

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	20/11/2017 11:52
Date Of Accident	18/11/2017 22:40
Exact Location Of Accident	JUNCTION OF UBI ROAD 3 & UBI AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3594T
Insured/Policyholder	
Name Of Registered Owner	EQUIP-DESIGN & SUPPLY PTE LTD
Co Reg No	197402224W
Email Address	FINANCE@EQUIP-DESIGN.COM
Mobile Phone No	(LOCAL) +65-81112703
Alternative Phone No	OFFICE-63383838

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ17-000117
Cover Note Number	31/01/2017 - 30/01/2018

Driver

Name of Driver	GUNASEKARAN NATHAN
Passport No/FIN	F8460778U
Date Of Birth	10/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	15/09/2017
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90032640
Fax Number	
Contact Number	
Email Address	FINANCE@EQUIP-DESIGN.COM

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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION
Weather Conditions AFTER RAIN
Road Surface WET

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? NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
POLICE STATION NAME [OTHER] SERANGOON GARDENS NPP
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

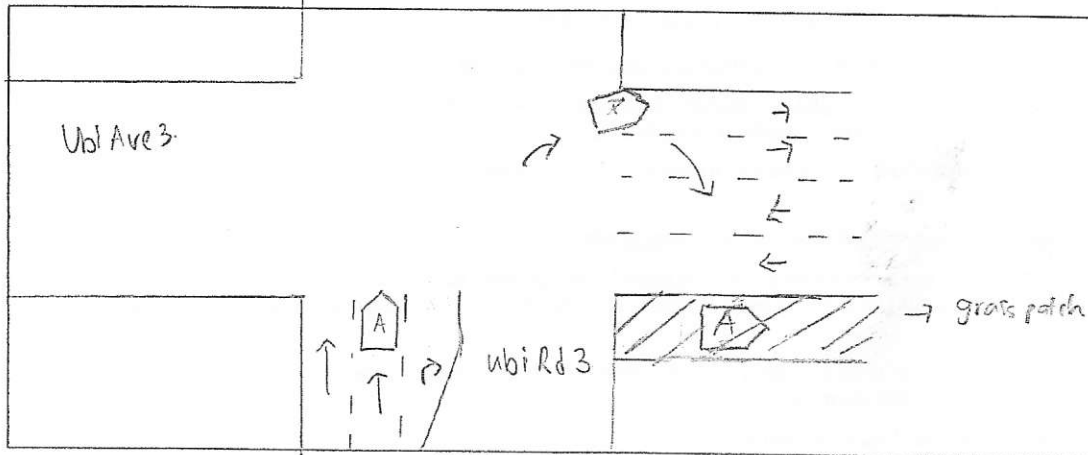
Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

Sketch Plan Pg. 1

Date of accident: 18/11/17 Time: 2240 Location: Junction of Ubi Road 3 and Ubi Ave 3.
 My Vehicle A: GBC3594T Vehicle B: — Vehicle C: —

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Ubi Road 3 turning into Ubi Ave 3. However after I turn, I accidentally hit onto the left side of the road kerb. Due to the impact, I tried to turn right. My vehicle lost control and ^{mounted} ~~hit~~ up the kerb at the right. My vehicle did hit onto the sign post. However I was unaware of any damages to the sign post.

☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :


& myself :


Email address : finance @ equip-design.com

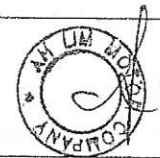
Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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:


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

AH LIM MOTOR COMPANY

Sketch Plan Pg. 2

SKETCH PLAN

IMPORTANT NOTICE

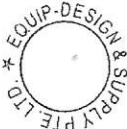
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies 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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:



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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20171120/2040

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

1 of 3

Report No. T/20171120/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2017 12:22		Vide Report No.:		Station Diary No.: 8
Informant's Particulars				
Name of Informant: GUNASEKARAN NATHAN		Address: APT BLK 18 TOH GUAN ROAD EAST #05-18 WESTLITE TOH GUAN DORMITORY SINGAPORE 608591		
ID Type / ID No.: FIN NO / F8460778U		Contact No.: Home/Office: Mobile: 90032640		
Nationality: INDIAN		Email:		
Sex: Male	Age: 40	Date of Birth: 10/06/1977	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: Service		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 18/11/2017 22:40	Type of Location: X-Junction
Location: Along Road 1 UBI AVENUE 3 UBI ROAD 3 Ubi Ave 3 X Ubi Road 3				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC3594T	Van	NISSAN	NV200	Silver	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBC3594T	EQ INSURANCE COMPANY LTD.	DMCPHQ17-000117	31/01/2017	31/01/2018

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20171120/2040

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

2 of 3

Report No. T/20171120/2040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GUNASEKARAN NATHAN	ID No.	F8460778U
Related Vehicle	GBC3594T (Van)	Contact No.	90032640
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/11/2017 @2240hrs, I was driving my company's vehicle GBC3594T along Ubi Ave 3 and was making a right turn into Ubi Road 3 when the vehicle skidded and hit onto the road kerb. I then tried to counter skid but it went out of control and mounted the road kerb on the right and hit onto a Traffic Police signage. I was not injured in the accident and the signage was not damaged when I made a checked. The vehicle front two tires and front bumper were damaged in the accident. I wish to state that the road condition was slippery at that time as it was raining earlier.



**SINGAPORE
POLICE FORCE**



T/20171120/2040

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

3 of 3

Report No. T/20171120/2040

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / SI ABDUL RASHID BIN ABDULLAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/11/2017 12:22
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt LEE SOON LYE Contact No.: 65476239	Classification Of Case:
Authentication Stamp NP168	SN 154
Signature: Singapore Police Force	