

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	05/12/2017 15:14
Date Of Accident	05/12/2017 08:30
Exact Location Of Accident	MACPHERSON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV6573A
Insured/Policyholder	
Name Of Registered Owner	DINGKE ENGINEERING PTE LTD
Co Reg No	201404202N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93839810

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCPHQ17-004791
Cover Note Number	

Driver

Name of Driver	SUNDARAM SETHURAJAN
NRIC No	G7455214K
Date Of Birth	29/07/1978
Occupation	OUTDOOR
Date Of Driving Pass	07/05/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93839810
Fax Number	
Contact Number	
EEmail Address	DINGKE_ENG@YAHOO.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 NO COLLISION

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

My vehicle was on the centre lane, checked my blind spot, clear and gave signal to switch into right lane. As I was about to switch into the right lane, I heard a honked. Hence I switched back into my lane and drove straight. When I stopped my vehicle at the traffic junction, the driver approached me saying that my vehicle had touched onto his vehicle. I never felt any impact when I switched into my lane.

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 SKN6886S

Vehicle Make/Model/Colour B.M.W./320I AT D/AB 4DR ABS HID/BLACK

Details Of Properties

Name of Driver UNKNOWN DRIVER

NRIC/Passport Number

Contact Number UNKNOWN

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

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 shed outside of Singapore, for one or more of the above Purposes.



[Handwritten signature]

VERIFIED BY AJAX MARS
REPORTING OFFICER

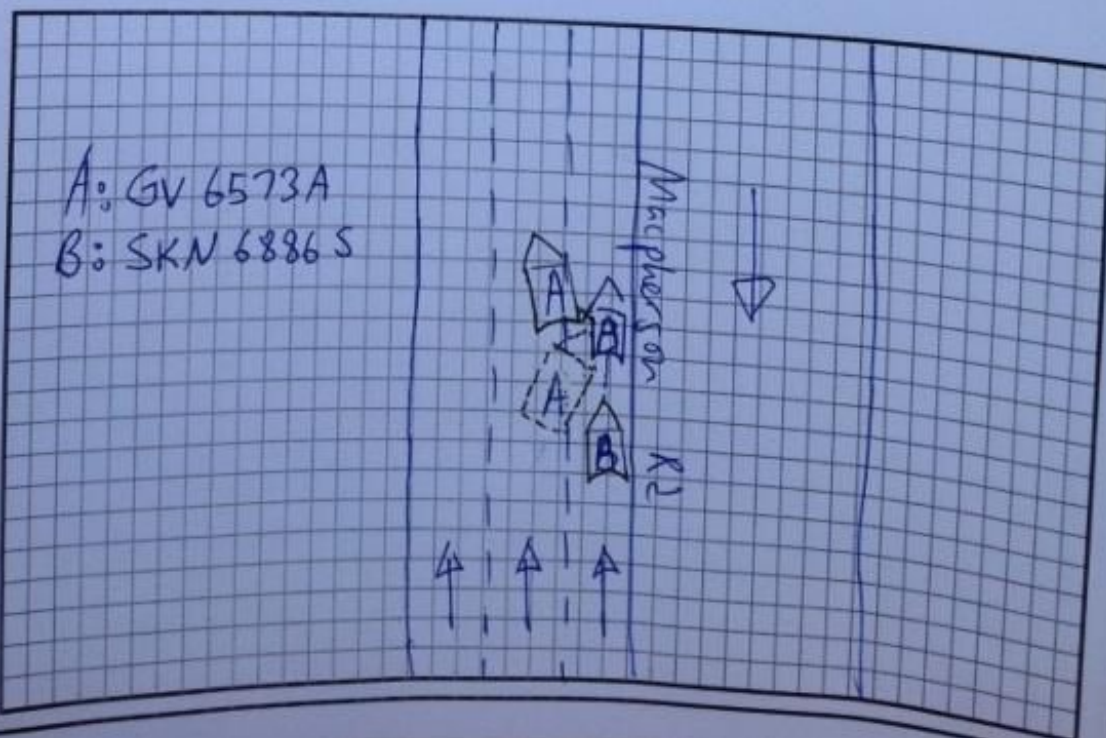
AIZAM BIN ATAN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

My vehicle was on the centre lane ,checked my blind spot ,clear and gave signal to switch into right lane. As I was about to switch into the right lane,I heard a honked. Hence I switched back into my lane and drove straight. When I stopped my vehicle at the traffic junction,the driver approached me saying that my vehicle had touched onto his vehicle. I never felt any impact when I switched into my lane.

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

No, Reporting only

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

5 December, 2017 3:00 pm

Date/Time:

5 December, 2017 3:00 pm

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

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

Employer:
DINGKE ENGINEERING PTE. LTD.

Sector: **CONSTRUCTION**

Name:
SUNDARAM SETHURAJAN

Occupation:
CONSTRUCTION WORKER-CUM-DRIVER

Work Permit No.
0 3273314

Date of Application
03-07-2017

Date of Issue
01-08-2017

Date of Expiry
31-07-2018

L8221432

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G7455214K**

Name:
SUNDARAM SETHURAJAN

Birth Date: **29 Jul 1978**

Issue Date: **07 May 2015**

Valid Till **06 May 2020**

002424726H

SG 50

Driving License

VISIT PASS
Immigration Regulations

Name
SUNDARAM BETHURAJAN



Date of Birth	Sex	Nationality
29-07-1978	M	INDIAN
FIN	Date of Issue	Date of Expiry
G7455214K	01-08-2017	31-07-2018

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.



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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	07 May 2015
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	07 May 2015



NP 423A