

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 31/05/2023 17:55 (SGT)
Reported by Actual Driver
Date of Accident 28/05/2023 07:30 (SGT)
Exact Location of Accident Mei Ling St, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ9957D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner VINAYAK SEELAN ENGINEERING PTE. LTD
Company Reg No 201511767K
Email Address VSEPTELTD@GMAIL.COM
Mobile Phone No (Phone) +65-83229942
Alternative Phone No (Office) +65-62093855

VEHICLE PARTICULARS

Manufacturer Toyota
Model DYNA 3.0 MANUAL
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 Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 2070159932-02

DRIVER

Name of Driver GURDEV SINGH
Passport No/FIN G6955024Q
Date Of Birth 18/08/1987
Occupation Indoor

| | |
|--|----------------------|
| Date Of Driving Pass | 11/08/2016 |
| Driving experience | 6 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81791329 |
| Alt. Phone Number | - |
| Email Address | VSEPTELTD@GMAIL.COM |
| Address | BLK 153 MEI LING ST |
| Address complement | 01-18 |
| Postcode | 140153 |
| 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 - Major/Minor Rd |
| Weather Conditions | Raining |
| Road Surface | Wet |

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 | SUNNY |
| 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

-

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 | SMP4114R |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

Vehicle Colour -
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

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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.

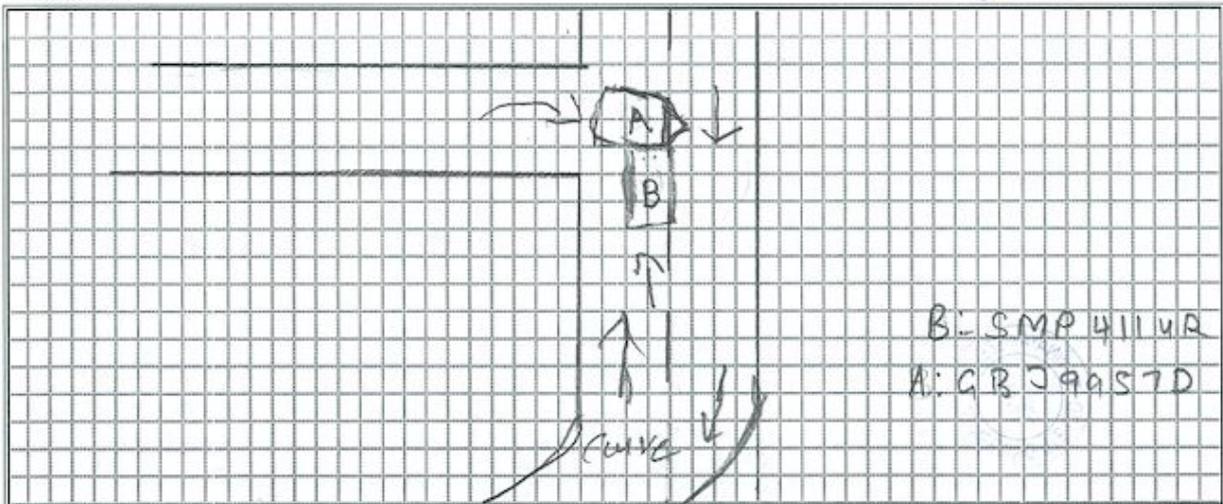


Policyholder's Signature / Date & Time

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

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

Sketch Plan



| | |
|--|--|
| Describe Circumstance of the Accident | |
| VEHICLE NO: <u>G8J9957D</u> | ACCIDENT DATE & TIME: <u>28/05/23. 7:30am</u> |
| CONTACT NUMBER: <u>83229942/</u> | E-MAIL: <u>VSEPTELD@gmeri.la.</u> |
| LOCATION: <u>MEI LING STREET.</u> | |
| <p>On 28th May 2023, I Gurudev Singh, was driving truck G8J9957D from house at Mei Ling street towards Silat Avenue Temple. While I came across an uncontrolled Traffic Junction. I stopped my vehicle and checked. After I checked that the Major Road was clear. I was making a Right Turn, At that point of time, A Black color car came on my right side at quite a high speed and hit my lorry. Both the vehicle had damages. And none of the vehicles passenger suffered Injuries. There were no Injuries to any driver and passenger of both parties.</p> <p>I suspect that, the car cannot Brake on time due to high speed and hit my lorry. The floor was also slippery.</p> | |
|  | |
| NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION. | |
| PLEASE STATE: | <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OOT/AT OTHER WORKSHOP <input checked="" type="checkbox"/> REPORTING ONLY |

Declaration

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



Policyholder's Signature / Date & Time

Gurudev Singh

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

[Signature]

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











