

# 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 ..... 14/03/2023 11:50 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 14/03/2023 09:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ANG MO KIO AVE 5 TOWARDS BUANGKOK GREEN BELOW CTE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBE5267P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KUBER GLOBAL PTE LTD  
Company Reg No ..... 201003033D  
Email Address ..... JEEVA@KUBERGLOBAL.COM  
Mobile Phone No ..... (Phone) +65-91801356  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Fiat  
Model ..... Doblo  
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 ..... Auto  
CC ..... 1400

### INSURANCE COMPANY

Name of Insurance Company ..... EQ Insurance Company Ltd  
Policy Number / Cover Note Number ..... DMCPHQ23-000274

### DRIVER

Name of Driver ..... SIVASHANMUGAM KAWASKAR  
Passport No/FIN ..... G2594388R  
Date Of Birth ..... 25/07/1992

Occupation .....	Indoor
Date Of Driving Pass .....	14/12/2019
Driving experience .....	3 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84279967
Alt. Phone Number .....	-
Email Address .....	JEEVA@KUBERGLOBAL.COM
Address .....	3 ANG MO KIO INDUSTRIAL PARK 2A #03-06 AMK TECH 1 S568050
Address complement .....	-
Postcode .....	-
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 - Change/cross lane
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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

#### REFER TO ATTACHED REPORT

#### 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 .....	SJD7536K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	LOH CHEN YI
Contact Number .....	(Phone) +65-81026409
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	SIVASHANMUGAM KAWASKAR
Gender .....	Male
Phone No .....	(Phone) +65-84279967
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	UNKNOWN
Injured person in which vehicle? .....	GBE5267P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**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.

**KUBER GLOBAL PTE LTD**

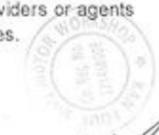
3 ANG MO KIO INDUSTRIAL PARK 2A  
 #03-06 AMK TECH I SINGAPORE 568050  
 Tel : +(65) 6300 0897 | Fax : +(65) 6641 3296  
 Email: contact@kuberglobal.com  
 http://www.kuberglobal.com

*S. Kawaszkof*

11-15

*S. Kawaszkof*

14/3/23



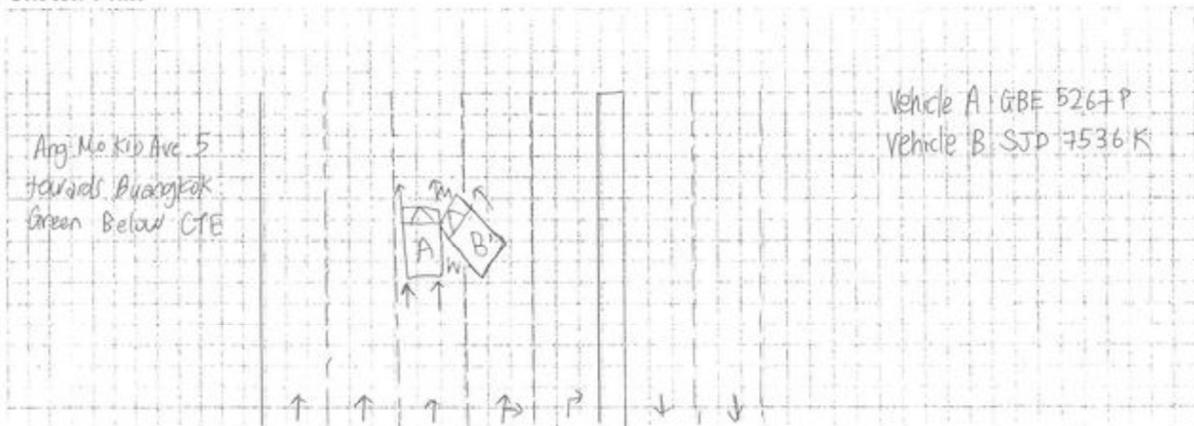
*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

As of above date and time, I was driving my vehicle (GBE 5267P) along Ang Mo Kio Ave 5 towards Buangkok Green on the middle lane of a 5 lane Rd. Below CTE, I was driving straight and out of a sudden, vehicle B(SJD 7536K) filtered out from lane 2 (on my right) hence our vehicle collided and the whole right portion of my vehicle was damaged.

Video footage Attached.

**Declaration**

We declare the foregoing particulars are true in every respect.

**KUBER GLOBAL PTE LTD**  
 3 ANG MO KIO INDUSTRIAL PARK 2A  
 #03-06 AMK TECH I SINGAPORE 568050  
 Tel : +(65) 6300 0897 | Fax : +(65) 6641 3296  
 Email: contact@kuberglobal.com  
<http://www.kuberglobal.com>  
 Policyholder's Signature / Date & Time

*S. Kawasakuf*  
 11-15  
 14/3/23  
*S. Kawasakuf*

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



Witnessed by Reporting Centre Personnel