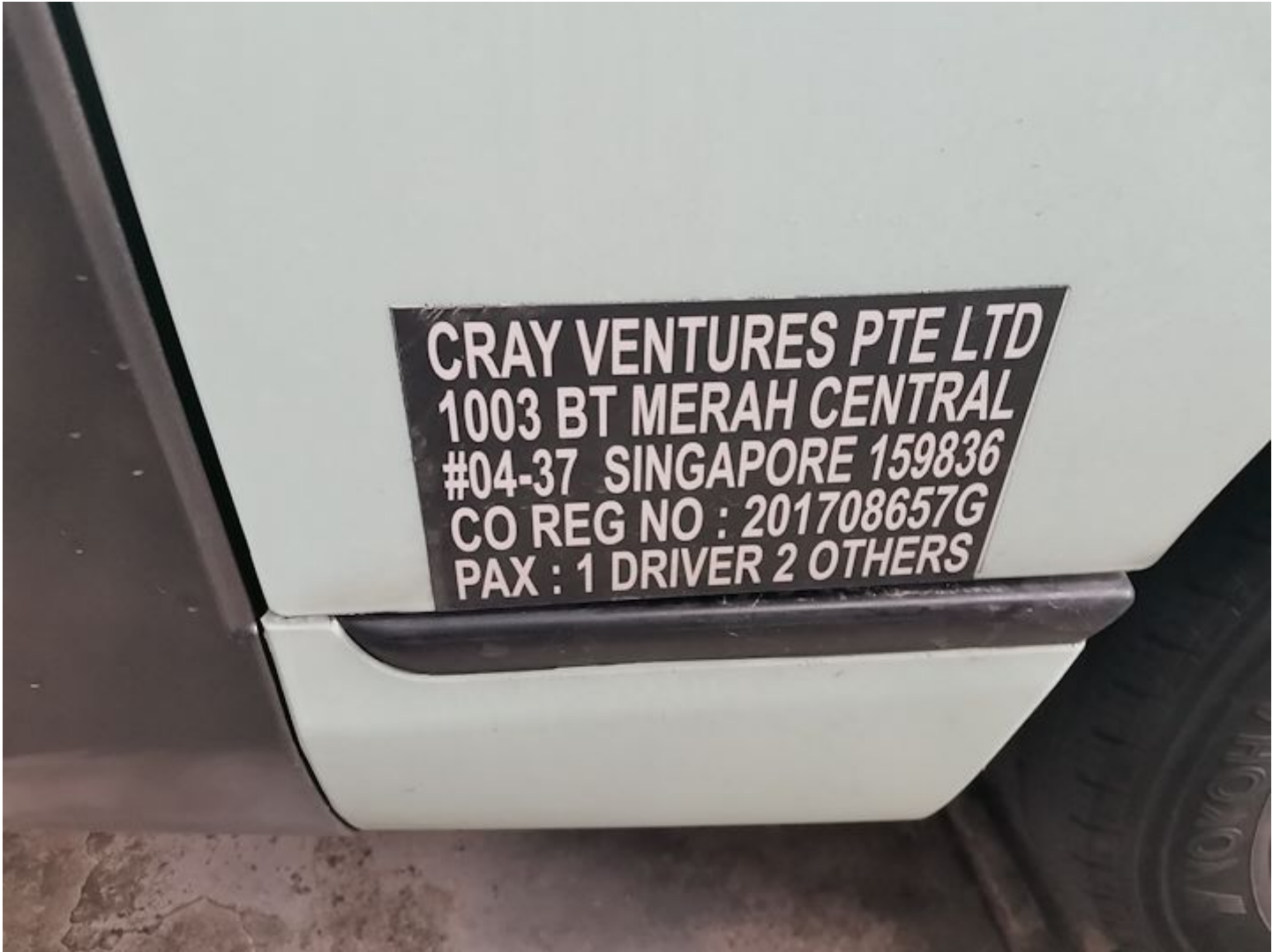
































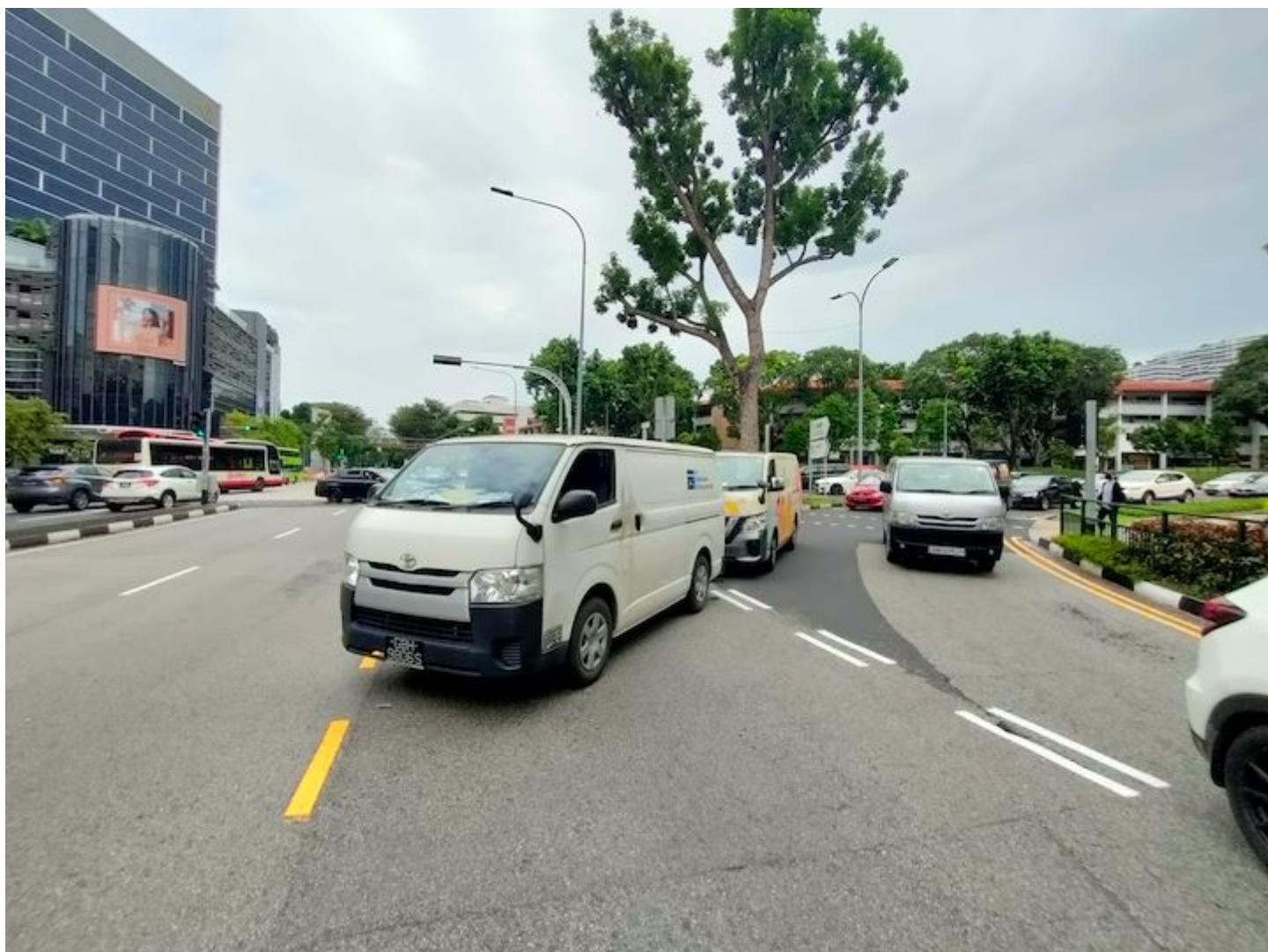




























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0823370004 Vehicle Registration No: GBL6301E
 Name (as shown in NRIC): QUEE JUN LI NRIC/FIN/Passport No: SXXXXX2154
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9457 0291
 Email Address: _____
 Date of Accident: 06/03/2023 Time of Accident: 16:28
 Place of Accident: ALEXANDRA RD SLIP RD TOWARDS QUEENSWAY
 Insurance Company: _____

(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 CHANGE TO OWN DAMAGE CLAIM

Policyholder / Actual Driver's Signature
Date:

07/03/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: