

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	10/01/2018 11:24
Date Of Accident	09/01/2018 20:30
Exact Location Of Accident	ALONG PIE(NEAR BKE EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG8163E
Insured/Policyholder	
Name Of Registered Owner	VENKATARAYALU KANAGARAJ
NRIC No	S2709885A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96313643
Alternative Phone No	OFFICE-96313643

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3070121600
Cover Note Number	

Driver

Name of Driver	VENKATARAYALU KANAGARAJ
NRIC No	S2709885A
Date Of Birth	02/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	06/04/2009
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96313643
Fax Number	
Contact Number	OFFICE-96313643
EEmail Address	NOEMAIL

Address	SINGAPORE
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
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)	2
Passenger 1	NAME: : INSURED SON
	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

PLEASE REFER TO THE S & C REPORT

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	GBF7915J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

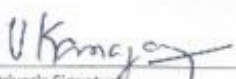
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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. 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 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:

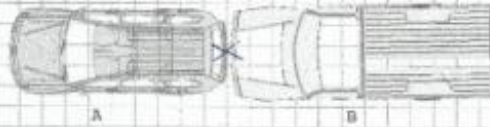

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN

Date of Accident: 09/01/18



A	:	S	J	G	8	1	6	3	E
B	:	G	B	P	7	9	1	5	J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 09/01/18 I WAS DRIVING ALONG PIE (NEAR BKE EXIT) . I WAS AT THE 3RD MOST LANE. ALL THE VEHICLES WERE MOVING SLOWLY AND BRAKING OFTEN . I WAS ALSO MOVING SLOWLY AND BRAKING AS AND WHEN REQUIRED. VEH B (GBF7915J) BEHIND ME WAS ALSO MOVING SLOWLY AT ONE INSTANT THE VEH IN FRONT OF ME BRAKED AND SLOWED DOWN. I ALSO BRAKED AND VEH B HIT ME AT MY REAR. WHEN I ENQUIRED HE MENTIONED THAT HE COULD NOT STOP ON TIME,

- ☐ Own Damage Claim
☒ Third Party Claim
☐ OD/TP Claim at another workshop :
☐ Reporting Only

DECLARATION

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

UKP
Policyholder's Signature
Date & Time: 10/01/18


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


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

REPUBLIC OF SINGAPORE **DRIVING LICENCE**


Licence Number: **S2709885A**
Name:
VENKATARAYALU KANAGARAJ

Birth Date: **02 May 1965**
Issue Date: **06 Apr 2009**




 001728221J

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S2709885A**




Name
VENKATARAYALU KANAGARAJ




வெ கனகராஜ்
Race
INDIAN

Date of birth **02-05-1965** Sex **M**

Country of birth
INDIA





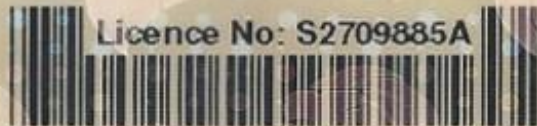
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg

06 Apr 2009

NP 428A



Licence No: S2709885A

4132648



NRIC No. S2709885A



Date of issue

20-11-2007

Address

APT BLK 252 CHOA CHU KANG AVENUE 2 #15-310
SINGAPORE 680252

NRIC No: S2709885A

Date: 08/09/2008

No: 6046462

CERT OF INS



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 310076584E

MX1P
R SN
AV0473A
Cov. Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.	DXPCN3070121600	Engine No : 5224787896 Chano:MR053ZEE106116275
1. Index Mark and Registration Number of Vehicle	SJG8163E	AUTOSAFE
2. Name of Policy Holder	VERICATARAVALI (I. KANAKARA)	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27 July 2017	Named Drivers Ex Sect. I \$5500.00 Additional Ex other than Named Drivers: Ex Sect. I - Age <= 25..... \$3,000.00 Ex Sect. I - Age >= 26..... \$5500.00 * Age as at date of accident EX ON WINDSCREEN \$500.00
4. Date of Expiry of Insurance	26 July 2018	
5. Persons or Classes of Persons entitled to drive*	<p>(a) The Policyholder.</p> <p>(b) Any other person who is driving on the Policyholder's order or with his permission.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p>	
6. Limitations as to use*	<p>Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.</p> <p>Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time waiver of Excess for the first \$5500 will apply to the Insured and Named Drivers in the event of Own Damage claim at our Authorised workshops for each Policy year.</p>	
<p>HIRE PURCHASE CO. : HONG LEONG SINGAPORE FINANCE LTD AS HP OWNER * Limitations rendered inoperative by Section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.</p>		

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:INSURE SING. PTE. LTD.....
Authorised Officer

.....
Authorised Signatory

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

