

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 19/06/2023 12:27 (SGT)
Reported by Actual Driver
Date of Accident 16/06/2023 12:07 (SGT)
Exact Location of Accident Ayer Rajah Ave, Singapore
Additional Location Information SLIP ROAD TOWARDS NORTH BUONA VISTA ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB8400E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KAL TRANSPORT PTE. LTD.
Company Reg No 2XXXXX086E
Email Address kaltransport@tts.edu.sg
Mobile Phone No (Phone) +65-67767371
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 Bus
Transmission Auto
CC 2754

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMB1SNW00003612300

DRIVER

Name of Driver VINOTHAN S/O S NAGARAJAN
NRIC No SXXXX664J
Date Of Birth 20/12/1991
Occupation Outdoor

Date Of Driving Pass	06/04/2010
Driving experience	13 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84440560
Alt. Phone Number	-
Email Address	kaltransport@tts.edu.sg
Address	BLK 127D KIM TIAN ROAD #21-561
Address complement	-
Postcode	164127
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 SKETCH PLAN

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	SJB9201Z
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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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. The report will be made available by the insurers of the GAA 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 submission of the 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)
 - (a) I, the insurer, my employees and the General Insurance Association of Singapore ("GIA") may be 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 me, insurer (collectively the "Personal Information"), and disclose and transfer such Personal Information to all insurers (who have insured vehicles) involved in this accident (all insurers) who have insured vehicles) 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 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/postal packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")
 - (b) all insurers (who have insured vehicles) involved in this accident and the insurers, lawyers/law firms, may be 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 also 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 based outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time
Sketch Plan

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

19/06/2003
Witnessed by Reporting Centre Personnel



A-CB8400E
B-SJB 9201Z

Slip Road of Ayer Rajah Ave
Twins North Buona Vista Rd

Describe Circumstances of the Accident

On 16/6/23 around 1207 hrs, I was driving my BUS CB8400 E along Slip Rd of Ayer Rajah Ave towards North Buona Vista Rd. Front veh B CB 8400 E suddenly jam brakes, I cannot stop in time and collided onto veh B rear portion.

Declaration

I/we declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

X *[Signature]*

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

Witnessed by Hierarchy Centre Personnel

[Signature]
19/06/2023



































