

## 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	14/03/2018 15:25
Date Of Accident	13/03/2018 17:55
Exact Location Of Accident	BKE TOWARDS KJE NEAR MANDAI EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8333G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEO ONG CONSTRUCTION PTE LTD
Co Reg No	200817810H
Email Address	SS888LEO@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-66351830

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
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?	YES
If No, Please state action to be taken	
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	DMCVSN1759451700
Cover Note Number	

### Driver

Name of Driver	GOVINDHARASU KANNAN
Passport No/FIN	G2381201R
Date Of Birth	06/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	10/06/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98864567
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	18 HOWARD ROAD #11-02 NOVELTY BIZCENTRE
Postcode	369585
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	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	3
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)	8
Passenger 1	NAME: : DRIVER'S COLLEAGUE GENDER: : MALE
Passenger 2	NAME: : DRIVER'S COLLEAGUE GENDER: : MALE
Passenger 3	NAME: : DRIVER'S COLLEAGUE GENDER: : MALE
Passenger 4	NAME: : DRIVER'S COLLEAGUE GENDER: : MALE
Passenger 5	NAME: : DRIVER'S COLLEAGUE GENDER: : MALE
Passenger 6	NAME: : DRIVER'S COLLEAGUE GENDER: : MALE
Passenger 7	NAME: : DRIVER'S COLLEAGUE 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

ON 13/3/2018 AT 1755HRS, I WAS DRIVING ALONG BKE HEADING TOWARDS KJE. UNFORTUNATELY, WHEN SJM542R APPLIED E-BRAKE, I WAS UNABLE TO STOP MY LORRY, YP8333G ON TIME. SUBSEQUENTLY, MY LORRY FRONT PORTION HAD HIT ONTO SJM542R REAR PORTION. UPON CHECKING, I WAS INVOLVED IN A 3 CARS CHAIN COLLISION. SJM542R HAD HIT ONTO THE REAR PORTION OF SHF7E

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 SJM542R  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver SHABUDIN BIN AHMAD  
NRIC/Passport Number S1598688C  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHF7E  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver LIM CHENG HIONG  
NRIC/Passport Number S1623556C  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident 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  
Date & Time: 14/3/18 1145hrs

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 14/3/18 1145hrs

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

# Accident Sketch Plan

## SKETCH PLAN

	<p>Date: 13/3/18</p> <p>Time: 1755 hr</p> <p>BKE</p>
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## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/3/18 @ 1755 I was driving along,

BKE heading towards KJE, unfortunately

When SJM 542R applied E-brake, I was unable

to stop my lorry YP 8333G on time. Subsequently

my lorry front portion had hit onto SJM 542R

Rear portion. Upon checking I was involved in

a 3 cars chain collision. SJM 542R had hit

onto the rear portion of SHF 7E.

## DECLARATION

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

Policyholder's Signature
   
 Date & Time:

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

Reporting Centre Personnel
   
 Name:
   
 NR/IN No.:

## Identification Card

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait photo of a man with dark hair and a mustache.

License Number: **G 2381201R**

Name: **GOVINDHARASU KANNAN**

Birth Date: **06 May 1988**

Issue Date: **10 Jun 2014**

Valid Till: **09 Jun 2019**

Barcode: **002313551J**

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer: **LEO ONG CONSTRUCTION PTE. LTD.**

Portrait photo of a man with dark hair and a mustache.

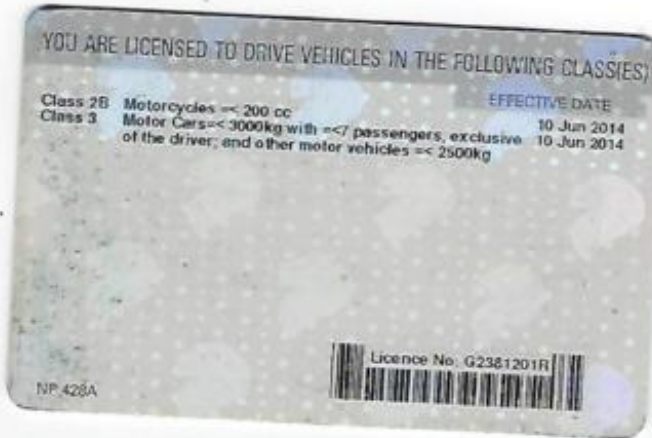
Name: **GOVINDHARASU KANNAN**

Work Permit No.: **0 36152524**

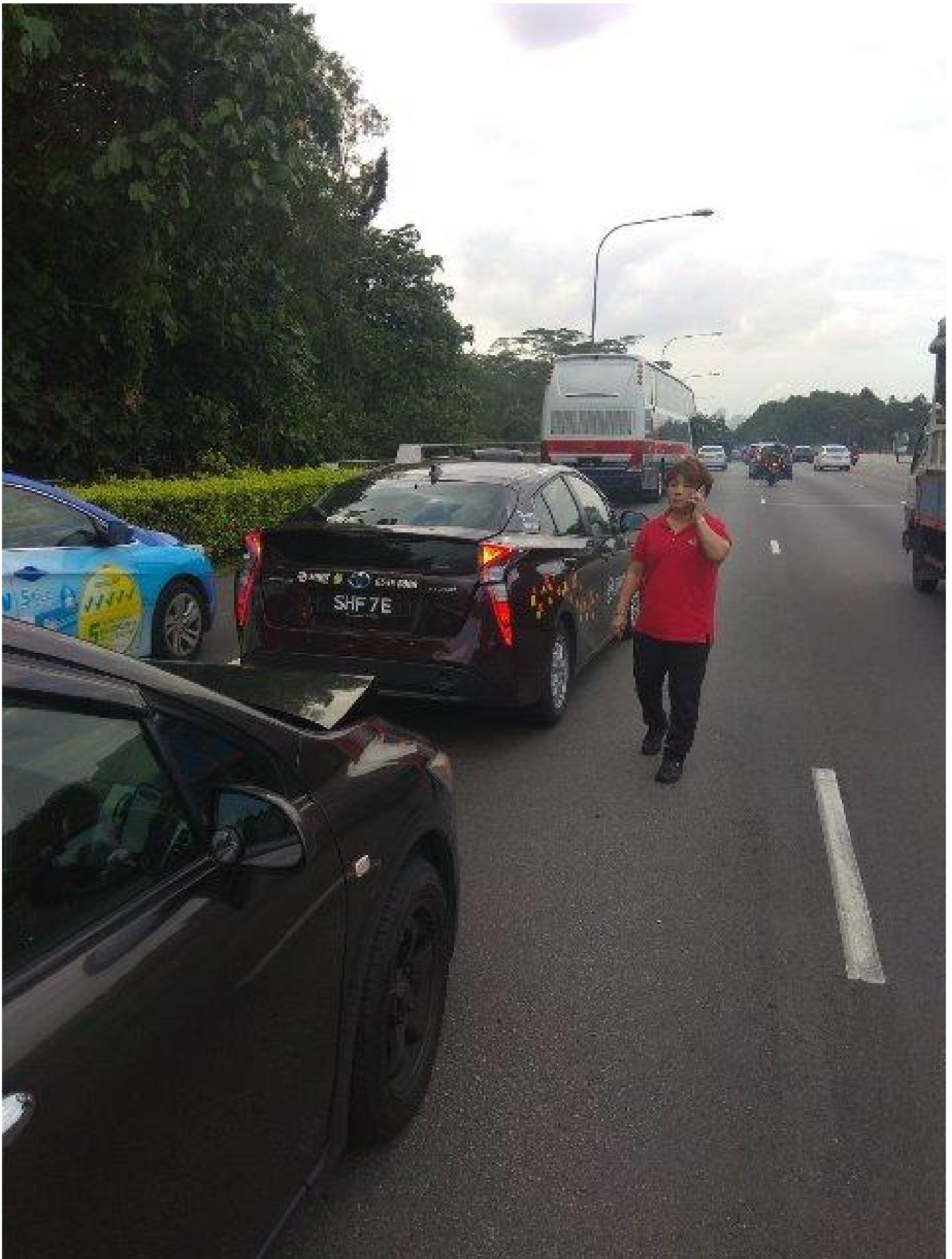
Sector: **CONSTRUCTION**

Barcode: **K0046783**

## Driving Licence



Scene Photo



Scene Photo



Scene Photo

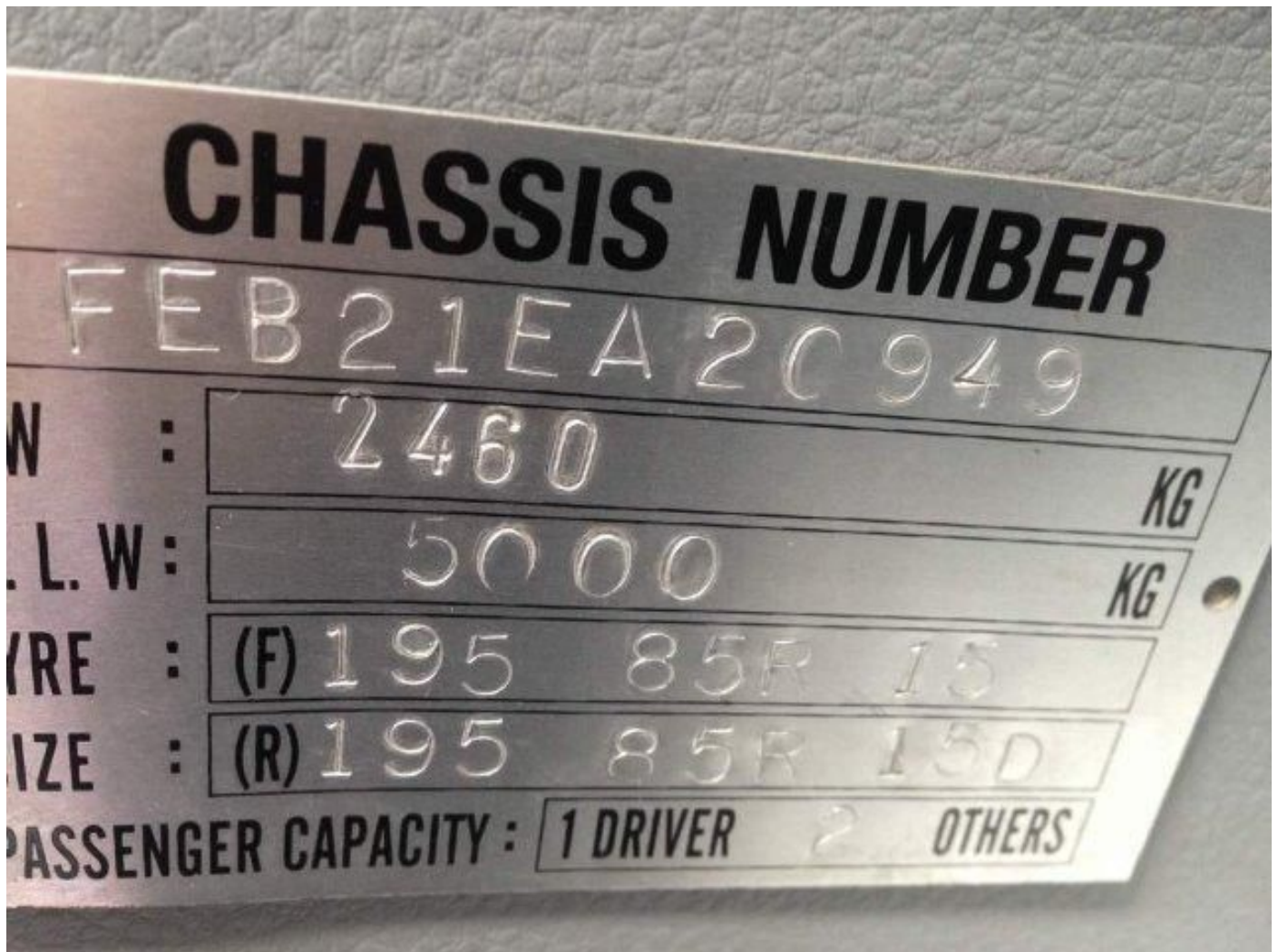


Scene Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

