

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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
- 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 faise 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 ladgement 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 09/03/2023 15:39 (SGT) Reported by Date of Accident 09/03/2023 08:30 (SGT) **Exact Location of Accident** Singapore Additional Location Information KPE TUNNEL Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBK3457P**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner KUMPULAN DEVELOPMENT (S) PTE LTD Company Reg No 198600106Z Email Address kaimotor@gmail.com Mobile Phone No (Phone) +65-86554227 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna 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? No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd. Policy Number / Cover Nate Number DMFG22015073

DRIVER

Name of Driver JANAKIRAMAN SARAVANAKUMAR Passport No/FIN G2002243X Date Of Birth 22/03/1989 Occupation Outdoor

29/08/2013 Date Of Driving Pass 9 YEARS AND 7 MONTHS Driving experience was a second and a Male Gender Mobile Number (Phone) +65-86554227 Alt. Phone Number Email Address kaimotor@gmail.com Address 25 CHANGI NORTH RISE Address complement Postcode 498778 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 Chain Collision Type of Accident Clear Weather Conditions Dry Road Surface 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) 4 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION No Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED STATEMENT ATTACHMENT(S) Yes Are accident photos available for attachment? Was there any video captured by Car Camera? No DETAILS OF OTHER VEHICLE PROPERTY 1 PD5858Z Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

ZHAO WEI

075524218

Vehicle Category

Work Permit No

Name of Driver

RETURN PLAN

IMPORTO NOTICE

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- Then see the and acceptance of this Form by sesurance companies is not an admission of policy liability on the part of the insurance companies.
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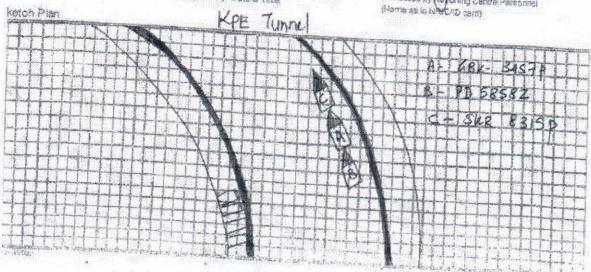
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- (a) My Installing workshop and the Gonese frequence essociation of Singapore (GIAT) mayiare permitted to collect, see, decoded and for pro-cr-bittoy personal detailpersonal information set out in this (form) and any other personal information provided by me or possessed by integer (collectively the Paulonal Information") and decides and transfer such Personal Information to at Insurantal vino have improveducince(s) involved in this accident (all inturerial who have intured vehicle(s) involved in the erobert shall be collectively. If and to as the 'insurers', the insurers' lawysraficultimes, the Monetary Authority of Singapore and any relevant government genty/authority issues as the police), for the surpasse(s) or
- O processing the value of enclosed each of each and element procedure the each country of the classic out any decreasing investigations relating to the citimes (6) Investigation that accident shaker my claims.
- (iii) carrying detailed dealing with my trasperdons or responding to any enquires by the
- (v) administrating my chains tinducing the making of extrespondence, scalaments, involves, reports or delices to rive, intertional involves. displaying eff ample parsonal data about me to print about definery of the some as well as on the external power of any experience?
- (v), complying wit applicable law in administrang, appearing, handling and/or dealing with my claims
- (b) sell inspressioners have insured venicle(s) involved in this exclusing and the insurers' buyyers law form; maylers permission to collect, use, disclose process my Personal Information for one or more of the above Purposes, and
- (c) my Person West Pregion mayons be discreted by any of the Insurant angles (EA fortier third-pany sorvice providers of agents awyershaw simp), which may be mise outside of Singspore, for one or more of the shove Purposes.

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Insurance Company Name	La cara la cara mana cana de encas entendes en
Nature Of Damage	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Details of property damaged	in accident
No. Of Passenger (Including	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKR8315P
Vehicle Manufacturer	•
Vehicle Model	
Vehide Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	ANGIE
Contact Number	(Phone) +65-94877981
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	•
No. Of Passenger (Including Driver)	1.

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SKETCH PLAN

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- 8. Con ser a finder the Personal Data Protection Act (PDPA)
- l undersia rotaknowledge, agree and consent that:
- (e) My ins LFTR, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose anci/or processmy personal data/personal information set out in this [form] and any other personal information provided by me or possessed Amy insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have ir and vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively Tiered to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government Kency/authority (such as the police), for the purpose(s) of
- (1) processing thendling end/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- ii) investiga Tig the accident and/or my claims;
- (ii) carrying all and/or dealing with my instructions or responding to any enquiries by me;
- iv) administ and my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve lisclosure of terain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail
- complying with applicable law in administering, processing, handling and/or dealing with my claims.
- a) all insurer (s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, se, disclose addor process my Personal Information for one or more of the above Purposes; and
- i) my Persor at Information may can be disclosed by any of the insurers and/or GIA to their third-party service providers or agents notuding the ir lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

icyholder's Signature / Date & Time

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

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

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icyholder's Signetime / Date & Time

Actual Driver's Signature (if driver is not the indicated at)

Witnessed by Reporting Centre Personnal
(Name as in NRICAD card)