

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 03/05/2023 10:06 (SGT)
Reported by Actual Driver
Date of Accident 29/04/2023 08:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information BARTLEY ROAD TOWARDS BRADDELL ROAD (BEFORE
UPPER SERANGOON ROAD)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ6010X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KSK ENGINEERING PTE LTD
Company Reg No 2XXXXX879G
Email Address pat@shinkai.com
Mobile Phone No (Phone) +65-97353509
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 2755

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Policy Number / Cover Note Number DHOM120065022201

DRIVER

Name of Driver VELU RAJESH
Passport No/FIN GXXXXX530R
Date Of Birth 10/05/1998

| | |
|--|--|
| Occupation | Outdoor |
| Date Of Driving Pass | 15/09/2022 |
| Driving experience | 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-84043018 |
| Alt. Phone Number | - |
| Email Address | pat@shinkai.com |
| Address | 27 KAKI BUKIT CRESCENT , KAKI BUKIT TECHPARK 1 |
| Address complement | - |
| Postcode | 416258 |
| 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 | 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) | 2 |
| 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 | MUTHUSAMY SABEESHKUMAR |
| 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

ON 29.04.2023 AT ABOUT 08 : 45 HOURS ALONG BARTLEY ROAD TOWARDS BRADDELL ROAD (BEFORE UPPER SERANGOON ROAD EXIT) , I WAS TRAVELLING STRAIGHT ON LANE 2 AT THE ABOVE MENTIONED LOCATION AND WHEN THE FRONT VEHICLE SLOWED DOWN , HENCE I ALSO FOLLOWED SUIT.

SUDDENLY , I HEARD A LOUD BANG AND FELT A GREAT IMPACT FROM BEHIND. WHEN I ALIGHTED , I THEN REALISED IT WAS VEHICLE (B) THAT COLLIDED ONTO THE REAR PORTION OF MY VEHICLE (A).

I WISH TO STATE THAT I HAVE 1 PASSENGER IN MY VEHICLE (A).

*Report was unable to submit on 02.05.2023 as Gear system was down."

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 | GBL1259C |
| Vehicle 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) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|--|
| Name of injured person | VELU RAJESH |
| Gender | Male |
| Phone No | (Phone) +65-84043018 |
| Address | 27 KAKI BUKIT CRESCENT , KAKI BUKIT TECHPARK 1 |
| Address Complement | - |
| Post Code | 416258 |
| Approximate Age Years Old | - |
| Injuries Sustained | BACKPAIN |
| Injured person in which vehicle? | YQ6010X |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|------------------------|
| Name of injured person | MUTHUSAMY SABEESHKUMAR |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BACKPAIN |
| Injured person in which vehicle? | YQ6010X |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN**IMPORTANT NOTICE**

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8. Consent under the Personal Data Protection Act (PDPA)

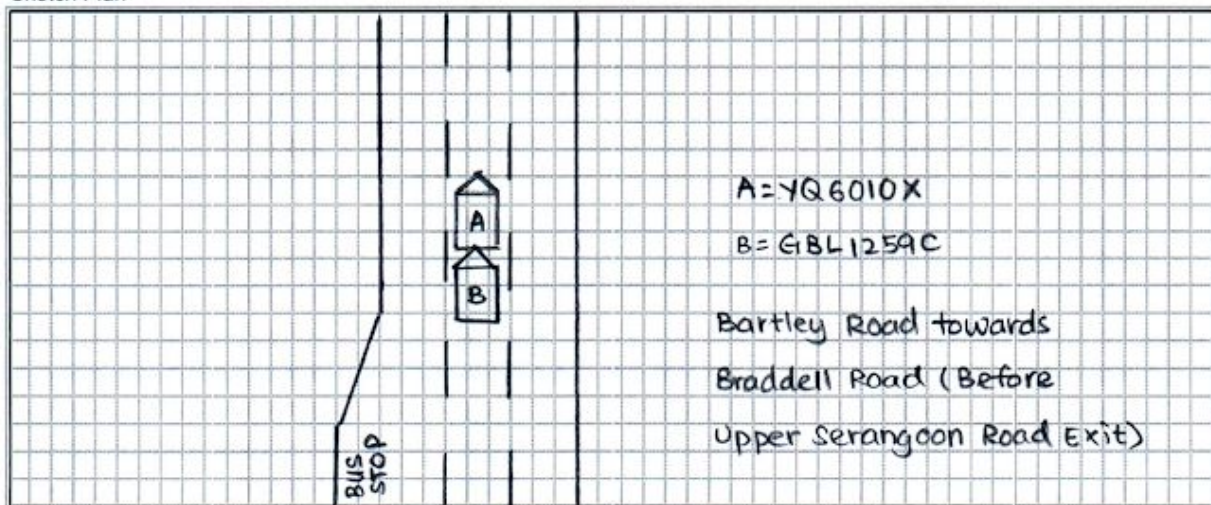
I understand, acknowledge, agree and consent that:

- (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 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
(Name as in NRIC/ID card)

Sketch Plan

Describe Circumstance of the Accident

Refer to Attached

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 3/5/2023

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

On 29.04.2023 at about 08:45 hours along Bartley Road towards Braddell Road (Before Upper Serangoon Road Exit), I was travelling straight on lane 2 at the above mentioned location and when the front vehicle slowed down, hence I also followed suit.

Suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I then realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that I have 1 passenger in my vehicle (A).

Vehicle (A): YQ 6010X

Vehicle (B): GBL 1259C

Def-





















