# **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.

- 4. The issue and acceptance 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 27/04/2023 17:47 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 26/04/2023 19:15 (SGT) Exact Location of Accident Tanjung Kupang, Johor, Malaysia Additional Location Information BEFORE CUSTOM CHECKPOINT SECONG LINK Country/State of Loss Malavsia

# **DETAILS OF OWN VEHICLE**

No - Claiming third party

Private car

Auto

1598

Vehicle Registration Number SMR26557

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner RAMESH HARIKRISHNAN NRIC No SXXXX552A Email Address winson tingwei@hotmail.com Mobile Phone No (Phone) +65-91854268 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla Variant Exact purpose for which vehicle was being used at time of Private use

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

**INSURANCE COMPANY** 

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number MP002422

DRIVER

Name of Driver RAMESH HARIKRISHNAN NRIC No SXXXX552A Date Of Birth 20/03/1970 Occupation Indoor

Date Of Driving Pass 17/10/1994 Driving experience 28 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-91854268 Alt. Phone Number Email Address winson\_tingwei@hotmail.com Address BLK 184 YUNG SHENG ROAD #03-81 Address complement Postcode 610184 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 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 **KARABAGAM** Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Jurong West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002689999 Alt. Police Station Phone No (Fax) +65-62672438 Police Station Address 700 Corporation Road Singapore 649818 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT J/20230427/2077 ATTACHMENT(S)

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	SKQ6212Y
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	White
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)	-

## SKETCH PLAN

### IMPORTANT NOTICE

- 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 wiful misrepresentation or withholding of material facts may allow insurance companies to regudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy tability on the part of the insurance companies.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 8. 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.
- 7. 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") maylare 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 ant/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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) admir/stering 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 we'll 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 times, maylare 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.

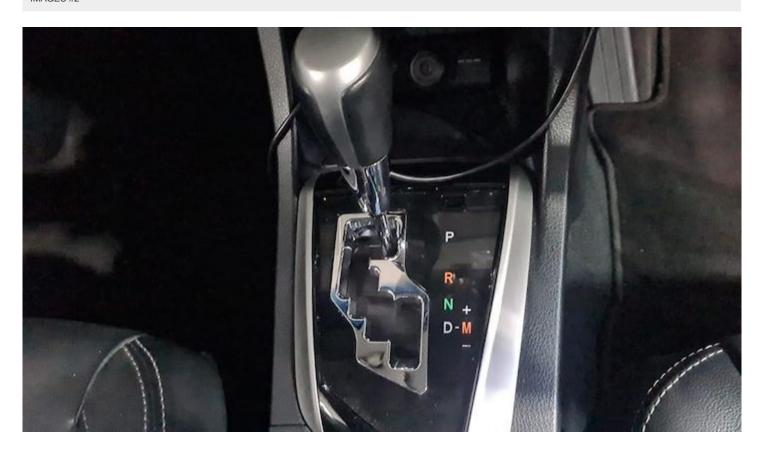
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Policyholder's Signature / Date & Time. Sketch Plan.	Driver's Signature of driver is not the policy/acider) / Cate & Time ####################################	Wintersed by Reporting Centre Personal (Name as in Nikoji) card) (Name as in Nikoji) card) (USTON JAMIGASWON (J.P.) (748)
vehicle. A	SMR 2655Z	
vehicle_B	SKQ 6212Y	

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sholder's Signature / Date & Time Driv & Ti	ers Signature (if dilver is not the polic mar		d by Reporting Centre Pers s in NRIC4D card)	imel
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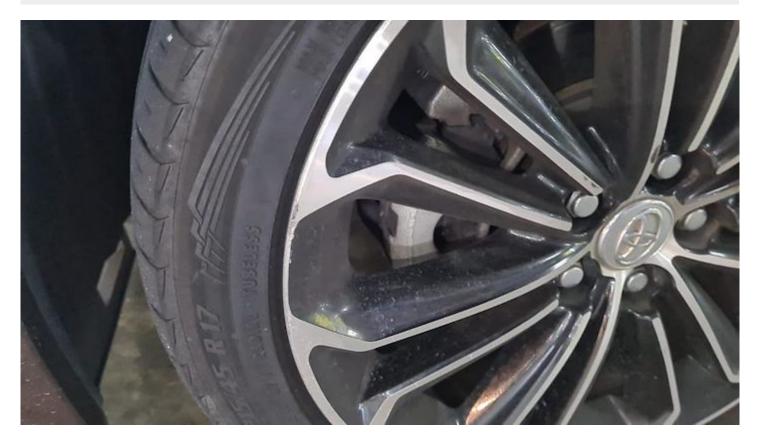
















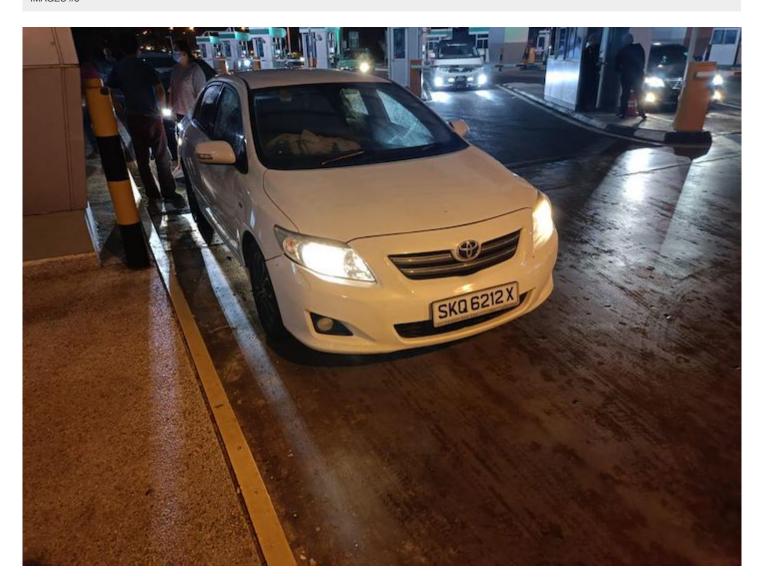












SINGAPORE POLICE FORCE		W		ort No. J/2	7 1 of 0230427/20
Police Station Of Origin Jurong West N.P.C 700 Corporation Road SINGAPORE 6 Tel No: 1800-2689999	49818				
Date/Time Report Made	Vide Re	port No.		Statio 74	on Diary No
27/04/2023 16:10	Address		All Drawley		
Name Of Informant			SHENG RO	AD #03-81	
RAMESH HARIKRISHNAN		ORE 51018			
IN THE LIPS NO.	Contact	March Control of the	2001/10/00/00		
ID Type / ID No. NRIC NO / 57064552A	Home/C		Mobile		
MING NO / STOUSSER			91854268		
Nationality	Email A	ddress			
MALAYSIAN		1.	Data of D	irth Race	
Occupation	Sex	Age	Date of B		
TECHNICIAN	Male	53	20/03/197	10 India	in
Institution/School Name	Langua English				
Date/Time Of Incident					
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