

## 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	16/03/2018 08:29
Date Of Accident	14/03/2018 22:20
Exact Location Of Accident	MARINE EAST PLANT (FORD ROAD)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC1525H
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#### Insured/Policyholder

Name Of Registered Owner	WOODLANDS TRANSPORT SERVICE PTE LTD
Co Reg No	198102721M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98383481
Alternative Phone No	OFFICE-65598954

#### Vehicle Particulars

Manufacturer	ISUZU
Model	CYH52S
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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	SD17V11056
Cover Note Number	

#### Driver

Name of Driver	MUTHAPPA NAYNAR VISVALINGAM
NRIC No	F8130375N
Date Of Birth	04/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	05/01/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93727434
Fax Number	(LOCAL) +65-68982394
Contact Number	OFFICE-65598954
Email Address	KENJILEE@WOODLANDSTRANSPORT.COM.SG

Address	NO 8 GUL CIRCLE
Postcode	629564
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	SIDE SWIPE
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

On 14/03/2018, at about 22:20 hrs, I was at Marina East Plant. The weather was clear and the traffic was light at that point of time. I was making a left turn into batching area when a mixer truck WC1495K trying to overtake my truck from behind and caused the collision. As a result, my truck sustained damages on the left side portion. The truck WC1495K sustained damages on the front right portion. No one was injured in the accident.

#### 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	WC1495K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	84096443
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

**IMPORTANT NOTICE**

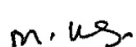
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**8. Consent under the Personal Data Protection Act (PDPA)**

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.:

## Accident Sketch Plan

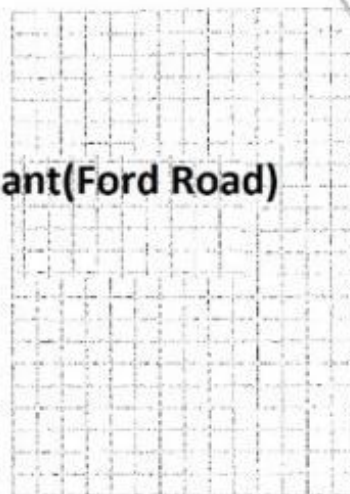
### SKETCH PLAN



**A - WC1525H**

**B - WC1495K**

### Marine East Plant(Ford Road)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

## 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 &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Driving License

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G7115908L**

Name: **KANAGASABAPATHY GOWTHAMAN**

Birth Date: **23 Jul 1977**

Issue Date: **13 Jun 2014**

Valid Till: **12 Jun 2019**

002314725K



**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer: **XPLORE ENGINEERS PTE. LTD.**

Sector: **CONSTRUCTION**

Name: **KANAGASABAPATHY GOWTHAMAN**

Occupation: **DRIVER**

S Pass No.: **0 32353738**

Date of Application: **11-12-2017**

Date of Issue: **23-12-2017**

Date of Expiry: **23-12-2019**

0 32353738

L8526098



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





## Identification Card

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSSES)

Class	Description	Valid Until
Class 2	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 3500 KILOGRAMS	04 Dec 2019
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEEDS 3500 KILOGRAMS	23 Oct 2017

S / No 9000241381

Licence No: G7115908L

NP 428A

**VISIT PASS**  
Immigration Regulations

Name  
**KANAGASABAPATHY GOWTHAMAN**



Date of Birth	Sex	Nationality
23-07-1977	M	INDIAN

FIN	Date of Issue	Date of Expiry
G7115908L	23-12-2017	23-12-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

# Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

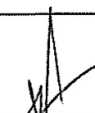
### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MWTS18035873 Vehicle Registration No: WC1525H  
Name (as shown in NRIC) : Woodlands Transport Service Pte Ltd NRIC/FIN/Passport No : 198102721M  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : No. 8 Gul Circle Singapore (629564)  
Contact (Tel) : 6559 8954 Mobile No. : 9838 3481  
Email Address : kegilee@woodlandstransport.com.sg  
Date of Accident : 14/03/2018 Time of Accident : 22:20hrs  
Place of Accident : Marine East Plant (Ford Road)  
Insurance Company: Liberty Insurance Pte Ltd

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Vehicle Registration Number - WC1525H  
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\_\_\_\_\_  
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\_\_\_\_\_

  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date: 20/03/18

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Lee Tong Res  
NRIC/FIN No.: S8206782E  
Date: 20/03/18