

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 Authorised 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 ability
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 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 Report | 29/03/2016 16:24 |
| Date Of Accident | 29/03/2016 08:50 |
| Exact Location Of Accident | JALAN BAHAR |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | XD8419T |
|-----------------------------|---------|

Insured/Policyholder

| | |
|--------------------------|----------------------|
| Name Of Registered Owner | KL LOGISTICS PTE LTD |
| Co Reg No | 201307586H |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | Office-64510228 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | SCANIA |
| Model | P360LA4X2MSZ |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL |
| Are you claiming under your own insurance policy for repair to your vehicle? | No |
| If No, Please state action to be taken | Reporting Only |
| Vehicle Category | Commercial Vehicle |

Insurance Company

| | |
|---------------------------|--------------------------|
| Name of Insurance Company | EQ Insurance Company Ltd |
| Type Of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMCFHQ15-000053 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | SUBRAMANIAM JAYAKUMAR |
| NRIC No | G8248050T |
| Date Of Birth | 27/01/1977 |
| Occupation | Outdoor |
| Date Of Driving Pass | 15/08/2013 |
| Driving Experience | 2 Years And 7 Months |
| Gender | Male |
| Mobile Number | (Local) +65-81852285 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

Address

Postcode

Was driver an employee of the Insured's Company Yes

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident Side Swipe- Same Direction

Weather Conditions Clear

Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? No

Was any other material or property damaged? Yes

Was there any video captured by Car Camera? No

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? No

If Yes, Please state which Police Station

Was notice of intended Prosecution given? No

If Yes, against whom?

Circumstances of Accident

REFER TO THE SKETCH PLAN

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XB8915M

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

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.

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Sketch Plan

| | | |
|--|--|--|
| <p style="text-align: center;">Jalan Besar</p> | <p style="text-align: center;">Turning port road</p> <div style="position: relative; height: 100px;"> <div style="position: absolute; top: 10%; left: 40%;">A</div> <div style="position: absolute; top: 20%; left: 45%;">A</div> <div style="position: absolute; top: 30%; left: 45%;">B</div> </div> | <p style="text-align: center;">A- XDP2419T. B- XB 8415 M</p> |
|--|--|--|

Sketch Plan Pg.2

Describe Circumstances of the Accident

On 29/03/2016 at 0850 hrs, I was travelling along Jalan Bahar turning right to Jembung Port road. The right turning arrow ~~was~~ is in green light. then I slowly turn right from second lane. Vehicle B which was came in a high speed from ~~ext~~ extreme right lane and stopped at the junction immediately. As such, my vehicle which was in turning position collided with the front left side of vehicle B. No one was injured in this accident.

Declaration

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

☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other workshop _____
☒ For record purpose
 Policy No. DUCFH015-000053
 Insurer _____ Veh. No. XD8419T

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo

