

## 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 21:36 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 06/03/2023 17:08 (SGT)  
Exact Location of Accident ..... Kampong Kapor Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBB7563L

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ACE INTEGRATED PTE LTD  
Company Reg No ..... 201820608D  
Email Address ..... CPLIM@ACEIPL.COM.SG  
Mobile Phone No ..... (Phone) +65-97524225  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Cabstar  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 3000

#### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5115480642-03

#### DRIVER

Name of Driver ..... BALASUNDARAM SELVAKUMAR  
Work Permit No ..... G2694429K  
Date Of Birth ..... 15/04/1994  
Occupation ..... Outdoor

Date Of Driving Pass .....	27/10/2020
Driving experience .....	2 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83087683
Alt. Phone Number .....	-
Email Address .....	CPLIM@ACEIPL.COM.SG
Address .....	4035 ANG MO KIO INDUSTRIAL PARK 1 #01-57
Address complement .....	-
Postcode .....	569642
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 - Major/Minor Rd
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) .....	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 .....	SELVAMARI SARAVANAN
Gender .....	Male

#### PASSENGER 2

Name .....	PERIYA SAMI MUTHUKUMAR
Gender .....	Male

#### PASSENGER 3

Name .....	VAIRAVAN VADIVEL
Gender .....	Male

#### 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 ATTACHED REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
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Was there any video captured by Car Camera? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHA9929L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	LIM TONG NAM
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**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.

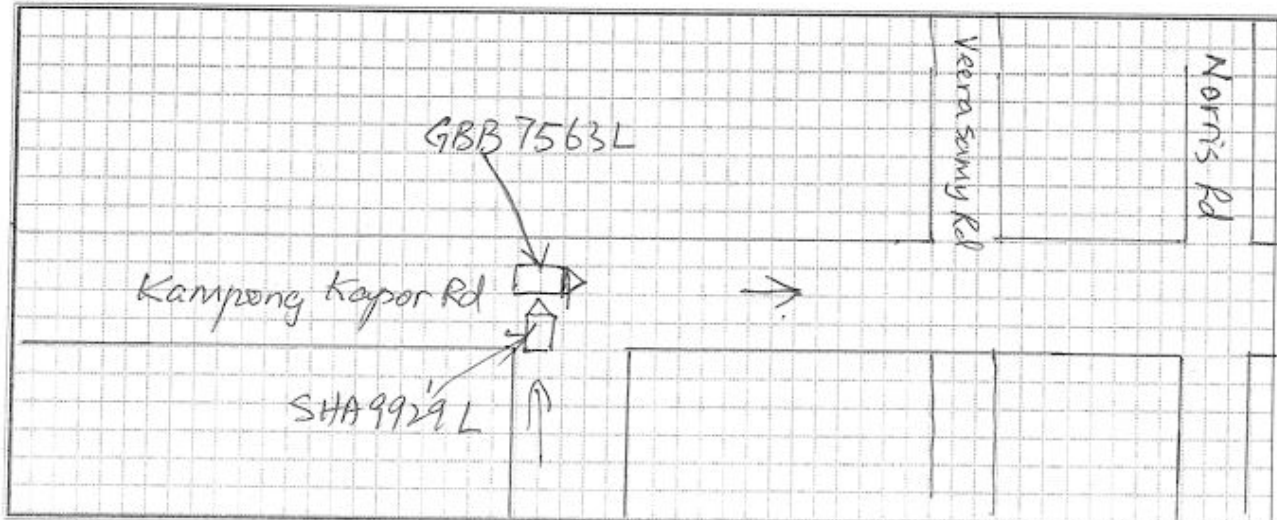
*B. Loh*  
**ACE INTEGRATED PTE LTD**  
 61k 4035 Ang Mo Kio Industrial Park 1  
 #01-57, Singapore 569642  
 Tel: 6250 7367 Fax: 6250 4350  
 enquiries@acepl.com.sg  
 Policyholder's Signature / Date & Time

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

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



**Sketch Plan**



vJun2022

## Describe Circumstance of the Accident

One 6-3-2023, at 17.08pm.  
 I Balasundaram Selvakumar. was drive  
 Co vehicle no: GBB 7563 L. along Kampong Kapur Rd  
 toward Hindoo Road (Serangoon Rd).  
 Suddenly Taxi STA 9929 L came out from the  
 right side chitty Rd, and hit to my vehicle  
 GBB 7563 L, two vehicle was serious damaged  
 no person injurie.

## Declaration

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

*B. Text*  
**ACE INTEGRATED PTE LTD**  
 Blk 4035 Ang Mo Kio Industrial Park 1  
 #01-57, Singapore 569642  
 Tel: 6250 7367 Fax: 6250 4350  
 enquires@aceipl.com.sg

Policyholder's Signature / Date & Time

*B. Selvakumar*

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



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























