

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 15/06/2023 18:15 (SGT)
Reported by Actual Driver
Date of Accident 15/06/2023 11:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information CANTONMENT ROAD TOWARDS KEPPEL ROAD BESIDE
PINNACLE @ DUXTON
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC5794D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SATHIKA CONSTRUCTION & ENGINEERING PTE LTD
Company Reg No 2XXXXX381C
Email Address SATHIKA_KUMAR@YAHOO.COM
Mobile Phone No (Phone) +65-94875725
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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMB1SNW00003562301

DRIVER

Name of Driver SHANMUGAM VIJAYAKUMAR
Passport No/FIN GXXXX186R
Date Of Birth 20/04/1979

Occupation	Outdoor
Date Of Driving Pass	23/12/2009
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94875725
Alt. Phone Number	-
Email Address	SATHIKA_KUMAR@YAHOO.COM
Address	80 GENTING LANE , RUBY INDUSTRIAL COMPLEX
Address complement	# 05-09
Postcode	349565
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SELF-EMPLOYED
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

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 THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLT2496S
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver KHO BOO SENG
 Contact Number (Phone) +65-97490949
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person SHANMUGAM VIJAYAKUMAR
 Gender Male
 Phone No (Phone) +65-94875725
 Address 80 GENTING LANE , RUBY INDUSTRIAL COMPLEX
 Address Complement # 05-09
 Post Code 349565
 Approximate Age Years Old -
 Injuries Sustained BACKPAIN
 Injured person in which vehicle? PC5794D
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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



bkt

Policyholder's Signature / Date & Time

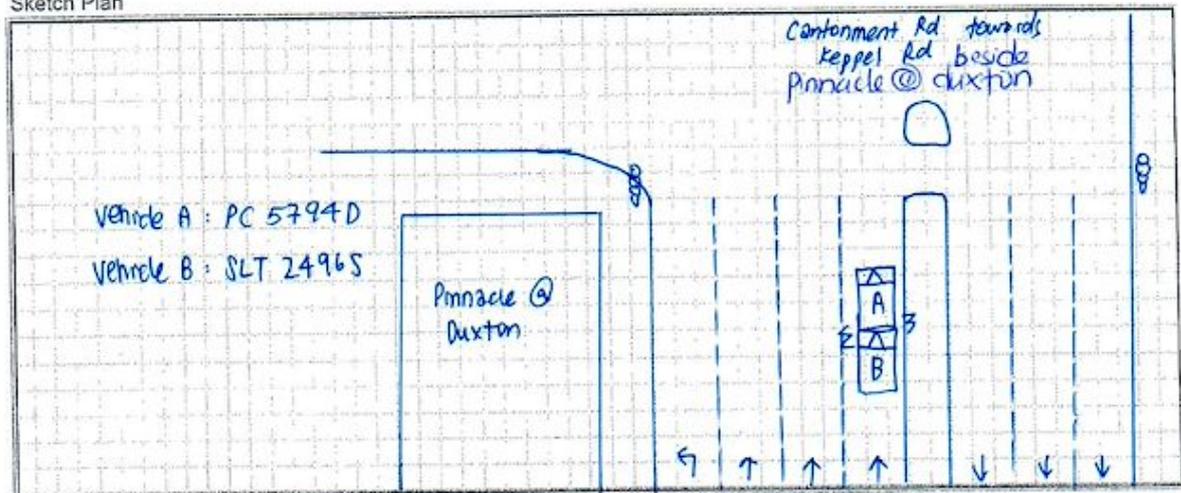
bkt

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

gnul 15/6/2023

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

Sketch Plan



Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle
 (PC 5794 D) along Cantonment Rd towards Keppel Rd on the
 extreme right lane of a 4 lane Rd. My vehicle was
 stationary due to traffic beside Pinnacle @ Duxton. As the traffic
 light turned green, when I was about to move my vehicle,
 vehicle B (SLT 2496 S) collided into the rear portion of my
 vehicle.

Declaration

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



b.k.t.

Policyholder's Signature / Date & Time

b.k.t.

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

General 15/6/2023

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





















