

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	20/12/2017 14:13
Date Of Accident	19/12/2017 16:15
Exact Location Of Accident	BARTLEY RD EAST AROUND UPP PAYA LEBAR JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB9023E
Insured/Policyholder	
Name Of Registered Owner	BOK SENG LOGISTICS PTE LTD
Co Reg No	199305010H
Email Address	TAN.YEWCHYE@BOKSENG-IPL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64161999

Vehicle Particulars

Manufacturer	NISSAN
Model	CKB45ABTN2-18.0 D (M)
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	THIRD PARTY
Vehicle Category	GOODS VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	M489372

Driver

Name of Driver	MUTHUKANNU RAJKUMAR
Passport No/FIN	G5029512K
Date Of Birth	04/10/1990
Occupation	OUTDOOR
Date Of Driving Pass	07/09/2016
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	5 TUAS AVE 3 BS LOGISTICS HUB
Postcode	639405
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

i was travelling along bartley road east approaching traffic light junction with upper paya lebar road. As i stopped at the junction, veh b cut into my lane and hit my vehicle on the left front side.

Attachment(s)

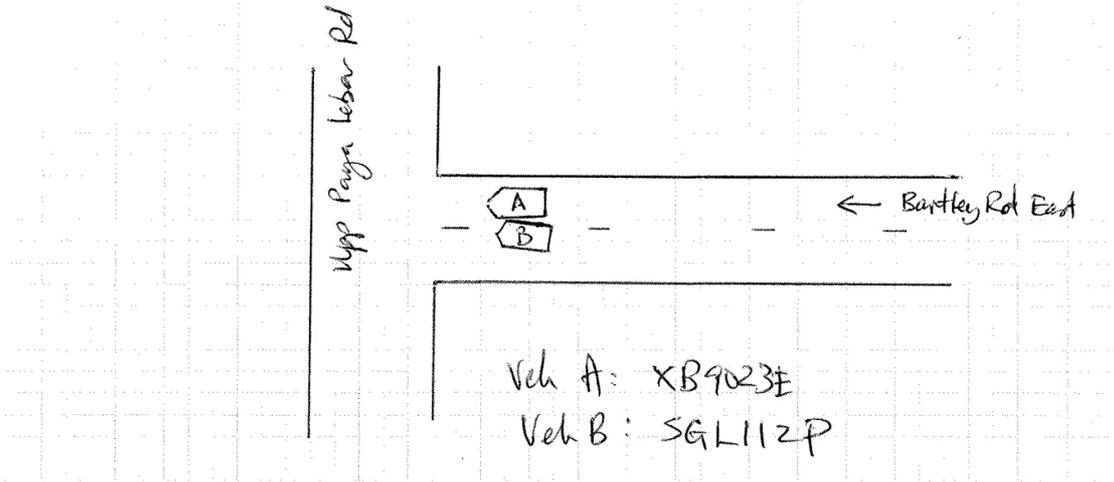
Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGL112P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Bartley Road East approaching traffic light junction with Upp Paya Lebar Rd. As I stopped at the junction, veh B cut into my lane & hit my vehicle on the left side.

DECLARATION

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


 Policyholder's Signature: *M. Raj*
 Date & Time: 20/12/17 14:50
 Driver's Signature: *M. Raj*
 (If driver is not the policyholder)
 Date & Time: 20.12.17 / 14.50
 Reporting Centre Personnel's Signature: _____
 Name: _____
 NRIC/FIN No.: _____

Sketch Plan Pg. 2

SKETCH PLAN

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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:

14:50

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

20.12.17 / 14.50

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

Accident Photo



Accident Photo



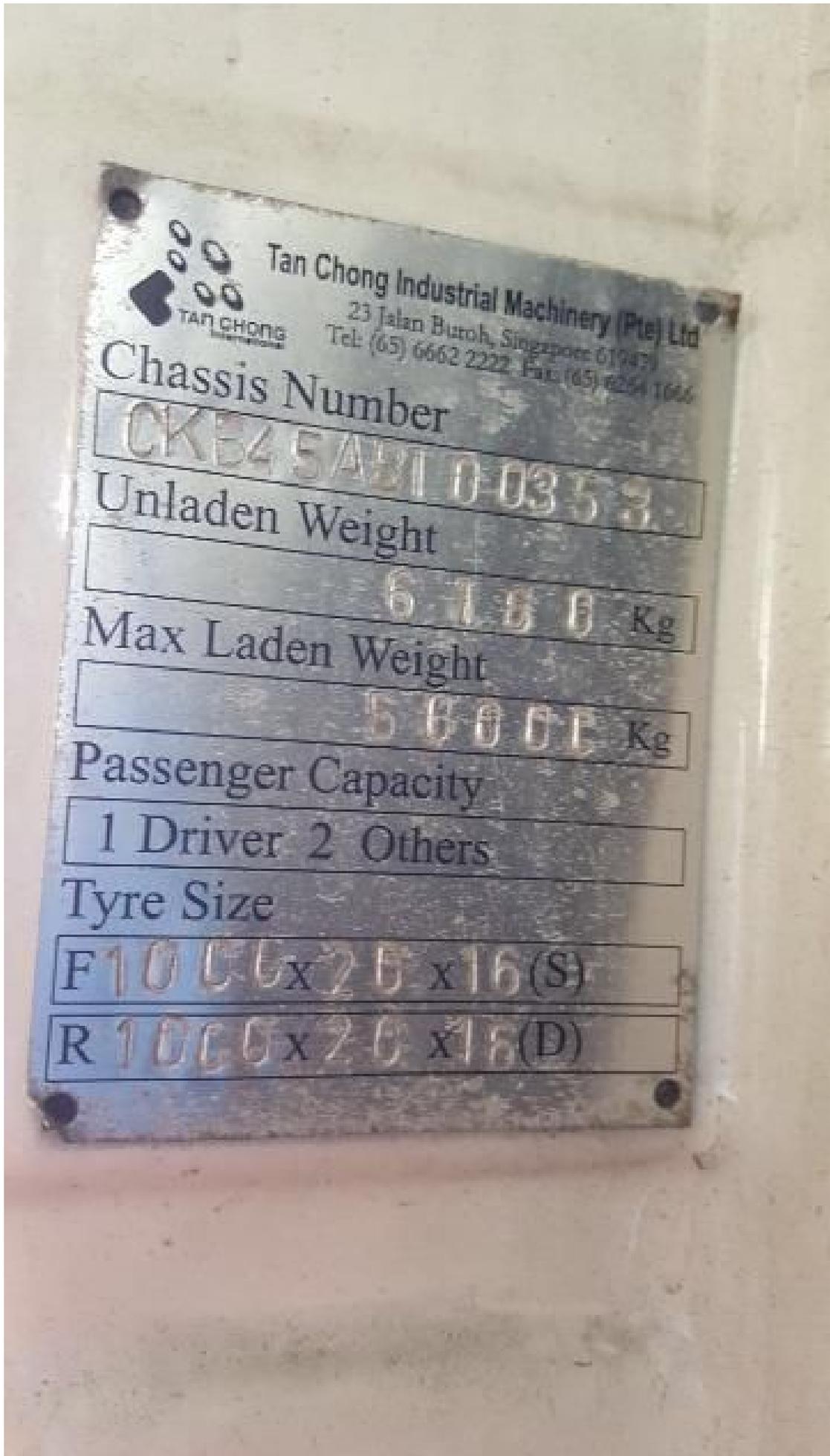
Accident Photo



Accident Photo



Identification Card



Tan Chong Industrial Machinery (Pte) Ltd
23 Jalan Buroh, Singapore 61947
Tel: (65) 6662 2222 Fax: (65) 6254 1046

Chassis Number

CKE45ABT 0-0353

Unladen Weight

6150 Kg

Max Laden Weight

5800 Kg

Passenger Capacity

1 Driver 2 Others

Tyre Size

F1000x25 x16(S)

R1000x25 x16(D)

Identification Card



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MR 17167202 Vehicle Registration No: XB9023E
Name(as shown in NRIC) : Bok Sing Logistics Pte Ltd NRIC/FIN/Passport No : 199305210H
(*Vehicle Driver / Vehicle Owner)(* Please delete as appropriate
Address : 5 Tans Ave 3 BS Logistics Hub Singapore 639405
Contact (Tel) : 64161999 Mobile No. :
Email Address :
Date of Accident : 19/12/17 Time of Accident : 1615 hrs
Place of Accident : Bentley Rd East Around Upp Paya Lebar Junction
Insurance Company: India International Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To add in details of other vehicle property 1



Signature and date 20/12/17

Policyholder / Driver's Signature
Date:

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