

# 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 .....	01/06/2023 17:25 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	31/05/2023 15:10 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TOWARDS TUAS BEFORE BUKIT TIMAH ROAD EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBF6015M
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	AMCOWELD INC. PTE. LTD.
Company Reg No .....	2XXXXX547G
Email Address .....	ac@amcoweld.com.sg
Mobile Phone No .....	(Phone) +65-90919595
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Peugeot
Model .....	Partner
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 .....	1560

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNW00139802200

### DRIVER

Name of Driver .....	MARIADOSS AROCKIARAJ
Passport No/FIN .....	GXXXX781R
Date Of Birth .....	10/05/1976
Occupation .....	Outdoor

Date Of Driving Pass .....	21/10/2009
Driving experience .....	13 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90919595
Alt. Phone Number .....	-
Email Address .....	ac@amcoweld.com.sg
Address .....	BLK 93 PAYA LEBAR WAY #07-3037
Address complement .....	-
Postcode .....	370093
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

PLEASE REFER TO STATEMENT AND ATTACHMENT

#### 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 .....	SMR6270Z
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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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 internal and third parties involved in this accident (all insurers) 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 purposes 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 making 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 envelope/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 stated outside of Singapore, for one or more of the Above Purposes.

*Signature*

Policyholder's Signature / Date & Time

*Signature*

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

*Signature* 01/06/2023

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

Sketch Plan

- Refer to Attached statement. -

Describe Circumstance of the Accident

Refer to attached statement. —

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 9/06/2013

Witnessed by Reporting Centre Personnel  
(Name as in NRICID card)

Accident Date: 31/05/2023

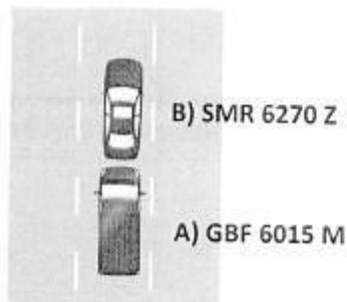
Accident Time: 15:10 Hr

Location: PIE towards Tuas before Bukit Timah Exit

Vehicle A) GBF 6015 M

B) SMR 6270 Z

On 31/05/2023, at around 3:10 p.m., I was driving my company vehicle, GBF 6015 M, in the second lane of PIE towards Tuas. Suddenly, the vehicle SMR 6270 Z in front of me applied its brakes, and I immediately applied mine as well. My company vehicle GBF 6015 M number plate had minor touch with the vehicle SMR 6270 Z in front. Nobody was injured. I would like to highlight my company vehicle GBF6015M front left bumper was spoilt which was not caused by this accident.



  
 Mariadoss Arockiaraj

  
 31/05/2023









































