

MSME17166363 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 18/12/2017 17:47

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 18/12/2017 17:47
Date Of Accident 18/12/2017 08:30
Exact Location Of Accident BAYSHORE RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD8025G
Insured/Policyholder
Name Of Registered Owner PATIENCE CONSTRUCTION PTE LTD
Co Reg No 1989024590
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-67494502

Vehicle Particulars

Manufacturer TOYOTA
Model DYNA
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 THIRD PARTY
Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number MU011259
Cover Note Number

Driver

Name of Driver SASIKUMAR TAMILPRABHAKARAN
NRIC No G5306979M
Date Of Birth 04/03/1989
Occupation INDOOR
Date Of Driving Pass 19/08/2013
Driving Experience 4 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97295811
Fax Number
Contact Number
Email 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
 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

ON 18/12/2017 AT ABOUT 8.30AM, MY VEHICLE A (GBD8025G) WAS STATIONARY ALONG BAYSHORE ROAD WAITING FOR THE TRAFFIC FROM OPPOSITE DIRECTION TO CLEAR BEFORE I COULD TURN INTO THE WORKSITE. OUT OF SUDDEN, VEHICLE B (SLD1622K) OVERTOOK ME FROM MY RIGHT, HIT AND GRAZE THRU MY VEHICLE FRONT RIGHT SIDE.

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 SLD1622K
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Name of Driver SHAHARUDIN MOHAMED YUSOFF
 NRIC/Passport Number
 Contact Number 91725228
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan Pg. 1

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:

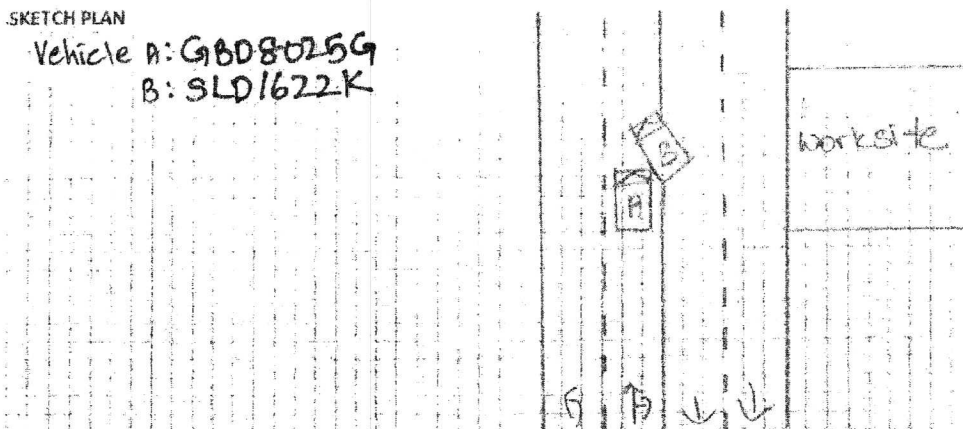
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2 Pg. 1

SKETCH PLAN

Vehicle A: GBD8025G
 B: SLD1622K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/12/2017 at about 8.30am, my vehicle A (GBD8025G) was stationary along Bayshore Road waiting for the traffic from opposite direction to clear before I could turn into the worksite. Out of sudden, vehicle B (SLD1622K) overtook me from my right, hit and graze thru my vehicle front right side.

DECLARATION

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

Policyholder's Signature
 Date & Time:

GIARMC SketchPlanForm_V3

Driver's Signature
 (if driver is not the policyholder)

Date & Time: 18-12-17, 12.15pm

Reporting Centre Personnel's Signature

Name:
 NRIC/FIN No.:

PREMIUM CARE