

## 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	23/01/2018 09:47
Date Of Accident	22/01/2018 07:25
Exact Location Of Accident	ALONG AYE AFTER CLEMENTI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN684J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NALLAPERUMAL PALANIVELU
NRIC No	S7284360F
Email Address	MANJARINITHILAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97223013
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	KIA
Model	PICANTO-1.1 (M)
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/0022508/07
Cover Note Number	

### Driver

Name of Driver	NALLAPERUMAL PALANIVELU
NRIC No	S7284360F
Date Of Birth	14/01/1972
Occupation	INDOOR
Date Of Driving Pass	08/05/2004
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	+65-97223013
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	MANJARINITHILAN@GMAIL.COM

Address	BLK 280 CHOA CHU KANG AVE #07-364
Postcode	680280
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	CHAIN 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)	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

REFER TO SKETCH

#### 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	SKT1472D
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	
Name of Driver	OW AIK KEONG
NRIC/Passport Number	S7276697J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA4179S
Vehicle Make/Model/Colour	COMFORT TAXI BLUE

Details Of Properties

Vehicle Category

Name of Driver

LIM TAI HAO

NRIC/Passport Number

S1288141Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**SKETCH PLAN**

**IMPORTANT NOTICE**

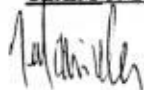
VEHICLE NO: SJN684J  
ACCIDENT DATE: 22/1/18

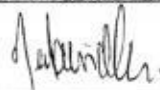
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

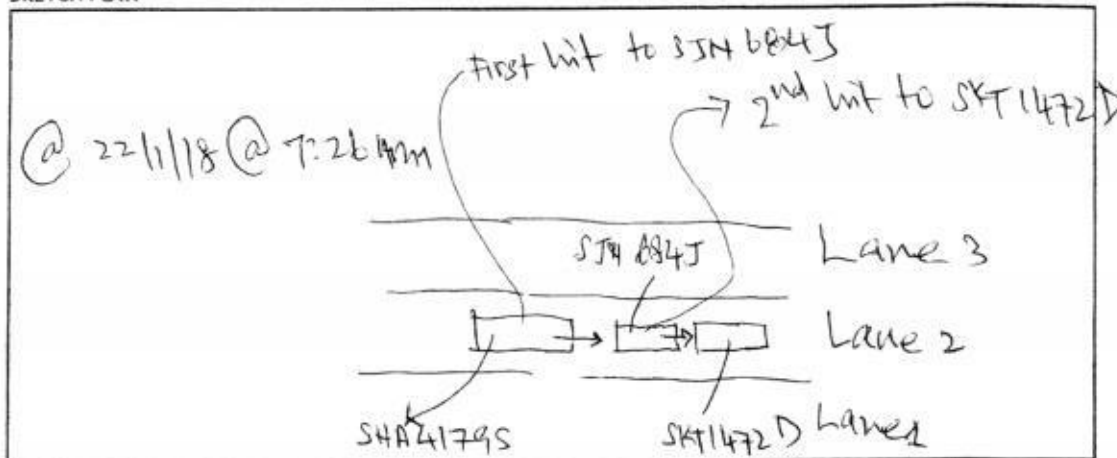
**NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.**

  
Policyholder's Signature  
Date & Time:  
23/1/18 @ 9:30am

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:  
23/1/18 @ 9:30am

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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 22/1/18 at 07:26 Am while I was driving to work on AYE after Clementi, on 2nd lane I got hit by the taxi at my back (COMFORT DELGRO SHA4179S), after my vehicle I hit the car in front (TOYOTA SKT1472D) all the three drivers exchanged our particulars.

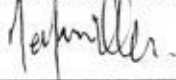
OWN DAMAGE ( )    3RD PARTY CLAIM (✓)    REPORTING ONLY ( )    OWN WORKSHOP ( )

DECLARATION


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

  
Policyholder's Signature  
Date & Time:

23/1/18 at 09:18 Am

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

23/1/18 @ 09:18 Am

  
CHARN'S CUSTOMCRAFT

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