

## 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 .....	19/04/2023 11:45 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	19/04/2023 08:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	AYE TOWARDS TUAS BEFORE CORPORATION ROAD EXIT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBM1098U
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	HORSE POWER ELECTRICAL PTE LTD
Company Reg No .....	201319408E
Email Address .....	HORSEPOWEREPL@GMAIL.COM
Mobile Phone No .....	(Phone) +65-83289320
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Townace
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	1496

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5131916665

#### DRIVER

Name of Driver .....	NALLUSAMY LOGANATHAN
NRIC No .....	S7263629E
Date Of Birth .....	12/05/1972
Occupation .....	Outdoor

Date Of Driving Pass .....	11/02/2009
Driving experience .....	14 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83289320
Alt. Phone Number .....	-
Email Address .....	HORSEPOWEREPL@GMAIL.COM
Address .....	BLK 690 HOUGANG ST 61 #04-250 S530690
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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 .....	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) .....	6
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 .....	UDAYAR PONKARUPPA SAMY
Gender .....	Male

#### PASSENGER 2

Name .....	KRISHNAMOORTHY THANUSKODI
Gender .....	Male

#### PASSENGER 3

Name .....	VELU SETHILKUMAR
Gender .....	Male

#### PASSENGER 4

Name .....	RAMASAMY PREMKUMAR
Gender .....	Male

#### PASSENGER 5

Name .....	SUBBAIYA PUDUKKOTTAI RAJU
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

REFER TO ATTACHED REPORT

## ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Reasons for not uploading a video of the accident ..... WITH OWNER

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SJS9919Y  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... CHIANG ZHEN ANN  
 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 ..... NALLUSAMY LOGANATHAN  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... GBM1098U  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 2

Name of injured person ..... UDAYAR PONKARUPPA SAMY  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... GBM1098U  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 3

Name of injured person ..... KRISHNAMOORTHY THANUSKODI  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -

Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... GBM1098U  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 4

Name of injured person ..... VELU SETHILKUMAR  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... GBM1098U  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 5

Name of injured person ..... RAMASAMY PREMKUMAR  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... GBM1098U  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 6


Name of injured person ..... SUBBAIYA PUDUKKOTTAI RAJU  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... GBM1098U  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

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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.

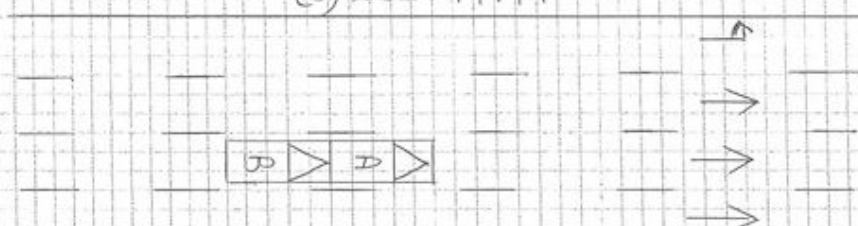
  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

(A) GBM 1098U  
(B) SJS 9919Y



AYE towards Tuas before Corporation Road Exit.

**Describe Circumstances of the Accident**

On 19/04/2023 at @ 0825 hrs, I was travelling in my vehicle (GBM 1098 U) along AYE towards Tuas before Corporation Road exit on the 2nd lane from the right. I slowed down and stopped due to traffic jam ahead. Suddenly, a car (SJS 9919 Y) from behind collided onto the rear portion of my vehicle.

**Declaration**

We declare the foregoing particulars are true in every respect.

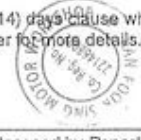
If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



Policyholder's Signature / Date & Time

*[Signature]*

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



Witnessed by Reporting Centre Personnel

































**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: SK0U234J0005 Vehicle Registration No: GBM 1098U  
 Name (as shown in NRIC): Horse Power Electrical Pte Ltd NRIC/FIN/Passport No: 201319408E  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Accident: 19/4/2023 Time of Accident: 0825

Place of Accident: AYE towards Tuas before Corporation Rd exit

Insurance Company: Income

**(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:

- 1) To update passenger names and no. of passengers to 6
- 2) To amend injury to 'yes' and include injured party names.
  - a) Hallusamy Loganathan
  - b) Udayar Pontkaruppa Samy
  - c) Krishnamoorthy. Thanuskodi
  - d) Velu Sethi Kumar
  - e) Ramasamy Premkumar
  - f) Subbaiya Pudukkottai Raju

Policyholder / Actual Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):

Date: 19/4/2023