

# 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 .....	25/05/2023 18:13 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	25/05/2023 12:34 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SLE(BEFORE EXIT 9)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	XD8543S
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	PROSPAQ GROUP PTE LTD
Company Reg No .....	200602967R
Email Address .....	christinaong@prospaq.com
Mobile Phone No .....	(Phone) +65-62699532
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Scania
Model .....	P360CB6X4MHZ
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 .....	12742

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNW00006572302

### DRIVER

Name of Driver .....	RAMASAMY SENTHILKUMAR
Passport No/FIN .....	G7345411K
Date Of Birth .....	05/04/1977
Occupation .....	Outdoor

Date Of Driving Pass .....	04/05/2017
Driving experience .....	6 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-86103121
Alt. Phone Number .....	-
Email Address .....	christinaong@prospaq.com
Address .....	-
Address complement .....	-
Postcode .....	-
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

#### REFER ATTACHED

#### 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 .....	SDV6676Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
NRIC No .....	S1612692F

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

VEH NO: XD 85435  
INSURER: Ching  
DATE OF ACC: 25/05/23 @ 1234

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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 the Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time  
25.05.23

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) 25/05/23  
Domy (YS)

Sketch Plan

PLEASE  
TURN  
OVER

Describe Circumstance of the Accident

\*\* NOTE - PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ☒ ) Reporting Only

( ) Claim OD/ TP at other workshop ( \_\_\_\_\_ )

Sketch Plan

Vehicle No: XD8543S (China)  
Date & Time: 25/05/2023 @ 1234 (Clear/dry)

Motor car SDV6676Y brake in front, i follow too but unable to stop in time and thus slightly hit onto the back of SDV6676Y.  
No one was injured.

Declaration

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



Policyholder's Signature / Date & Time

*L. Senthil Kumar*

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

25.05.23.

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



















保業集團私人有限公司  
PROSPAQ GROUP PTE LTD

No.3 Sungei Kadut Street 6 Singapore 728851 Tel: +65 6269 9532 / +65 6816 8228 Fax: +65 6368 1193  
Email: prosdaq@singnet.com.sg Co. Reg. No. 200602967R GST Reg. No. 20-0602967-R

Date : 25TH MAY 2023

To : Accident Reporting Centre (ARC)

MOTOR VEH NO. : XD 8543S

NAME OF OWNER : PROSPAQ GROUP PTE LTD

ROC NO. : 200602967R

I / We hereby approve (driver's name) RAMASAMY SENTHILKUMAR

NRIC/FIN G7345411K, our employee / employee of PROSPAQ  
GROUP PTE LTD to drive our m/vehicle no. XD8543S

and to file the accident report (Third Party claims/Own Damage Claims/Reporting  
Only) which occurred on (date) 25.05.2023 @ (time) 1234 HRS  
along (location) SLE (BEFORE EXIT 9)

\* Relationship between owner and driver's company: EMPLOYEE

Thank you.

Regards,

\* SIGN & STAMP at the above \* (if vehicle is under Company)

Name of Signatory : CHRISTINA ONG

Contact No : 98334149

Email : CHRISTINAONG@PROSPAQ.COM

