

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 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	22/01/2018 21:20
Date Of Accident	07/01/2018 12:00
Exact Location Of Accident	JLN KAYU OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH2778D
Insured/Policyholder	
Name Of Registered Owner	RENGANATHAN KANNAN SANKARANARAYANAN
NRIC No	S7584655Z
Email Address	SANKAR.NARAYAN.RK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93867774
Alternative Phone No	OFFICE-93867774

Vehicle Particulars

Manufacturer	PEUGEOT
Model	508 1.6 TURBO ALLURE PLUS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-005543
Cover Note Number	N.A.

Driver

Name of Driver	RENGANATHAN KANNAN SANKARANARAYANAN
NRIC No	S7584655Z
Date Of Birth	24/02/1975
Occupation	INDOOR
Date Of Driving Pass	31/01/2008
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93867774
Fax Number	
Contact Number	OFFICE-93867774
EEmail Address	SANKAR.NARAYAN.RK@GMAIL.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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
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)	3
Passenger 1	NAME: : SARIFAH BTE SUMAIDI GENDER: : FEMALE
Passenger 2	NAME: : NADRA ELLYANIS BINTE HARON GENDER: : FEMALE

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 THE DATE AND TIME MENTIONED, I WAS NOT INVOLVED IN ANY ACCIDENT. I MADE THIS REPORT AS REQUESTED BY MY INSURANCE COMPANY, EQ INSURANCE. THAT IS ALL.

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	SDP98L
Vehicle Make/Model/Colour	MERCEDES BENZ/ E200
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	NA
Address	NA
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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.
(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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
Hashim Kamari

x Ashmuf.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel 220118

Sketch Plan

I WAS NOT INVOLVED IN ANY
ACCIDENT ON THE DATE MENTIONED!

x Ashmuf.

Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

ON THE DATE AND TIME MENTIONED, I WAS NOT INVOLVED IN ANY ACCIDENT. I MADE THIS REPORT AS REQUESTED BY MY INSURANCE COMPANY, EQ INSURANCE.

THAT IS ALL.

Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

22 January 2018 at 6:29 PM

Date/Time:

22 January 2018 at 6:30 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7584655Z**



Name
**RENGANATHAN KANNAN
SANKARANARAYANAN**

Race
INDIAN

Date of birth
24-02-1975

Sex
M

Country of birth
INDIA



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7584655Z**

Name
**RENGANATHAN KANNAN
SANKARANARAYANAN**

Birth Date: **24 Feb 1975**

Issue Date: **31 Jan 2008**



001567066J

Driving License

4841371



NRIC No. **S7584655Z**

Date of issue
20-03-2012

**APT BLK 571C WOODLANDS AVENUE 1 #06-942
SINGAPORE 733571**

S7584655Z **25/05/2013**

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

	PASS DATE
Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	31 Jan 2008

NP 428A

Licence No: **S7584655Z**



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: S66SS0020G / 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 : MBHH18011075 Vehicle Registration No: SKH2778D
Name(as shown in NRIC) : RENGANATHAN KANINAN SANKARANARAYANAN NRIC/FIN/Passport No : S7584655Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 93867774
Email Address : sankar.narayan.RK@gmail.com
Date of Accident : 07/01/2018 Time of Accident : 12:00
Place of Accident : JLN KAYU OPEN CARPARK
Insurance Company: EQ Insurance Company 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:

Amend number of passengers

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: May Mi (E-filer)
NRIC/FIN No.: S9375043H
Date: S9375043H