

## 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 17:41
Date Of Accident	19/01/2018 18:00
Exact Location Of Accident	ECP TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC2278P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IJIN TECH ENGINEERING PTE LTD
Co Reg No	-
Email Address	SALESIJIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98064880
Alternative Phone No	OFFICE-98064880

### Vehicle Particulars

Manufacturer	UD TRUCKS
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 28985078 MKF
Cover Note Number	

### Driver

Name of Driver	RAJENDRAN UDAYA CHANDRAN
Passport No/FIN	G7359627R
Date Of Birth	07/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	09/06/2009
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98064880
Fax Number	
Contact Number	OFFICE-98064880
Email Address	SALESIJIN@GMAIL.COM

Address	IJIN TECH ENGINEERING 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	COLLISION - HEAD TO REAR
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?	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

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	SLR7020J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AHMAD SYALABI BIN ADI SUNARYO
NRIC/Passport Number	S8733669G
Contact Number	96581700
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan



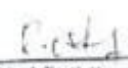
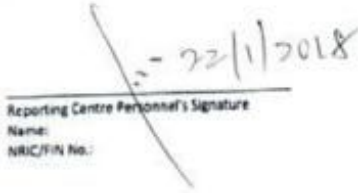
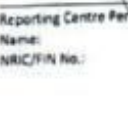
### SKETCH PLAN

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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)

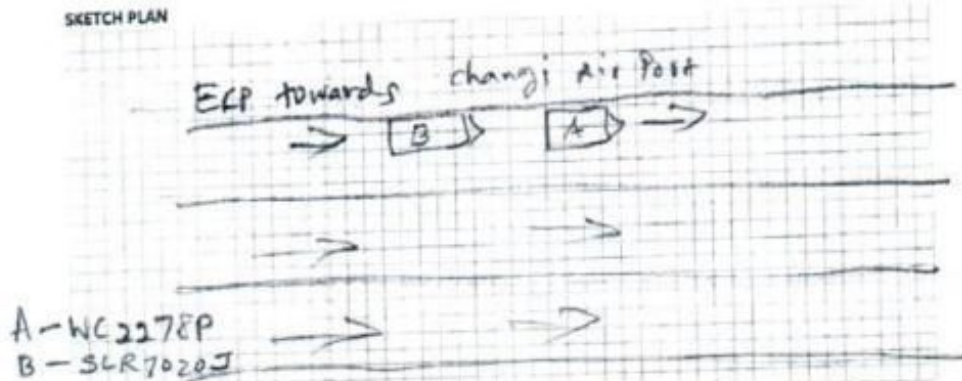
I understand, acknowledge, agree and consent that:

- (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 \_\_\_\_\_ Driver's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_ (if driver is not the policyholder)  
(M11111111) \_\_\_\_\_ Date & Time: \_\_\_\_\_  
   
Reporting Centre Personnel's Signature \_\_\_\_\_  
Name: \_\_\_\_\_  
NRIC/IN No.: \_\_\_\_\_

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along ECP towards Changi Airport. While Vehicle A was moving suddenly Vehicle B came from behind and hit on my Vehicle A rear portion.

## DECLARATION

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

Policyholder's Signature: *[Signature]*  
Date & Time: *[Signature]*  
Reg. No. 2018101001 SINGAPORE  
Driver's Signature (if driver is not the policyholder): *[Signature]*  
Date & Time: *[Signature]*

Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.: *22/1/2018*

### Sketch Plan #3

FWPOL363e - Notification Letter - Issue (Reporting)



RAJENDRAN UDAYA CHANDRAN  
IJIN TECH ENGINEERING PTE. LTD.  
249 JURONG EAST STREET 24  
#01-82  
SINGAPORE 600249



**Card Registration Completed!**  
Please show your employer this letter.  
We will deliver your card to the authorised  
recipient(s) 4 to 5 working days later.  
They will get the delivery details via SMS  
the day before.



MINISTRY OF  
MANPOWER

Hand: 05/11/17



032621155141117

For Immigration Use (To clear by FIN)



G7359627R

01 Dec 2017

## You need to make an appointment for Card Registration

Dear RAJENDRAN UDAYA CHANDRAN

We have received a request to issue your work permit on 01 Dec 2017. Now you need to come to the MOM Services Centre – Hall C by **08 Dec 2017** for card registration.

Please go to <https://services.mom.gov.sg/appointment> to make an appointment for Work Pass Card Registration. At registration, we will check your documents (listed on page 2), register your fingerprints and take your photograph. We can only deliver your work permit card to the authorised recipient(s) 4 working days after you have successfully registered. An SMS / email with the delivery details will be sent to your authorised recipient(s) at least 1 working day before the delivery.

This Notification Letter allows you to work and stay in Singapore until you get your card. It is valid from **01 Dec 2017 till 31 Dec 2017**.

Yours sincerely

Mdm Chow Choon Yen  
for Controller of Work Passes

YOUR NAME  
RAJENDRAN UDAYA CHANDRAN  
FIN  
G7359627R  
WORK PERMIT NO.  
0 32621155  
DATE OF APPLICATION  
14 Nov 2017  
DATE OF ISSUE  
01 DEC 2017  
WORK PERMIT EXPIRY DATE  
19 Nov 2018  
DATE OF BIRTH  
07 May 1979  
SEX  
MALE  
NATIONALITY  
INDIAN  
TRAVEL DOCUMENT NO.  
G9505979  
TRAVEL DOCUMENT EXPIRY DATE  
25 May 2019  
YOUR EMPLOYER'S NAME  
IJIN TECH ENGINEERING PTE. LTD.  
SECTOR  
CONSTRUCTION  
OCCUPATION  
CONSTRUCTION WORKER

#### IMPORTANT

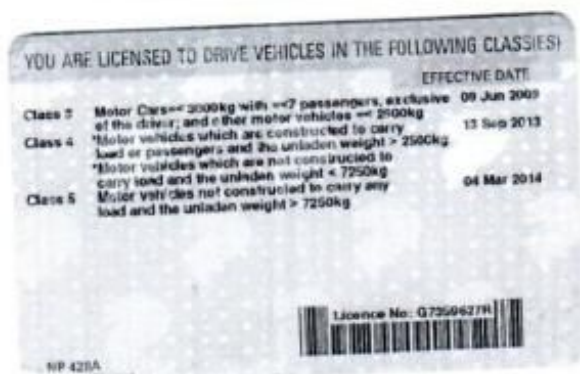
- If you fail to report to the MOM Services Centre – Hall C for card registration, your work permit may be cancelled.
- You must keep this Notification Letter with you until you get your card. If you need to leave / enter Singapore, you will have to show this letter at the Immigration Checkpoints.

Ministry of Manpower Work Pass Division  
Web: <http://www.mom.gov.sg> Contact Us: <http://www.mom.gov.sg/contact>

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# Sketch Plan #4



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



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