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	11/05/2023 14:26 (SGT)
Reported by	Actual Driver
Date of Accident	10/05/2023 10:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FORT ROAD LEFT TURN TO MOUNTBATTEN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6822P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SYSBUILD ENGINEERING & CONSTRUCTION PTE LTD
Company Reg No	2XXXXX931R
Email Address	SYSBUILD.KEN@GMAIL.COM
Mobile Phone No	(Phone) +65-84845660
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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00093462200

DRIVER

Name of Driver	ALAGU KUMARESAN
Passport No/FIN	GXXXX308X
Date Of Birth	03/04/1983
Occupation	Outdoor

Date Of Driving Pass	19/05/2010
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-82842008
Alt. Phone Number	-
Email Address	SYSBUILD.KEN@GMAIL.COM
Address	4 LORONG 22 GEYLANG
Address complement	-
Postcode	398666
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)	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	GBK4429P
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	ALAGU KUMARESAN
Gender	Male
Phone No	(Phone) +65-82842008
Address	4 LORONG 22 GEYLANG
Address Complement	-
Post Code	398666
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	GBH6822P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. 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 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.

SYSBUILD ENGINEERING & CONSTRUCTION PTE LTD

Policyholder's Signature, Date & Time

A. Kumaresan.

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

11/5/2023

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

Sketch Plan Fort Road Left turn to mountbatten Road

Describe Circumstance of the Accident

On the stated date and time, I was travelling along the stated road when approaching the major road, I slowed down to wait for on-coming traffic to clear when suddenly I felt a huge impact from the rear of my vehicle. When I alighted my vehicle, I saw VRN GBK 4429 P had collided onto my vehicle.

Declaration

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

SYSBUILD ENGINEERING & CONSTRUCTION LTD

Policyholder's Signature / Date & Time

A. Ekumoesn

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

11/5/2023

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

70
km/h

IMAGES #9

13
pax
DYNA

IMAGES #11

TOYOTA MOTOR CORPORATION JAPAN
MODEL KDY231R-TLMKY
ENGINE 1KD-FTV 2982 mL
FRAME No. JTFAT35Y90K210913
COLOR TRIM PLANT OPTION
199 EA13 P11
TRANS/AXLE R451 A06B 857
0.5
XJ 74567-25041