

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 11/05/2023 15:56 (SGT)
Reported by Actual Driver
Date of Accident 11/05/2023 12:58 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG SHUN LI INDUSTRIAL PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD1825K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ACCESS ELECTRICAL PTE LTD
Company Reg No 2XXXXX123Z
Email Address access66shop@gmail.com
Mobile Phone No (Phone) +65-81267789
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
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 2488

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D20MCV0003748_02

DRIVER

Name of Driver SAMSUDIN BIN OTHMAN
NRIC No SXXXX389B
Date Of Birth 06/12/1969
Occupation Outdoor

Date Of Driving Pass	01/02/1992
Driving experience	31 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97103437
Alt. Phone Number	-
Email Address	access66shop@gmail.com
Address	207 KAKI BUKIT AVENUE 1 , SHUN LI INDUSTRIAL PARK
Address complement	-
Postcode	416038
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?	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

PLEASE REFER TO THE ATTACHED STATEMENT

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	GBF3456T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHONG KIM SENG
Contact Number	(Phone) +65-96184309

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/05/2023, I was travelling straight along Shun Li Industrial Park.

As there're pedestrians crossing across the road, I slowed down my vehicle and stopped. Suddenly I felt an impact on my rear and realised that vehicle B (GBF3456T) has collided on my vehicle.

As a result, my vehicle sustained damages on the rear portion.

DECLARATION

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[Signature] 11/5/2023

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.
- (d) My Personal Information will be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) The Information so collected under (d) above may be shared/disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



[Handwritten signature]

Policyholder's Signature
Date & Time:

[Handwritten signature]

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

[Handwritten signature] 11/5/2023

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

















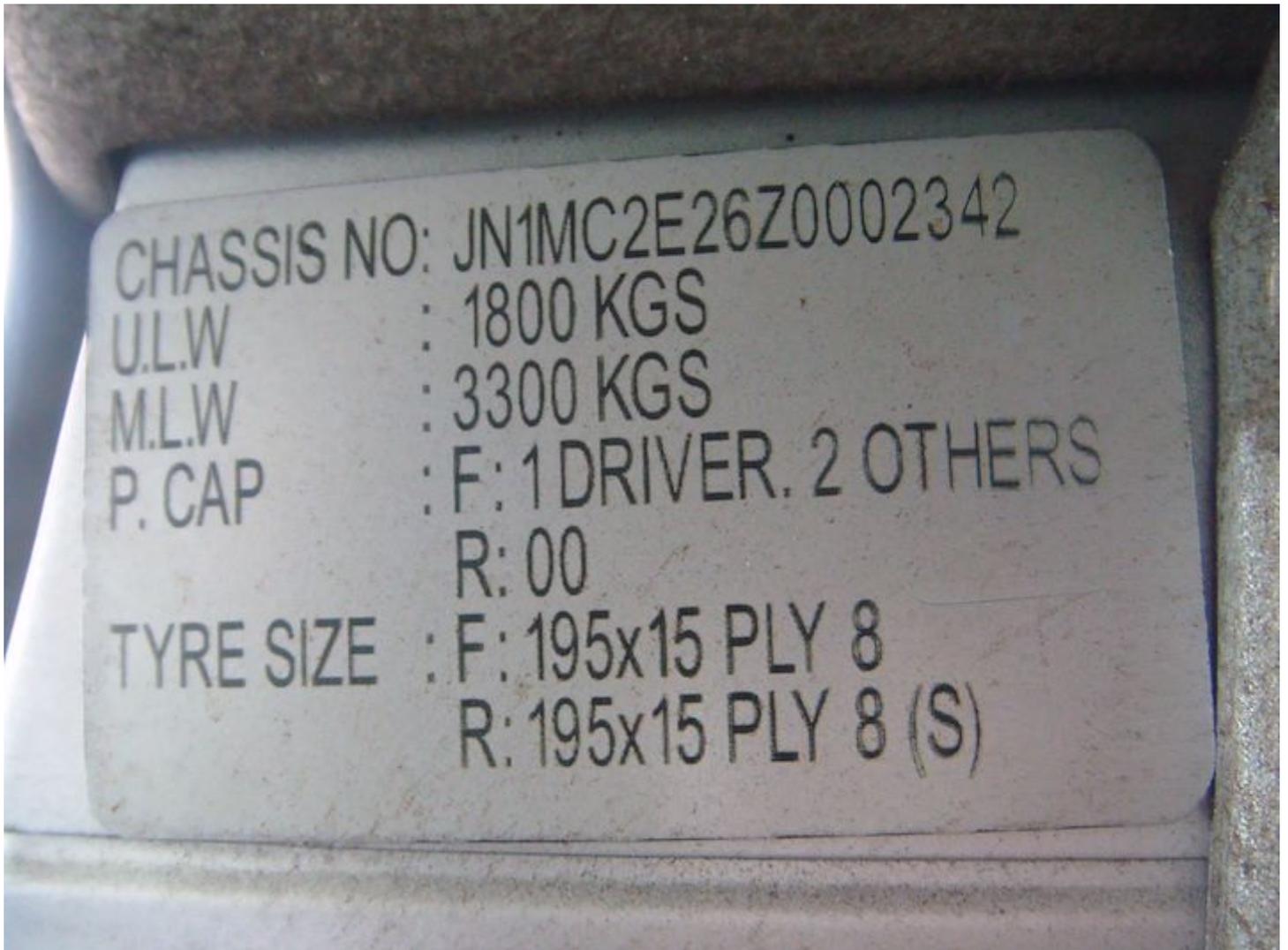












CHASSIS NO: JN1MC2E26Z0002342
U.L.W : 1800 KGS
M.L.W : 3300 KGS
P. CAP : F: 1 DRIVER. 2 OTHERS
R: 00
TYRE SIZE : F: 195x15 PLY 8
R: 195x15 PLY 8 (S)