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.

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 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 14:49 (SGT) Reported by **Actual Driver** Date of Accident 30/05/2023 16:00 (SGT) Exact Location of Accident Singapore Additional Location Information ALEXANDRA ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBH2763C**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner PAINTMART PTE LTD Company Reg No 1XXXXX128Z Email Address sales@paintmart.com.sg Mobile Phone No (Phone) +65-68480746 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category CC

Transmission

Employment

No - Reporting only Commercial vehicle

Manual 2982

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD23V03211/VCV/R00

DRIVER

Name of Driver SUBRAMANIAN THIYAGARAJAN Passport No/FIN GXXXX094K Date Of Birth 11/04/1982 Occupation Outdoor

Date Of Driving Pass 04/07/2008 Driving experience 14 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-87479648 Alt. Phone Number Email Address sales@paintmart.com.sg Address APT BLK 867 TAMPINES STREET 83 Address complement # 06-245 Postcode 520867 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 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) 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? Nο 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 SHA8562S Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

TAN BOON HUAT

SXXXX494Z

Vehicle Category
Name of Driver

NRIC No

Contact Number Address	(Phone) +65-96740530
Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)	- - - - 3
PASSENGER 1	3
Name Gender	UNKNOWN Male
PASSENGER 2	
Name Gender	UNKNOWN Male

SKETCH PLAN

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- of Sigapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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- 8. Cinsent under the Personal Data Protection Act (PDPA)
- I Carforstand, acknowledge, agree and consent that :
- (a) Winsurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose a nidir process my personal data/personal information set out in this [form] and any other personal information provided by me or pictures of pictures of
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the daims:
- (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 discissure 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



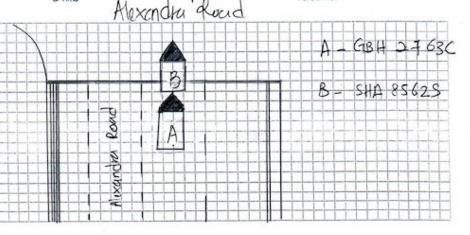
Policyholder's Signature / Date &

87/23/05/2023

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

Witnessed by Reporting Centre

Sketch Plan



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Vehicle B. No Inju	on time and I hit the injer to both parties ed the receive position of the control of the contro	rear poofing of rear poofing of vehicle is also to menu	ane. Jane. wms orabe of nicle 3, and put
	•		
Declaration			
We declare the foregoing particulars are	Actual Driver's Signature (if driver is not the policy / Date & Time	holder) Witnessed by Repo (Name as in NRIC	orting Centre Personnel (2) Coard)
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