

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	24/05/2023 18:34 (SGT)
Reported by	Actual Driver
Date of Accident	19/05/2023 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLEMENTI AVENUE 6 JUNCTION OF TOH TUCK AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL5117C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KILLEM PEST PTE LTD
Company Reg No	1XXXXX016R
Email Address	VIGNESH@KILLEMPEST.COM
Mobile Phone No	(Phone) +65-81864151
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	T6
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00110292201

DRIVER

Name of Driver	SIVASAMY MUTHALAGAN
NRIC No	GXXXX979K
Date Of Birth	05/06/1989
Occupation	Outdoor

Date Of Driving Pass	11/02/2020
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81864151
Alt. Phone Number	-
Email Address	VIGNESH@KILLEMPEST.COM
Address	48 TOH GUAN ROAD EAST #04-99
Address complement	-
Postcode	608586
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)	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	MALE
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 REPORT

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	GBH1948T
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)	-

THE ULTIMATE GAMING GEAR

Circumstance of the Accident

I was traveling along Clementi Ave 6 going towards
 Toh Tuck Ave Suddenly the van (GBK1948T)
 Brake and I couldn't stop in time and I hit
 his rear.

Declaration

We declare the foregoing particulars are true in every respect.

KILLEM PEST PTE LTD
 48 Toh Guan Road East
 #04-99 Enterprise Hub
 Singapore 608586
 Tel: 604 251 1234

Policyholder's Signature / Date & Time

S. Ming

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

24/5/23

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

SKETCH PLAN

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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. The 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 the report to the Insurers, you hereby consent to the archiving of the report at the centre and to copies of the report being made available aforesaid.
8. Consistent 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 be 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 the accident (all insurer(s) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers"), the Insurers' law firm/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/postal 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 the accident and the Insurers' law firm/law firms, may be 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firm/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

ILLEM PEST PTE. LTD.
48 Toh Guan Road East
#04-09 Enterprise Hub
Singapore 608586
Tel: 6596-6607 Fax: 6596-5566

- *S. Muthu* - 24/5/23

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan <i>Clementi</i>	<i>Avenue 6</i>	<i>Junction of Toh Tuck Avenue</i>

A - GBL5117C
B - GBH1948T

























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: SN092350000A Vehicle Registration No: GBL 5117C
 Name (as shown in NRIC): Sivasamy Muthalagan NRIC/FIN/Passport No: G2459979K
 (* Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 48 Toh Guan Road East # 04-99 Singapore (608586)
 Contact (Tel): _____ Mobile No.: 8186 4151
 Email Address: vignesh@killempest.com
 Date of Accident: 19/05/2023 Time of Accident: 18:30
 Place of Accident: Clementi Avenue 6 Junction of Toh Tuck Avenue
 Insurance Company: China Taiping

(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:

Amend sketch plan vehicle A - GBL 5117C

Policyholder / Actual Driver's Signature
 Date:

[Signature] 9/6/2023
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: