

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	30/11/2017 15:33
Date Of Accident	30/11/2017 09:15
Exact Location Of Accident	JALAN BOON LAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP6053C
Insured/Policyholder	
Name Of Registered Owner	MULTI SCAFF ENGINEERING PTE LTD
Co Reg No	201026906N
Email Address	HR@MULTI-SCAFF.COM
Mobile Phone No	(LOCAL) +65-92350579
Alternative Phone No	OFFICE-63382530
Vehicle Particulars	
Manufacturer	ISUZU
Model	NNR85U4AA-3.0 D (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	GOODS VEHICLE
Insurance Company	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D17MTPCVE002011
Cover Note Number	
Driver	
Name of Driver	CHELLLADURAI MUNIASAMY
Passport No/FIN	G8421081T
Date Of Birth	11/04/1984
Occupation	OUTDOOR
Date Of Driving Pass	23/05/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92350579
Fax Number	
Contact Number	
EEmail Address	SAFETY@MULTI-SCAFF.COM

Address	65 UBI ROAD 1, OXLEY BIZHUB, #04-32
Postcode	408729
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	COLLISION - CROSS JUNCTION
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
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer attachment

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ9519D
Vehicle Make/Model/Colour	TOYOTA RUSH/BLUE
Details Of Properties	LH FRONT
Name of Driver	HONG LAI PENG
NRIC/Passport Number	S7326097C
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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8. Consent under the Personal Data Protection Act (PDPA)

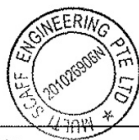
I understand, acknowledge, agree and consent that:

- (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:

30/11/17 1612h



Driver's Signature

(If driver is not the policyholder)

Date & Time: 30/11/17 1612h

Reporting Centre Personnel's Signature

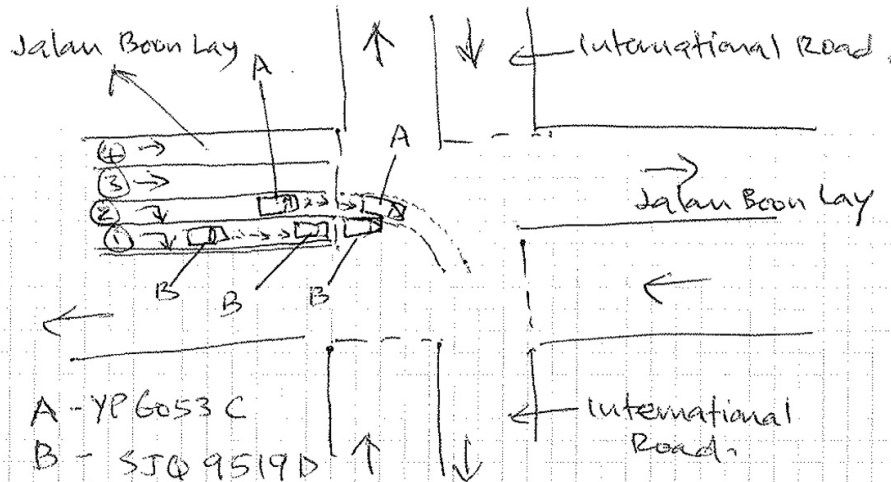
Name: Hamsah Saad

NRIC/FIN No.:

50162434B

AUTOLUTION INDUSTRIES
SINGAPORE 408623
TEL: 6490 9666 FAX: 6846 7483

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stop my vehicle 'A', YP 6053C on lane 2. Activated RH signal to make a right turn into International Road. Lane 1 & 2 is for turning right only. When signal light turned green arrow, I proceeded to make a right turn into International Road. Vehicle 'B', SJQ 9519D on lane 1, while making a right turn, the LH front fender hit the RH rear end side panel of my vehicle 'A'.

DECLARATION

We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time:

30/11/17 1612hvj

GIARMC SketchPlanForm_V3

C. Bay

Driver's Signature

(If driver is not the policyholder)

Date & Time: 30/11/17 1612hvj

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD, 4
SINGAPORE 408623
TEL: 6490 9666 FAX: 6846 7483

Reporting Centre Personnel's Signature

Name: Hussien Saad

NRIC/FIN No.: S0162434B



Sompo Insurance Singapore Pte. Ltd.
50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623
Tel: 6461 6555 | Fax: 6221 3302 | Website: www.sompo.com.sg
Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

Certificate of Insurance

**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)**

- Cert No./Policy No.** : D17MTPCVE002011
- 1. Registration No.** : YP6053C - Item No. 7
- 2. Insured Name** : MULTI SCAFF ENGINEERING PTE LTD
- 3. Commencement Date** : 31 JULY 2017 00:00
- 4. Expiry Date** : 23 MARCH 2019 23:59
- 5. Coverage** : Market value at time of loss - Comprehensive
- 6. Excess** : \$500 - Section I
- 7. Persons or Classes of Persons entitled to drive***
b) Any person who is driving on the Insured's order or with their permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.
- 8. Limitations as to use***
1) Use in connection with the Insured's business.
2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business
3) Use for social, domestic or pleasure purposes.
- The Policy does not cover
1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.
2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- 9. ExcelDrive Workshops & Accident Reporting**
It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.
- It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.
In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555
- Visit www.sompo.com.sg for list of ExcelDrive Workshops and Accident Reporting Centers.

I/We HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Sompo Insurance Singapore Pte. Ltd.

Stella

Date/Time of Issue : 01 AUGUST 2017 12:07

*Limitation rendered inoperative by section 8 of the Motor Vehicles(Third-Party Risks and Compensation)Act (Chapter 189 and section 95 of the Road Transport Act, 1987(Malaysia), are not to be included under these headings.

IMPORTANT NOTICE

- Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
- Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189)
- The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
- Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
- Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name : 11L16301 & IWIN GENERAL INSURANCE AGENCY PTE. LTD. CI Code: 20D F4JDH5424DMDBZA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man.

Licence Number: **G8421081T**

Name: **CHELLADURAI MUNIASAMY**

Birth Date: **11 Apr 1984**

Issue Date: **11 Dec 2015**

Valid Till: **10/12/2020**

Barcode: 002502238K

SG 50

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
MULTI SCAFF ENGINEERING PTE. LTD.

Portrait photo of a man.

Name: **CHELLADURAI MUNIASAMY**

Work Permit No.: **0 34437408**

Sector: **CONSTRUCTION**

Barcode: K0007309

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Description	Effective Date
C	Class 2B Motorcycles <= 300 CC	11 Dec 2015
C	Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	23 May 2017

G8421081T S / No. 9000268243

NP 428A

Barcode: Licence No: G8421081T

VISIT PASS
Immigration Regulations

20-09-2017

Name: **CHELLADURAI MUNIASAMY**

FIN: **G8421081T**

Date of Birth: **11-04-1984** Sex: **M**

Nationality: **INDIAN**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status

QR Code

Barcode

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



