

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	17/04/2023 14:45 (SGT)
Reported by	Actual Driver
Date of Accident	13/04/2023 08:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS CLEMENCEAU AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP789C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRINCE'S LANDSCAPE PTE LTD
Company Reg No	1XXXXXX496W
Email Address	angel@carway.com.sg
Mobile Phone No	(Phone) +65-90406888
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NNR85UH4A
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	2999

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCFHQ23-000002

DRIVER

Name of Driver	ARUMUGAM TAMILSELVAM
Passport No/FIN	GXXXX336W
Date Of Birth	04/05/1990
Occupation	Outdoor

Date Of Driving Pass	07/01/2020
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85257631
Alt. Phone Number	-
Email Address	angel@carway.com.sg
Address	53 SUNGEI TENGAH ROAD
Address complement	-
Postcode	698998
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	-

PASSENGER 1

Name	UZZAMAN MD NUR
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

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

PLEASE REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJF1678M
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ARUMUGAM TAMILSELVAM
Gender Male
Phone No (Phone) +65-85257631
Address 53 SUNGEI TENGAH ROAD
Address Complement -
Post Code 698998
Approximate Age Years Old -
Injuries Sustained BODY PAIN
Injured person in which vehicle? YP789C
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person UZZAMAN MD NUR
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY PAIN
Injured person in which vehicle? YP789C
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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



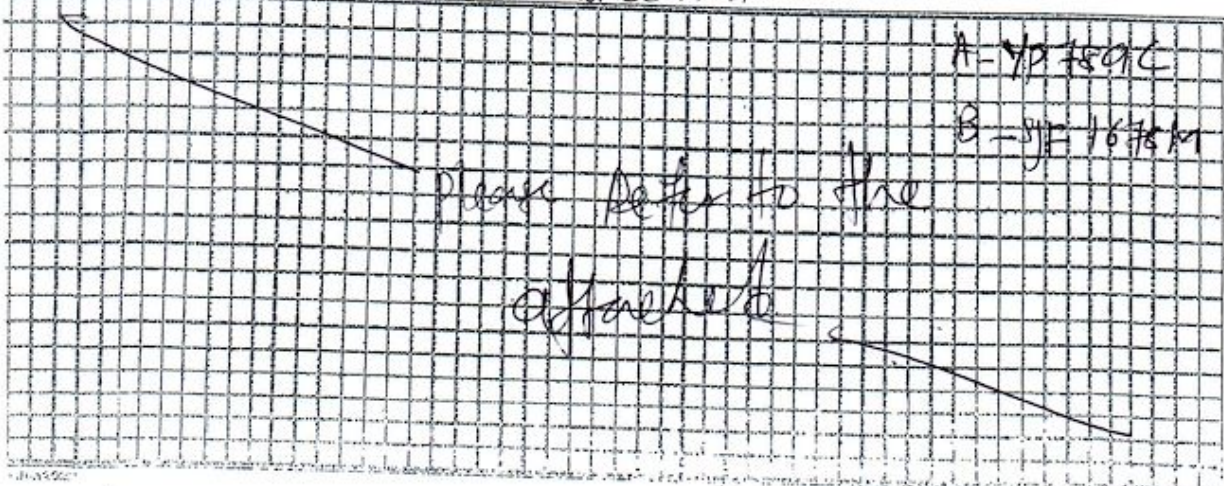
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Crash towards Clementine Ave



Describe Circumstance of the Accident

Please Refer to the attached

Declaration
We declare the foregoing particulars are true in every respect.



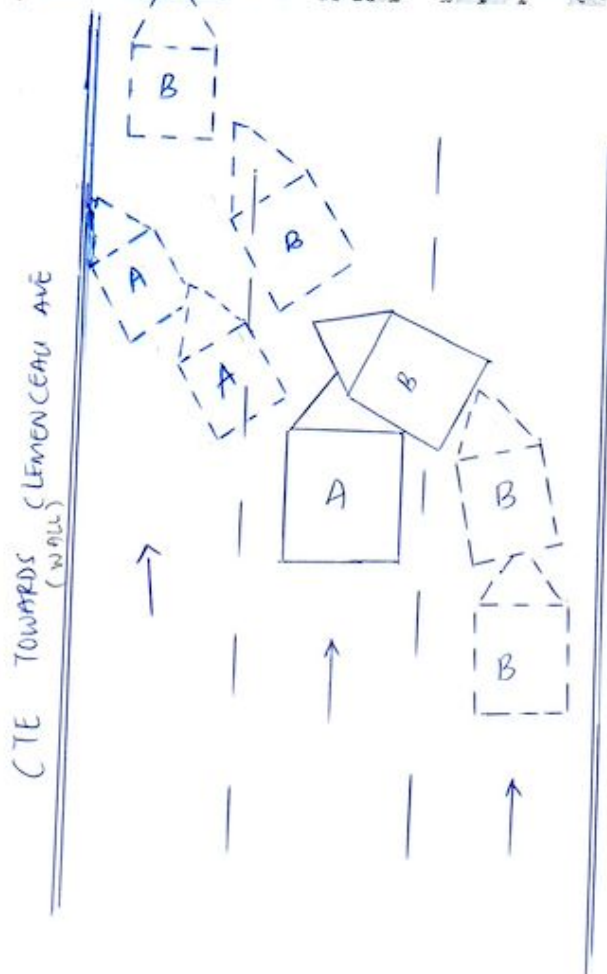
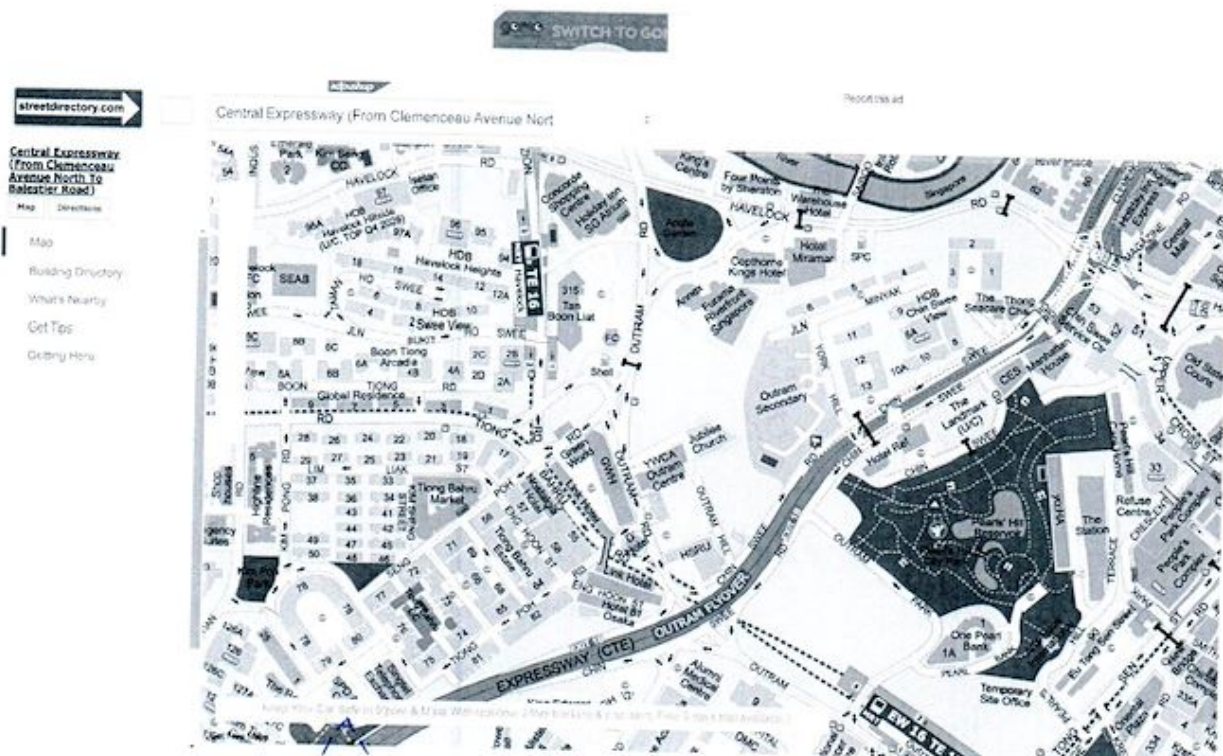
A. T. S. 17-4-2023

Witnessed 17/04/2023

Policyholder'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)



A - YP 789C

B - SJF 1678M

A. T. J. S.
G72264336W

Statement of Accident

On 13/04/2023 at about 0840am, my vehicle (YP789C) was travelling along CTE towards Clemenceau Ave.

A very loud bang was clearly heard from the third-party vehicle (SJF1678M) which travelling at the right lane of my vehicle. The third-party vehicle (SJF1678M) front left tyre suddenly blowout and burst spontaneously, resulted his vehicle loss of control, causing his vehicle swerved abruptly into my lane and hit onto the front of my vehicle. His vehicle was then continued to swerve forward uncontrollably and landed in front of my vehicle. The strong impact has also further pushed my vehicle away and causing my vehicle hit on to the wall along the tunnel.

Both front left and right side of my vehicle was greatly damaged in this accident. I have emergency braked my vehicle immediately to avoid a more tragic and severe collision. There were another 3 passengers in my vehicle.

Scene photos were taken at the scene and attached in this report.

I am making a claim against third party.



Driver's name: ARUMUGAM TAMILSELVAM

I/C: G2264336W































HOE HENG PTE LTD
No.7, Pioneer Place
Singapore 627824

Tel: 6898 5566 Fax: 6898 6556

Chassis Number

JAA1NR85HF7100261

Unladen Weight

2500

Max Laden Weight

5000

Passenger Capacity

1 Driver

2 Others

Tyre Size

F195 x 85 R x 16 (S)

R185 x 80 R x 15 (D)