

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	04/12/2017 14:20
Date Of Accident	03/12/2017 09:00
Exact Location Of Accident	UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC7807D
Insured/Policyholder	
Name Of Registered Owner	SANTE ACCESS SYSTEM PTE LTD
Co Reg No	A199306365G
Email Address	SR.SENLTHIL.MBA@GMAIL.COM
Mobile Phone No	
Alternative Phone No	Office-84647549

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-2.0 (M)
Exact Purpose for which vehicle was being used at time of accident	
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	RAMANATHAN SENTHILKUMAR
Passport No/FIN	G6433225U
Date Of Birth	20/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	12/05/2016
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	SR.SENLTHIL.MBA@GMAIL.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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

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 SKETCH PLAN

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	SLR9634A
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

Describe Circumstances of the Accident

As send date, time and location.

The car in front of me stop at the traffic light at Upper Swinington Road then and hit the back of the car.

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **SOON** the details of the accident to speed up the claims process.
2. This Form must be **submitted by the Policyholder under the Authorized Agent**.
3. Information provided must be as **truthful and accurate as possible**. Any will misrepresentation or withholding of material facts may allow insurance companies to **rescind the policy liability**.
4. The issues and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any **file a reporting may be referred to the Police for investigation**.
6. The report will be **forwarded by the insurer of the CAI Records Management Centre established by the General Insurance Association of Singapore (GIA)** for archiving and true copies of this report will for a fee be made available upon application by interested parties.
7. By the **signature of the insured**, you hereby consent to the archiving of this report at the centre and to copies of the report being made available **altered**.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(d) My insurer, my lawyer, the General Insurance Association of Singapore ("GIA"), my/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [Form] and any personal information provided by me or possessed by my insurer (collectively, the "Personal Information") and disclose and transfer such Personal Information to Insurer(s) who have insured vehicle(s) involved in the accident (all Insurer(s) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers", the Insurers' Broker/insurer(s), the Monetary Authority of Singapore and any relevant government agency/body/office (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/postal packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claim.
- (c) **collectively the "Purposes"**
- (i) as insurers I may have insured (vehicle(s)) involved in this accident and the Insurers' law firm, may/are permitted to collect, use, disclose and/or process my Personal Information for any or more of the above Purposes; and
- (ii) my Personal Information may/can be disclosed by any of the Insurers and/or GAA to their third party service providers or agents (including their law firm(s)), which may be based outside of Singapore, for one or more of the above Purposes.

Declaration

We declare the foregoing particulars are true in every respect.

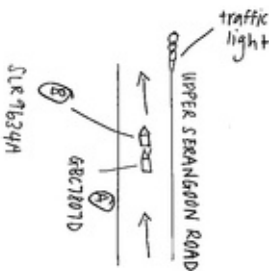
Policyholder's Signature / Date &
a. Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

Policyholder's Signature / Date & Time 	Driver's Signature (if driver is not the policyholder) / Date & Time 	Witnessed by Reporting Centre Personnel 
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CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : Santa Access System Pte Ltd
Period of Insurance : 20 Nov 2017 To 19 Nov 2018
Engine No. : ZD3003980K
Chassis No. : JN1SC27242055235
Vehicle No. : C8C7807D
Policy No. : 2100358648-04
Endorsement No. :
Issued Date : 02 Nov 2017

ABOUT THE COVER

Make/Model : NISSAN NEW CABSTAR
Engine Capacity/Tonnage : 1.6 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
CIF Peak Car : No
First Year of Registration : 2013
Insuring with COE/PAF : Yes
Person or Classes of Persons Entitled to Drive :
Any person who is driving on the Policyholder's order or with their permission.
In this Policy, the Policyholder or any authorized driver only is/are covered for the specified age condition.
The limit to age of authorized driver is 21,000 or Young and/or Insured/Authorized Driver Excess (YED) if the age of Young/Authorized Driver (insured or authorized) is under the age of 21 and/or has been over 2 years driving experience.

Age Condition : All Age Condition

1. Use is restricted to the Policyholder's business.
2. Use for the purpose of passenger (other than for hire or reward) in connection with the Policyholder's business.
3. Use for the purpose of transporting goods or materials in connection with the Policyholder's business.
4. Use for the purpose of transporting goods or materials in connection with the Policyholder's business, and to use while carrying a load except the loading or unloading of goods or materials being a necessary part of the business of the Policyholder.
5. Use for the purpose of transporting goods or materials in connection with the Policyholder's business, and to use while carrying a load except the loading or unloading of goods or materials being a necessary part of the business of the Policyholder.

EXCESS

Section 1
For 20 Own Damage - \$500
Section 2
Property Damage - \$0
Theft - \$100
Named Driver and Excess (where applicable)

PROVIDED REPORTING CENTRE/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. The Chong Lian Road, 101/102, 101/103, 101/104, 101/105, 101/106, 101/107, 101/108, 101/109, 101/110, 101/111, 101/112, 101/113, 101/114, 101/115, 101/116, 101/117, 101/118, 101/119, 101/120, 101/121, 101/122, 101/123, 101/124, 101/125, 101/126, 101/127, 101/128, 101/129, 101/130, 101/131, 101/132, 101/133, 101/134, 101/135, 101/136, 101/137, 101/138, 101/139, 101/140, 101/141, 101/142, 101/143, 101/144, 101/145, 101/146, 101/147, 101/148, 101/149, 101/150, 101/151, 101/152, 101/153, 101/154, 101/155, 101/156, 101/157, 101/158, 101/159, 101/160, 101/161, 101/162, 101/163, 101/164, 101/165, 101/166, 101/167, 101/168, 101/169, 101/170, 101/171, 101/172, 101/173, 101/174, 101/175, 101/176, 101/177, 101/178, 101/179, 101/180, 101/181, 101/182, 101/183, 101/184, 101/185, 101/186, 101/187, 101/188, 101/189, 101/190, 101/191, 101/192, 101/193, 101/194, 101/195, 101/196, 101/197, 101/198, 101/199, 101/200, 101/201, 101/202, 101/203, 101/204, 101/205, 101/206, 101/207, 101/208, 101/209, 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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

