

## 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	02/01/2018 16:16
Date Of Accident	13/07/2017 15:00
Exact Location Of Accident	ALONG BALESTIER RD TWDS THOMSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP1295D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JALPA INTERNATIONAL (PTE) LTD
Co Reg No	-
Email Address	ONETWOKUMARK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-86450450
Alternative Phone No	OFFICE-86450450

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3017551700
Cover Note Number	

### Driver

Name of Driver	SURULIRAJ NARAYANAN
Passport No/FIN	G5366030X
Date Of Birth	18/04/1984
Occupation	OUTDOOR
Date Of Driving Pass	24/04/2017
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86450450
Fax Number	
Contact Number	OTHERS-86450450
EEmail Address	ONETWOKUMARK@YAHOO.COM.SG

Address	JALPA INTERNATIONAL (PTE) LTD
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	3
Passenger 1	NAME: : NIL GENDER: : MALE
Passenger 2	NAME: : NIL GENDER: : MALE

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SHD3329S
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

### SKETCH PLAN

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6. The report will be forwarded by 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.
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.

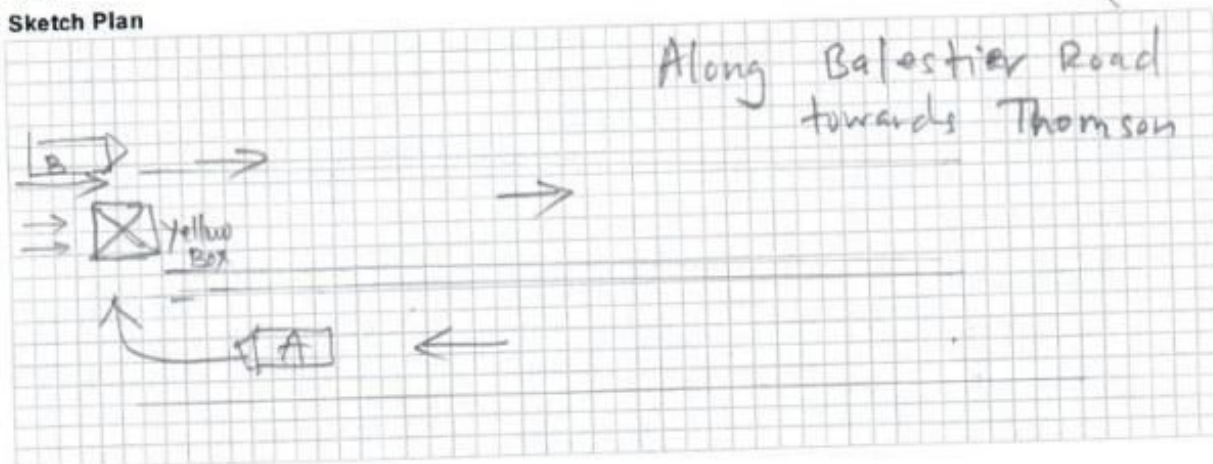


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



A-YP1295 D

B - SHD 3329 S

## Sketch Plan #2

### Describe Circumstances of the Accident

On 13 July 2017 I drove my company vehicle (A) YP 1295D along balstia road towards thomson road.

At the time I make U turn in balstia road. On the time yellow box in thomson road. Two track vehicle waiting before in yellow box.

Third track vehicle (B) SHD 3329s suddenly came.

The Accident make on small scratch in vehicle SHD 3329s.

No injury, No damage, Just only small scratch.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Sketch Plan #3



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD  
3 Arden Road #15-05 Springland Tower Singapore 079909  
Tel: 6389 6111 Fax: 6222 1033  
Website: www.sg.cntaiping.com  
Co. Reg. No. 200208384E

Our Reference: **SNM17D04253/C02/5**

Date: **20 JULY 2017**

via Ordinary & Registered Mail



**JALPA INTERNATIONAL (PTE) LTD**  
**BLK 36B CUFF ROAD**  
**#03-01**  
**SINGAPORE 209745**

Dear Sir / Madam

**ACCIDENT INVOLVING YP1295D AND SHD3329S ON 13 JULY 2017**  
**ALONG BALESTIER ROAD TOWARDS THOMSON**

We refer to the abovementioned accident.

Please be advised that the third party vehicle, **SHD3329S**, is filing a third party property claim against your vehicle.

We have appointed **LKK Auto Consultants Pte Ltd**, to administer the said claim on our behalf and they will soon contact you for more information about the accident. Kindly render your assistance and co-operation accordingly.

We understand that you or your driver has not filed an accident report within 24 hours as per Motor Claims Framework. We would urge you to comply with the condition to file your accident report with your vehicle (whether damaged or not) to us **IMMEDIATELY** through **LKK Auto Consultants Pte Ltd** or any of **our authorized workshops**. You may log onto our website [www.sg.cntaiping.com](http://www.sg.cntaiping.com) for location of the respective workshops.

We regret to advice that we and/or **LKK Auto Consultants Pte Ltd** will not be handling the third party claim and your **NO CLAIM DISCOUNT** will be penalized upon renewal of your policy if you fail to comply with the condition of reporting.

Yours truly,  
Claims Department

*(This is a computer generated letter and no signature is required.)*

CC: LKK Auto Consultants Pte Ltd  
Attn : SYAF  
Ref : CC3/CT117013855/K1db3  
Contact No : 6749 5792  
via Email : NurSyafiqah@lkkauto.com

CC: Agent - (AN0613A) - AUTO WORLD PTE LTD

51 ubi avenue #01-25  
Pay a ubi Industrial Park  
Singapore - 408933

F02/LKKDSANR-2013

Sketch Plan #4



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909  
Tel: 6389 6111 Fax: 6222 1033  
Website: www.sg.cntaiping.com  
Co. Reg. No. 200708384E

Our Claim No: SNM17D04253C01/8

Date: 7 December 2017

BY REGISTERED & ORDINARY MAIL

JALPA INTERNATIONAL (PTE) LTD  
BLK 36B CUFF ROAD  
#03-01  
SINGAPORE 209745

Dear Sirs,

**Re: Accident involving YP1295D and SHD3329S on 13 July 2017 along Balestier Road**

We refer to the above matter.

We regret to advise that you have failed to respond to our request of making a motor accident report at any of our authorized workshops despite our letter dated 20 July 2017 and Traffic Police letter dated 26 October 2017.

Please note that your failure to make report has constituted a breach of Condition No. 4(a) stipulated in the Schedule as follows:

**"In the event of any accident involving the Motor Vehicle, irrespective of whether it would give rise to a claim, the Insured shall, together with the Motor Vehicle, call at the Company's Approved Authorised Workshop and/or Reporting Centre and report the accident within 24 hours of the accident or by the next working day thereof."**

In view of the aforesaid, we hereby give you **NOTICE TO REPUDIATE** liability under the Motor Insurance Policy No. DMCVSN3017551700 against **all claims** arising from the said accident.

Kindly take over conduct of the claims and liaise with M/s LKK Auto Consultants Pte Ltd (Ref: CC3/CTI17013855/K1DB3) Tel: 67495792.

# Sketch Plan #5





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



