# **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 05/06/2023 18:53 (SGT) Reported by **Actual Driver** Date of Accident 05/06/2023 11:55 (SGT) Exact Location of Accident Singapore Additional Location Information JURONG ISLAND ENTRANCE Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **GBH771S** 

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SOVEREIGN SECURITY SERVICES PTE LTD Company Reg No 1XXXXX539W Email Address SOVERIGN@SINGNET.COM.SG Mobile Phone No (Phone) +65-63390800 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Renault Model Kangoo 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 1461

**INSURANCE COMPANY** 

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D22MTPCVE001928

DRIVER

Name of Driver APPASAMY RAMAMOORTHI Passport No/FIN GXXXX539P Date Of Birth 07/06/1994 Occupation Outdoor



Date Of Driving Pass 20/09/2019 Driving experience 3 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-84337959 Alt. Phone Number Email Address SOVERIGN@SINGNET.COM.SG Address 75 BUKIT TIMAH RD Address complement #06-08 BOON SIEW BUILDING Postcode 229833 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 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 GBC8553D Vehicle Manufacturer Nissan Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle

Name of Driver
Contact Number

Address	<u>-</u>
Address complement	<b>-</b>
Postcode	<b>-</b>
Insurance Company Name	<u>-</u>
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	<b>-</b>

#### SKETCH PLAN

### IMPORTANT NOTICE

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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.
- 7. B) 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. Cinsent 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 a nd/ar process my personal data/personal information set out in this [form] and any other personal information provided by me or pictures of personal information of pictures of pictures of personal information of pictures of pictures of personal information to all insurer(s) which have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' law yers/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 discbsure 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.

## SOVEREIGN SECURITY SERVICES PTE LTE

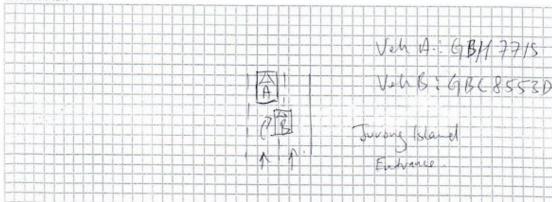
75 Bukit Timan Road #06-08/09 Boon Siew Building Singapore 229833

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



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tipe Circumstance of the Accident			
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Declaration  I/We declare the foregoing particulars are REIGN SECURITY SERVICES PTE LITTLE			
75 Bukit Timah Road 6-08/09 Boon Siew Building	Valor:	Mi.	
Policyholder's Signature / Date & Time	Actual Driver's Signature (if driver is not the policyholder / Date & Time	r) Witnessed by Reporting Centre Pe (Name as in NRIC/ID card)	rsonnel
vJun2022			2
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