

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	05/04/2023 13:50 (SGT)
Reported by	Owner
Date of Accident	29/03/2023 17:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ROUNABOUT OF STADIUM DR & STADIUM WALK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5892T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOURMET READY PTE. LTD
Company Reg No	2XXXXX320C
Email Address	kamleshhnpatel@mail.com
Mobile Phone No	(Phone) +65-90022301
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	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MCV0003582_03

DRIVER

Name of Driver	JIA LIANGBO
Passport No/FIN	GXXXX898U
Date Of Birth	28/02/1987
Occupation	Outdoor

Date Of Driving Pass	25/02/2022
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98079160
Alt. Phone Number	-
Email Address	kamleshhnpatel@mail.com
Address	BLK 1005 ALJUNIED AVE 5
Address complement	#01-24
Postcode	389886
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	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

PLS 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	SHD2527T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TAN SOON LIANG
NRIC No	SXXXXX643J

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

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.
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.

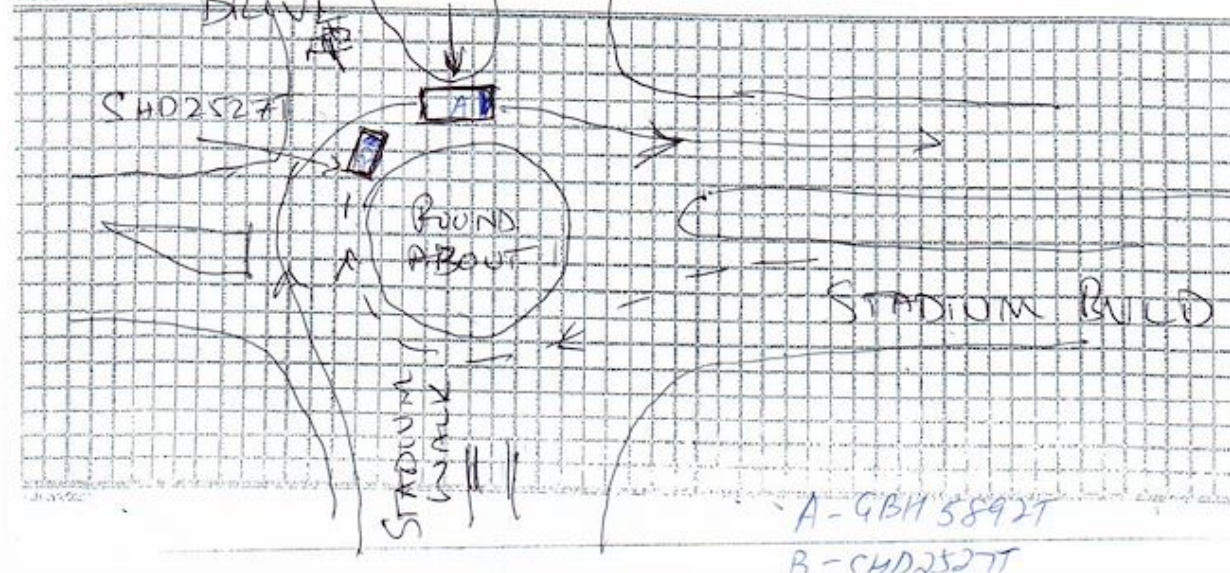
Policyholder's Signature / Date & Time

 11am 4/4/23

Actual Driver's Signature (if driver is not the policyholder) / Date & Time
 GBH5892T

Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)
 slyn 04/04/23

Sketch Plan



Describe Circumstance of the Accident

TRUCK GBH5892T WAS TRAVELLING FROM STADIUM WALK TO STADIUM BLVD ON WEDNESDAY 30th MARCH 2023 AT AROUND 5.40 PM.

AS IT EMERGED OUT OF STADIUM WALK THE TRUCK TOOK THE OUTSIDE LANE TO GO AROUND THE ROUNDABOUT.

MOTOR CAR SHD2527T ENTERED THE ROUNDABOUT FROM STADIUM BLVD ON THE INSIDE LANE AND WAS TRAVELLING TO STADIUM DRIVE. TO DO THAT HE WOULD HAVE HAD TO CUT ACROSS FROM INSIDE LANE TO COME OUT AT STADIUM DRIVE.

SHD2527T DID NOT STOP AT THAT EXIT FROM THE ROUNDABOUT INTO STADIUM DRIVE AND ACCIDENTALLY DROVE INTO THE TRUCK GBH5892T.

THE WEATHER WAS CLEAR AND BRIGHT.

THE MOTOR CAR SHD2527T WAS A TAXI AND WAS CARRYING PASSENGERS.

~~NONE~~ NO ONE WAS HURT.

Declaration

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



Policyholder's Signature / Date & Time

PATEL KANESH
HARMANBHAI

vJun2022

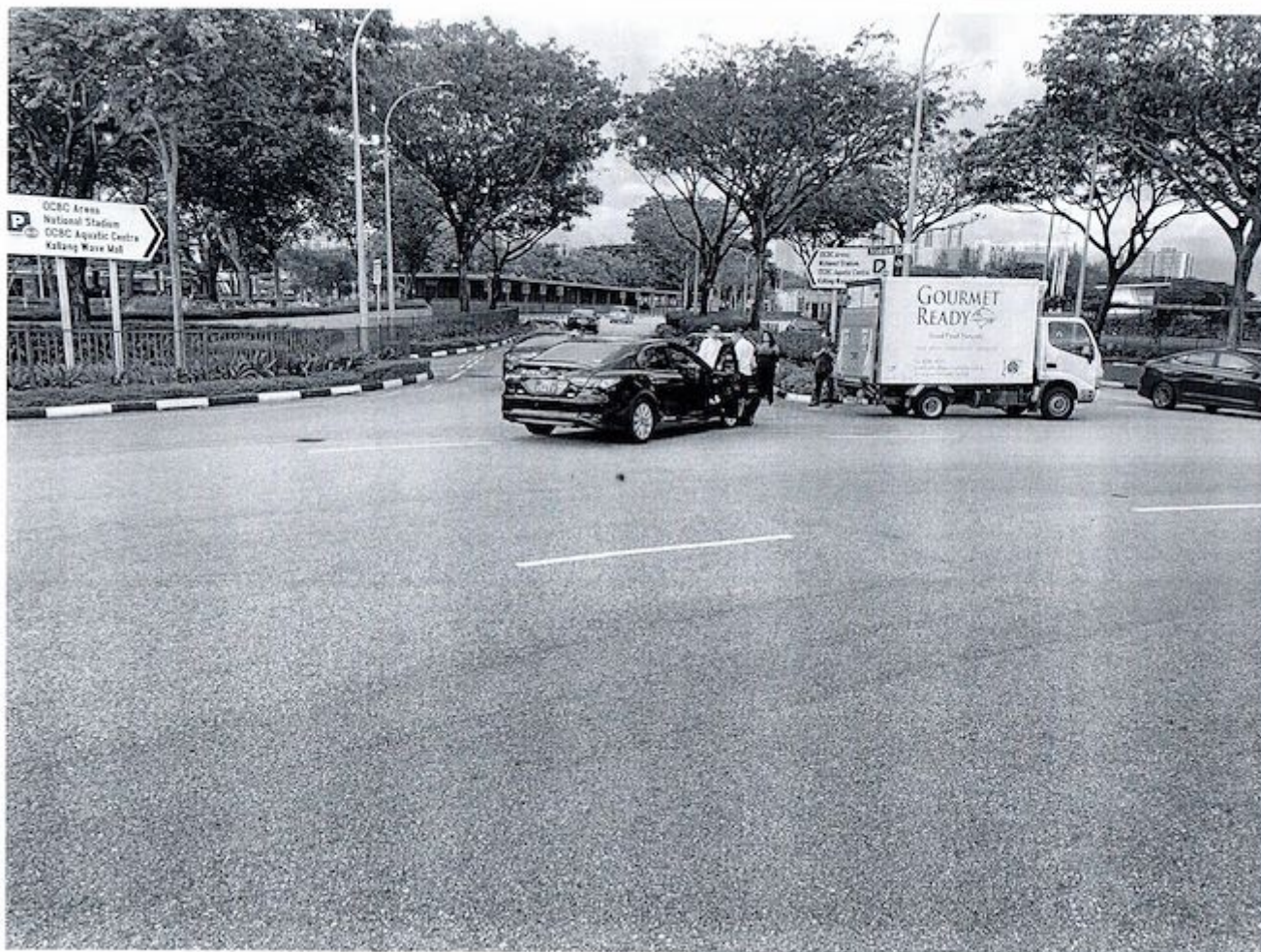
4/23

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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Apr 4, 2023, 11:19



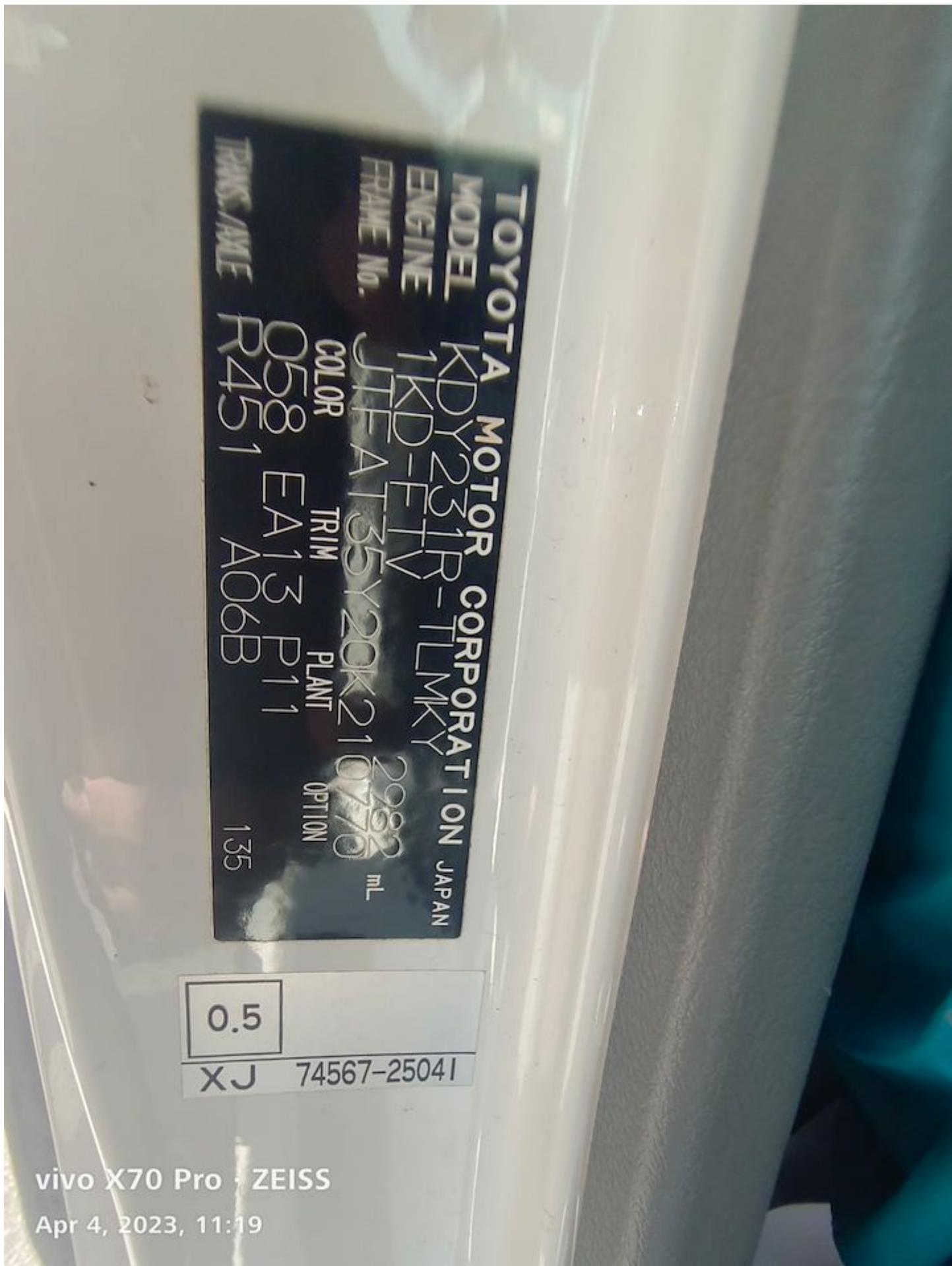






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Apr 4, 2023, 11:18



TOYOTA MOTOR CORPORATION JAPAN
MODEL KDY231R-TLMKY
ENGINE 1KD-FETV
FRAME No. JTEAT35Y20K210770 2983 mL
COLOR 058
TRIM EA13
PLANT P11
OPTION 135
TRANS./MILE R451 A06B

0.5
XJ 74567-25041

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Apr 4, 2023, 11:19









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: SN092344000B Vehicle Registration No: GBH 5892T
 Name (as shown in NRIC): Jia Liangbo NRIC/FIN/Passport No: G8981898U
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: Blk 1005 Aljunied Avenue S # 01-25 Singapore (389886)
 Contact (Tel): _____ Mobile No.: 9807 9160
 Email Address: kamleshhnptel@gmail.com
 Date of Accident: 29/03/2023 Time of Accident: 17:40
 Place of Accident: Roundabout of stadium Dr & stadium walk
 Insurance Company: India International

(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:

Amend Date of accident - 29/03/2023

Policyholder / Actual Driver's Signature
Date:

[Signature] 13/04/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: