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.
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	22/06/2023 11:39 (SGT)
Reported by	Actual Driver
Date of Accident	21/06/2023 08:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI AFTER JURONG TOWN HALL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1570H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WAVES FLUID ENGINEERING PTE LTD
Company Reg No	2XXXXX766Z
Email Address	sales@wavesfluid.com.sg
Mobile Phone No	(Phone) +65-91680720
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00006982303

DRIVER

Name of Driver	AROCKIASAMY JANIN NELSON
Passport No/FIN	GXXXX367X
Date Of Birth	16/02/1993
Occupation	Indoor

Date Of Driving Pass	01/12/2014
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94608697
Alt. Phone Number	-
Email Address	sales@wavesfluid.com.sg
Address	PIONEER CENTRE 1 SOON LEE STREET
Address complement	# 04-69
Postcode	627605
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	KALIAMOORTHI SATHISH
Gender	Male

PASSENGER 2

Name	PANNEERSELVAM SASIKUMAR
Gender	Male

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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ36X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HOSSAINI MOHAMMAD RAKIB
Contact Number	(Phone) +65-81861638
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	UNKNOWN
Gender	Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AROCKIASAMY JANIN NELSON
Gender	Male
Phone No	(Phone) +65-94608697
Address	PIONEER CENTRE 1 SOON LEE STREET
Address Complement	# 04-69
Post Code	627605
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK
Injured person in which vehicle?	GBK1570H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KALIAMOORTHI SATHISH
Gender	Male
Phone No	(Phone) +65-94460737
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK
Injured person in which vehicle?	GBK1570H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	PANNEERSELVAM SASIKUMAR
Gender	Male
Phone No	(Phone) +65-97796393
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK
Injured person in which vehicle?	GBK1570H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
		22/06/2023

Sketch Plan PIE towards Changi After Jurong Town Hall Road

Describe Circumstances of the Accident

As of above date and time, I was driving my vehicle (GBK 1570 H) along PIE towards Changi After Jurong Town Hall Rd, on the middle lane of a 3 lane rd. The traffic was heavy and all vehicle was going at a slow speed. out of a sudden, vehicle B (GBJ 36X) collided into the rear left portion of my vehicle.

Declaration

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

Policyholder's Signature / Date & Time

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

22/06/2023

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

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

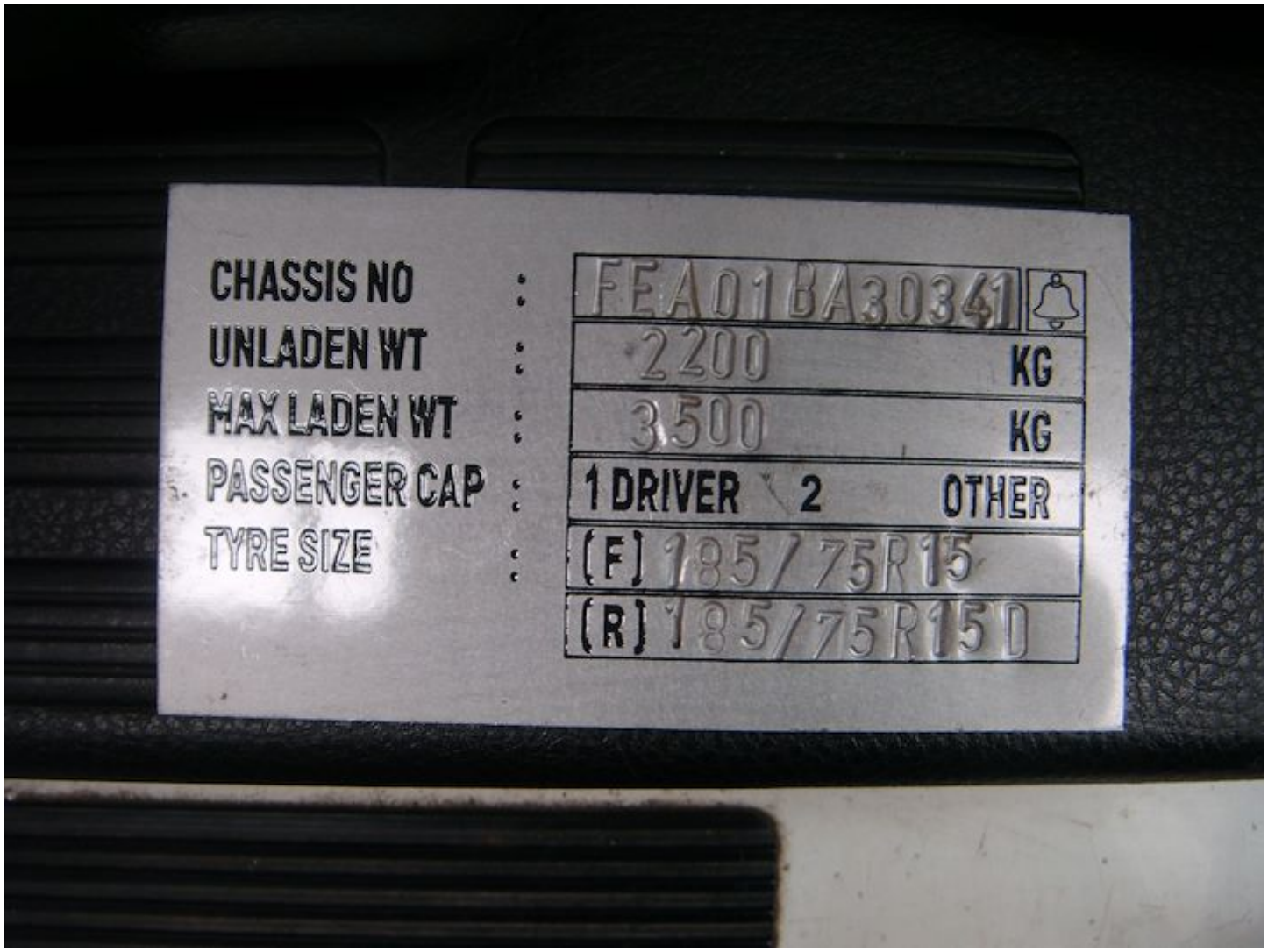
IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9


CHASSIS NO : FEA01BA30341
UNLADEN WT : 2200 KG
MAX LADEN WT : 3500 KG
PASSENGER CAP : 1 DRIVER 2 OTHER
TYRE SIZE : (F) 185/75R15
(R) 185/75R15D