# **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.

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   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 24/03/2023 15:00 (SGT) Reported by **Actual Driver** Date of Accident 23/03/2023 13:55 (SGT) Exact Location of Accident Singapore Additional Location Information RAEBURN PARK Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBE2577P

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner OHMS M & E PTE LTD Company Reg No 2XXXXX109C Email Address ohmsair@gmail.com Mobile Phone No (Phone) +65-91042503 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace 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

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2982

**INSURANCE COMPANY** 

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number 22-MU010262-R05

DRIVER

Name of Driver CHINNAPPAN JESUDOSS Passport No/FIN GXXXX143W Date Of Birth 02/05/1982 Occupation Outdoor

Date Of Driving Pass 02/06/2018 Driving experience 4 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-83057654 Alt. Phone Number Email Address ohmsair@gmail.com Address NO.80 MERGUI ROAD Address complement Postcode 219056 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED STATEMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SKN9219Z Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

(Phone) +65-90011649

Vehicle Category

Name of Driver
Contact Number

Address	 	_
Address complement	 	_
Postcode		_
Insurance Company Name	 	_
Nature Of Damage		_
Details of property damaged in accident	 	_
No. Of Passenger (Including Driver)		_



## SKETCH PLAN

## MPORTA NOTICE

- For correctly the details of the accident to speed up the claims process. Plaiss /
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- 4. The is to acceptance of this Form by insurance companies is not an admission of policy lieblity on the part of the insurance companies.
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- togethent of this report to the insurers, you hereby consent to the erchiving of this report at the centre and to copies of the 7. By thee report his made available aforesaid.
- 8. Consert Street the Personal Data Protection Act (PDPA)

lumders is the kinowledge, agree and consent that:

(a) My Inst. Fitty workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or procs fithy personal data/personal information set out in this [form] and any other personal information provided by me or pos-sessed #injinsurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have Institutehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident chall be collectively a "Anto to as the "insurers"), the insurers' lawyers/faw firms, the Monetary Authority of Singapore and any relevant government Recylauthority (such as the police), for the purpose(s) of:

3) processing thereting and/or desting with my claims including the settlement of the claims and any necessary investigations relating to

il) investigs 定年 re accident and/or my daims;

III) carrying Disarder dealing with my instructions or responding to any enquiries by me;

iv) administ along my claims (including the mailing of correspondence, statements, involces, reports or notices to me, which could involve fisciosure of truth personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail

v), complyings 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, ise, disclose and process my Personal Information for one or more of the above Purposes; and

c) may Person hallinformation may can be disclosed by any of the insurers and/or GIA to their third-party service providers or agents notuding the it buyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

licyholder's Signature / Data & Time

C. Jacobe 23/03/23

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

Witnessed by Reparting Centre Personnel

(Name as in NRIC/ID card) Raeburn Park etch Plan do 11-

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ration clars the foregoing particulars are true in every respect.			
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The same of the same		Name as it. KRIDAD	wird)





























