SJ0G231K001C / JP Knights Pte Ltd
ENTRY DATE & TIME: 20/01/2023 18:10 (SGT)
SUBMITTED BY: Weine Chieng
VERSION: 1 (20/01/2023 18:10 (SGT))

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.
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	20/01/2023 18:10 (SGT)
Reported by	Actual Driver
Date of Accident	20/01/2023 10:20 (SGT)
Exact Location of Accident	Tuas South Ave 3, Singapore
Additional Location Information	BEFORE TUAS SOUTH AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN7962H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	INTEGRATED ALUMINIUM PTE LTD
Company Reg No	201209800N
Email Address	arangarajan@teambuild.com.sg
Mobile Phone No	(Phone) +65-82854961
Alternative Phone No	(Office) +65-65867077

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R-HKFMS3
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	4009

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22011864

DRIVER

Name of Driver	KANESAN SELVARAJ
Passport No/FIN	G2410777P
Date Of Birth	19/04/1994
Occupation	Outdoor

Date Of Driving Pass	29/01/2019
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-82854961
Alt. Phone Number	-
Email Address	arangarajan@teambuild.com.sg
Address	6 TUAS SOUTH STREET 15
Address complement	-
Postcode	636906
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

ON 20/01/2023 AT ABOUT 1020HRS, I WAS DRIVING VEHICLE A BEARING VEHICLE REGISTRATION PLATE, YN7962H, ALONG TUAS SOUTH AVE 3 JUST AFTER JUNCTION OF TUAS SOUTH AVE 4. AS I WAS TRAVELLING STRAIGHT ON THE THIRD LANE, I NOTICED VEHICLE C BEARING VEHICLE REGISTRATION PLATE, XD3757A, WITH TRAILER PLATE, TRB7357B,APPLIED JAM BRAKES. I REACTED AND APPLIED BRAKES AND MANAGED TO STOP IN TIME. MOMENTS LATER, I FELT AN IMPACT FROM THE REAR AND REALISED VEHICLE B BEARING VEHICLE REGISTRATION PLATE, XD6481A, HAD COLLIDED ONTO MY VEHICLE WHICH HAD CAUSED ME TO COLLIDE ONTO REAR OF VEHICLE C.. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

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	XD6481A
Vehicle Manufacturer	Man
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN CHEE BOON
NRIC No	S1234468F
Contact Number	(Phone) +65-96322955
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XD3757A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM THIAM POH
NRIC No	S1260559E
Contact Number	(Phone) +65-97552275
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation**.
6. The 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

INTEGRATED ALUMINIUM PTE LTD

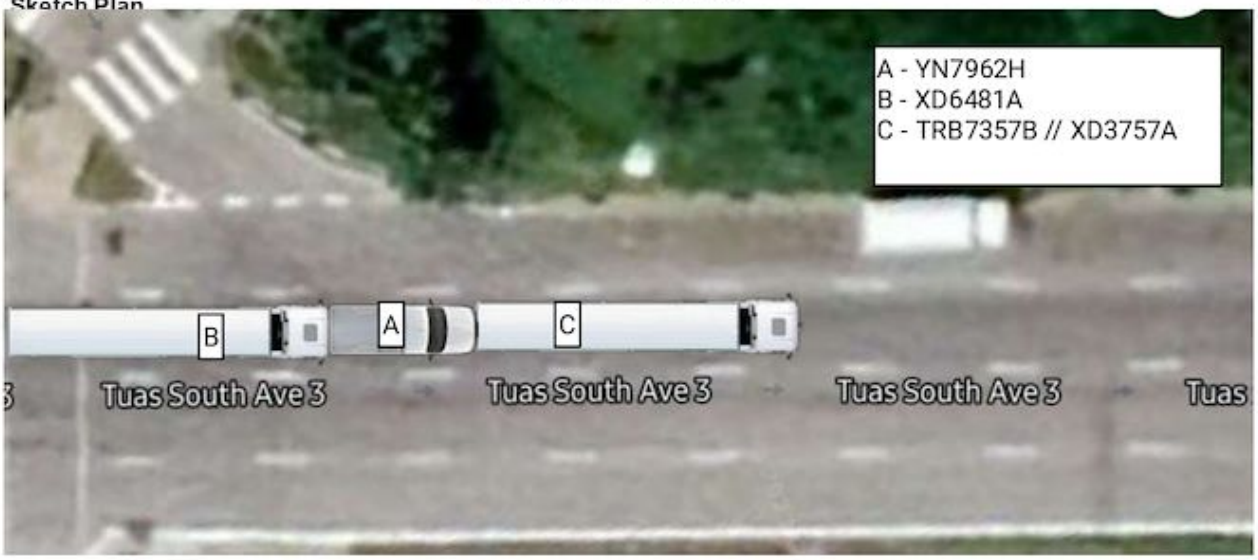
FLASH ACCIDENT REPORTING OFFICER

FRO LATIFF

FLASH Accident Reporting

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	20/01/2023 1230hrs	

Sketch Plan



Describe Circumstances of the Accident

ON 20/01/2023 AT ABOUT 1020HRS, I WAS DRIVING VEHICLE A BEARING VEHICLE REGISTRATION PLATE, YN7962H, ALONG TUAS SOUTH AVE 3 JUST AFTER JUNCTION OF TUAS SOUTH AVE 4. AS I WAS TRAVELLING STRAIGHT ON THE THIRD LANE, I NOTICED VEHICLE C BEARING VEHICLE REGISTRATION PLATE, XD3757A, WITH TRAILER PLATE, TRB7357B,APPLIED JAM BRAKES. I REACTED AND APPLIED BRAKES AND MANAGED TO STOP IN TIME. MOMENTS LATER, I FELT AN IMPACT FROM THE REAR AND REALISED VEHICLE B BEARING VEHICLE REGISTRATION PLATE, XD6481A, HAD COLLIDED ONTO MY VEHICLE WHICH HAD CAUSED ME TO COLLIDE ONTO REAR OF VEHICLE C.. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

Declaration

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

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	20/01/2023 1230hrs	FLASH ACCIDENT REPORTING OFFICER FRO LATIFF