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 5. Intribution provided must be as truthful and accurate as possible. Any white misteries entailed of withouting of material facts may allow insurance companies to reputing 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 13/04/2023 18:12 (SGT) Reported by **Actual Driver** Date of Accident 12/04/2023 14:20 (SGT) Exact Location of Accident Near 59A Meyer Rd, Singapore 437979 Additional Location Information **TOWARDS CITY 8.8KM** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP1225G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SINGMAR MARINE AND OFFSHORE PTE LTD Company Reg No 200906324C Email Address Logistic@singmarmarine.com Mobile Phone No (Phone) +65-90213092 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer SUZU Model Nhr85aue4a Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Goods vehicle Transmission Manual 2999

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2003732344

DRIVER

Name of Driver KANNAPPAN VIJAYAKUMAR Passport No/FIN G5031964X Date Of Birth 14/05/1988 Occupation Outdoor

Dirwing experience 11 YEAR AND 1 MONTH Mobile Number (Phone) 65-00213092 All Phone Nu	Date Of Driving Pass	01/03/2012
Mobile Number Alt, Phone Number Email Address Address Somplement Postcode In Royal Comment Street Street Singapore S	Driving experience Gender	11 YEARS AND 1 MONTH
All, Phone Number Logistic@singmarmarine.com Address SINGAPORE AND ADDRESS SINGAPORE ADDRESS S		
Address complement - Postcode SINGAPORE - Postcode Singapore Postcode Singapore Postcode Singapore Postcode Singapore Postcode Singapore Postcode Singapore Postcode Pos		-
Address complement		
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Was there any video captured by Car Camera? No		
DETAILS OF OTHER VEHICLE PROPERTY 1		
	DETAILS OF OTHER	VEHICLE PROPERTY 1

Vehicle Registration NumberXE5757GVehicle Manufacturer-

Vehicle Model Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Commercial vehicle
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)	-

	A : YP1225G B : XE5757G
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
On 12/04/2023 at about 1420 hrs, I was travelling	
B (XE5757G) which was ahead of me was slow n	
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There were no injuries involved	
There were no injuries involved.	Own Damage Claim
There were no injuries involved.	☐ Own Damage Claim ☐ Third Party Claim
There were no injuries involved.	
DECLARATION I/We declare the foregoing particulars are true in every respect Policyholdery Signature Date & Time: JOSON Driver's Signature (If driver is not the policyholder) Date & Time:	☐ Third Party Claim ☐ OD/TP Claim at another workshop: ☐ Reporting Only

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful msrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association
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- 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)

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

Policyholder's Signature / Date & Time

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

, circles

Witnessed by Reporting Centre Personnel

Sketch Plan

- PLEASE VIEW OVERLEAF -





















