

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 11/04/2023 11:36 (SGT) Reported by **Actual Driver** Date of Accident 10/04/2023 17:13 (SGT) Exact Location of Accident BKE, Singapore Additional Location Information TOWARDS WOODLANDS BEFORE MANDAI ROAD EXIT 7 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1461

Vehicle Registration Number GBF8133S

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner GATHERGATES SWITCHGEAR PTE. LTD. Company Reg No 2XXXXX049R Email Address hasnah.lani@gathergates.com Mobile Phone No (Phone) +65-65554441 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv200 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? Yes Vehicle Category Commercial vehicle Transmission Manual

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D23MTPCVE000001

DRIVER

CC

Name of Driver CHINNASAMY PERUMAL Passport No/FIN GXXXX246R Date Of Birth 03/05/1985 Occupation Outdoor

Date Of Driving Pass 15/09/2014 Driving experience 8 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-94553544 Alt. Phone Number Email Address hasnah.lani@gathergates.com Address 16 SENOKO DRIVE Address complement Postcode 758203 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 - Head to Rear Weather Conditions Raining Road Surface Wet 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name KARAPPAIAH RAKAPPAN Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN 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 **GBL3874M**

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KUAN CHOW SIONG
NRIC No	SXXXX197B
Contact Number	(Phone) +65-81630223
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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- 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 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.
- 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.

8. Consent under the Personal Data Protection Act (PDPA)

l 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 tayyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

vJun2022

Describe Circumstance of the Accident ON 10/04/2023 87 88007 17:13 URS 2 WAS TRAVELLING
Blong BKG WWARDS WOONGARDS AND JUST BATORK
MANDAI ROAD EXIT T. IT WAS HEAVY ROAM TRAFFIC
WAS MODERATE THE LOFFY GBL 3874M JAM BRAICE
WAS WET MY VAN A COULD NOT STUP ON TIME
WAS WET MY VANU A-COULD NOT STUP ON PIME
AND HIS 74K RHAR OF 74K CORRY

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

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022

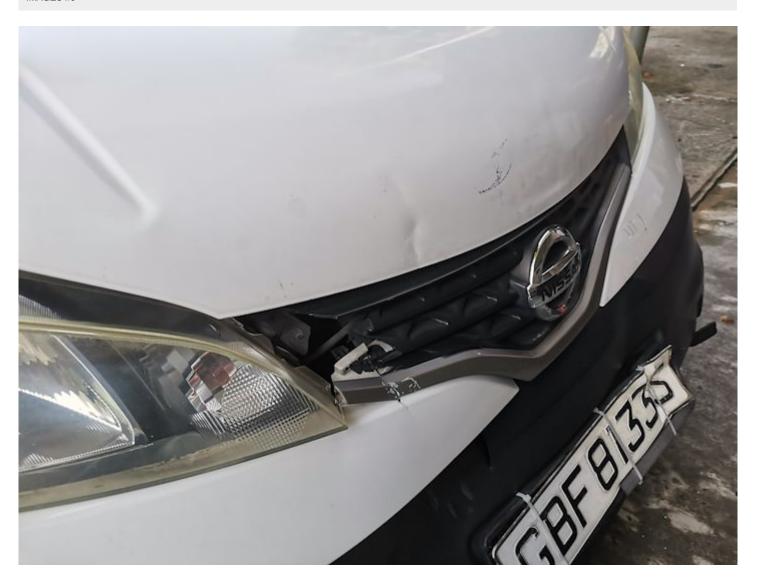












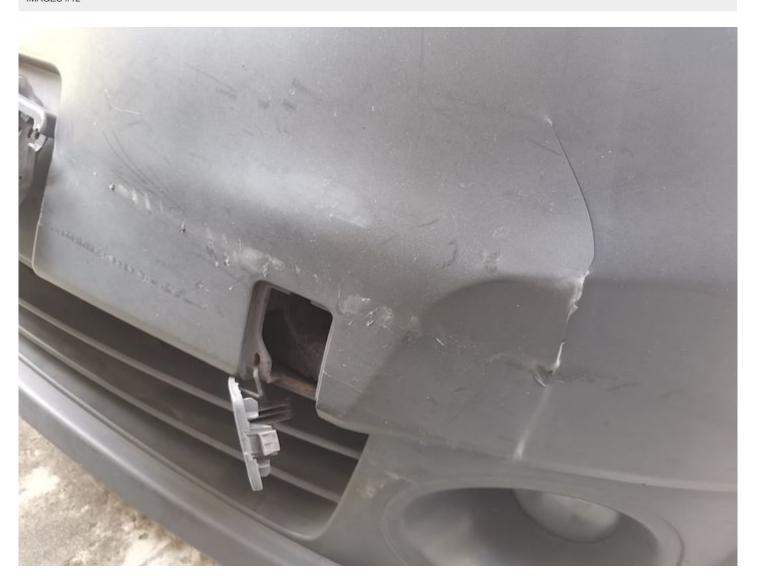


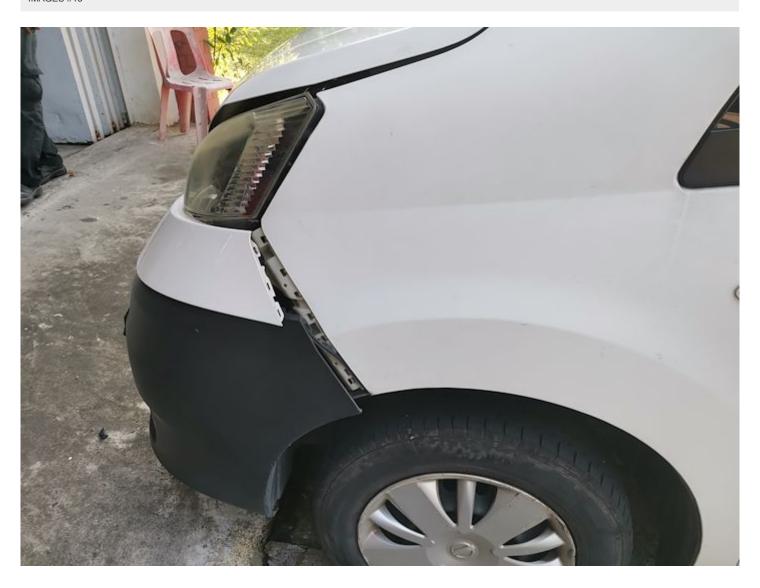


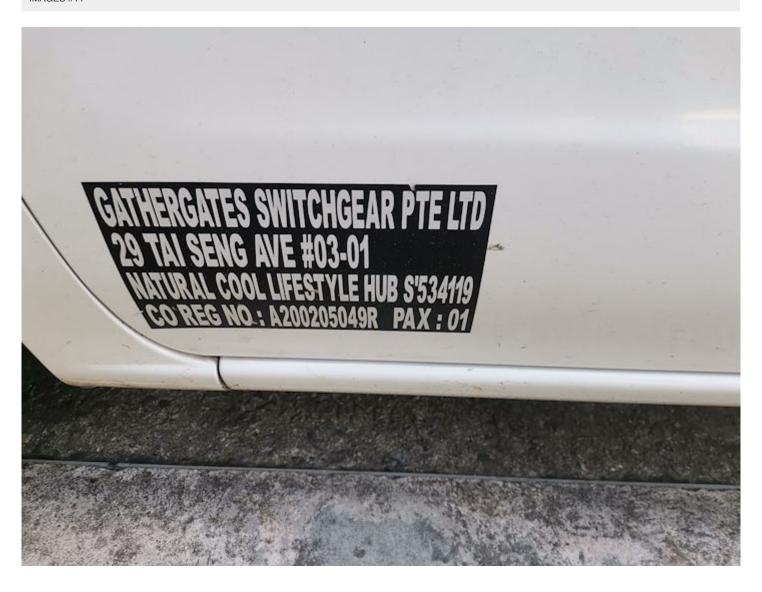




















ADDENI	MUC		
PARTICULARS OF PERSON MAKING THE AMENDMEN Original Report No: SMB 923480002	Vehicle Registration	No: GRF81	335
Name (as shown in NRIC): CHAMASAMY PROLE	M NRIC/FIN/Passport	No:GFXXX	2 MO C
(*Vehicle Driver/Policyholder) (*) Please delete as a	ppropriate	Singap	
Address:	and water	- 100 CATCHES	
Contact (Tel):			
Date of Accident: 10/04/2023	2000	17:13	2
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Insurance Company: SOMPO			
ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accide make the following amendments:			
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