

## 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	06/02/2018 10:05
Date Of Accident	23/01/2018 14:40
Exact Location Of Accident	18KAKI BUKIT RD 3 (ENTREPRENEUR BUSINESS CENTRE )
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1782A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASHIKA RESTAURANT & CATERING SERVICES
Co Reg No	-
Email Address	ONETWOKUMARK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-83151750
Alternative Phone No	OFFICE-83151750

### Vehicle Particulars

Manufacturer	NISSAN
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	DMCVSN3060111700
Cover Note Number	

### Driver

Name of Driver	RAMALINGAM PRABAAKARAN
Passport No/FIN	G2480623K
Date Of Birth	01/01/1990
Occupation	INDOOR
Date Of Driving Pass	05/03/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83151750
Fax Number	
Contact Number	OTHERS-83151750
EEmail Address	ONETWOKUMARK@YAHOO.COM.SG

Address	AR LEE ENGINEERING & CONSTRUCTIONS 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	SGD80P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98180303
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

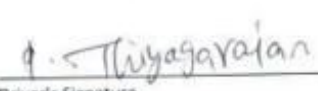
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

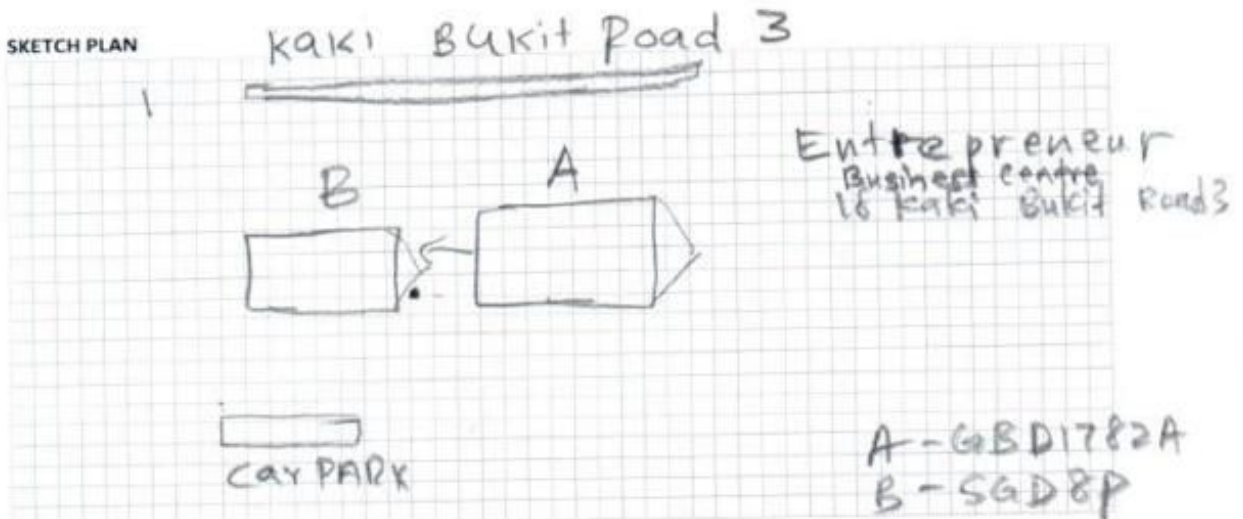
  
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was at Kaki Bukit Road 3  
(Entrepreneur Business Centre 18 Kaki Bukit Road 3)

Vehicle A while reversing slightly hit on  
Vehicle B front portion. At that time it  
was Heavy raining.

The Driver went inside the office but  
another Driver just move and reverse  
the Vehicle A. Inside the Vehicle A as  
cement packs.

### DECLARATION

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

X   
Policyholder's Signature  
Date & Time:

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

6/2/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### Sketch Plan #3

Driver who drive the Vehicle  
at that time



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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	21 Aug 2017
Class 3C	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver	21 Aug 2017

NP 429A







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](http://www.sg.cntaiping.com)  
Co. Reg. No. 200208284E

Our Reference: **SNM18D00460**

Date : **25 JANUARY 2018**

**ASHIKA RESTAURANT & CATERING SERVICES  
BLK 36B CUFF ROAD  
#01-01  
SINGAPORE 209745**

Dear Sir/Madam

**RE: ACCIDENT INVOLVING YOUR VEHICLE NOS. GBD1782A & SGD80P ON 23 JANUARY 2018  
POLICY: DMCVSN3060111700**

We refer to the above-mentioned accident.

Please be informed 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 our designated Accident Reporting Centres, which are also our authorised workshops. You may log onto our website **[www.sg.cntaiping.com](http://www.sg.cntaiping.com)** for location of the respective centres/workshops.

Please take note that your **NO CLAIM DISCOUNT** will be penalized upon renewal of your policy if you fail to comply with this condition.

Regards

This is an auto-generated letter from the Motor Division of Claims Department.

CC : (AN0613A)  
AUTO WORLD PTE LTD  
33 UBI AVE 3  
VERTEX #07-02  
SINGAPORE 408868



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 8111 Fax: 6222 1033  
Website: www.sg.cntaiping.com  
Co. Reg. No. 200208304E

YOUR REF : SGD80P  
OUR CLAIM NO : SNM18D00460

DATE : 25 JAN 2018

BY FAX / MAIL

M/S JACK CARS ENTERPRISE PTE LTD  
3007 UBI ROAD 1  
#01-450  
SINGAPORE 480701

WITHOUT PREJUDICE  
SAVE AS TO COSTS

Dear Sir(s),

Accident Involving **GBD1782A AND SGD80P ON 23.01.2018**

- We refer to your letter/facsimile/email message of **25/01/2018**.
  - Our insured has not reported the above-mentioned accident and we shall revert upon receiving the accident report.
  - Without prejudice and admission of liability, we have instructed the surveyor below to survey your/your client's vehicle.
- Surveyor : **LBS AUTO CONSULTANTS PTE LTD**

- Please be informed that the Officer-in-charge of your case is :-  
Name : SHARON HAN  
Dept : CLAIMS DEPARTMENT  
Email : claimsdept@sg.cntaiping.com  
Fax No: 6224 7478 / 6224 7175

**THIS IS A COMPUTER GENERATED DOCUMENT AND NO SIGNATURE IS REQUIRED.**

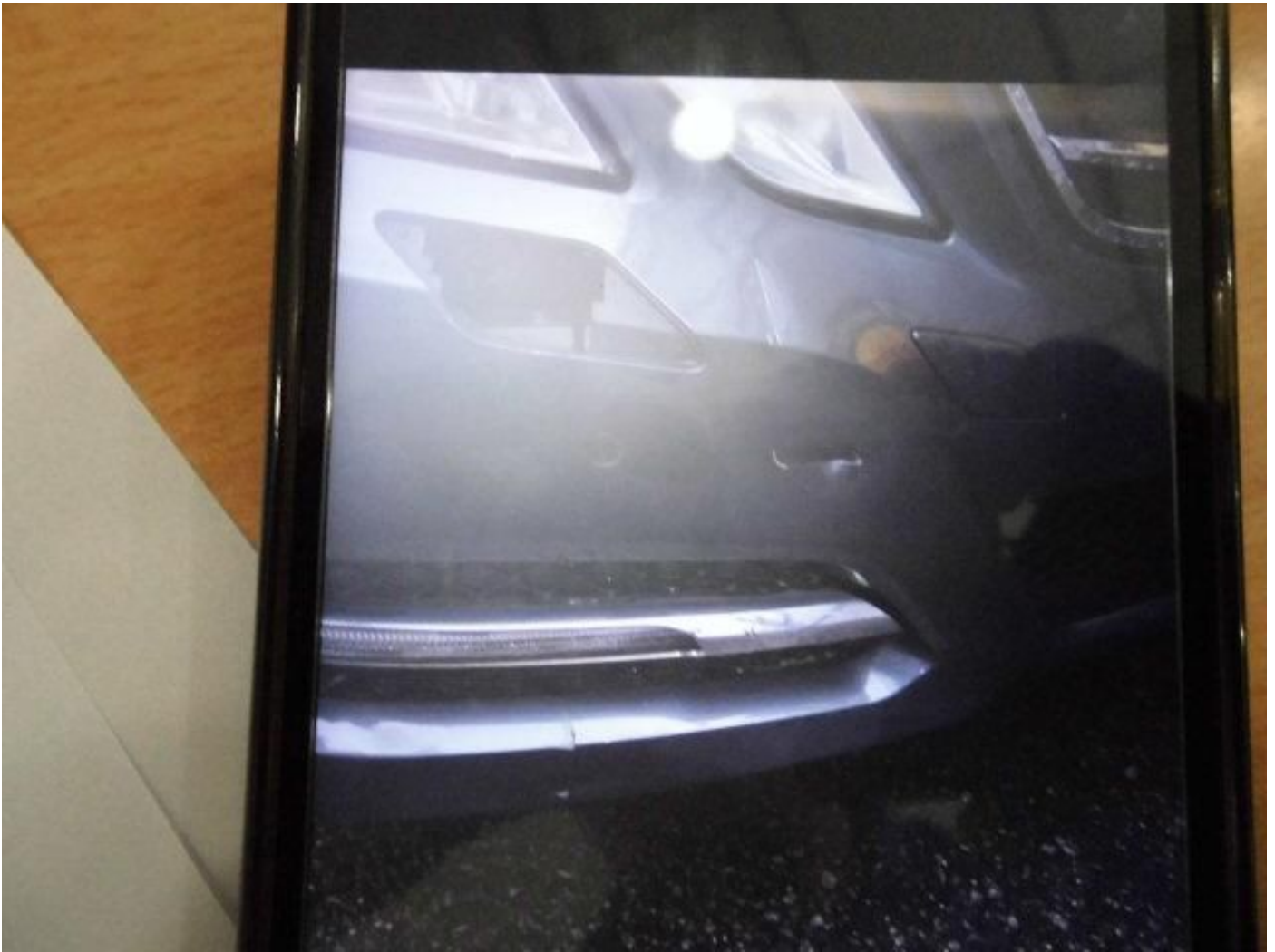
CC : 1. AN0613A - AUTO WORLD PTE LTD  
2. ASHIKA RESTAURANT & CATERING SERVICES  
BLK 36B CUFF ROAD  
#01-01  
SINGAPORE 209745

Accident Photo





Accident Photo



Accident Photo



Accident Photo



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