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 witholding 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

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	ACCIDENT STATEMENT	
Date Of Report	28/03/2018 17:55	
Date Of Accident	28/03/2018 09:50	
Exact Location Of Accident	SLIP RD OF CTE(CITY)TWDS PIE CHANGI	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC6676X	
Insured/Policyholder		
Name Of Registered Owner	M/S KIAN ANN ENTERPRISE PTE LTD	
Co Reg No	199803657H	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-84183802	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	CABSTAR	
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE	
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMCVSN3091611700	
Cover Note Number		
Driver		
Name of Driver	RAMARAJ KRISHNA UDAIYAPPAN	

Passport No/FIN G7799181L Date Of Birth 11/06/1976 Occupation **OUTDOOR Date Of Driving Pass** 17/02/2009

Driving Experience 9 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-84183802

Fax Number

Contact Number

EMail Address NOEMAIL

61 LOR 14 GEYLANG Address

Postcode 398953

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

NO

NO

1

NO

NO

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD2230J

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

SLQ3743M

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 interested parties.
- 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:
 - 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:
 - 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.

建安企业私人有限公司

Kian Ann Enterprise Pte Ltd 61 Lorong 14 Geylang Singapore 398953 Tel: 6741 0828 6741 0703 Fax: 6741 2004 Email: kiangant@singael.com.sg 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.:

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Accident Sketch Plan

KETCH PLAN				
	X	A= 6BC 66	76 X	
	10	B = X D 223	0J	
	IA	C = SLQ 37	143M	
	B	Slip Road o	f CTE (-lowerds CHy)	
	1	-towards PI	E (Howards Changi)	
ESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT			
			/	
	Re-	fer to attach		
		/		
	_/			
	/			
ECLARATION				
We declare the foregoing pacticulars	are true in every re	spect.	^	
Ann Enterprise Pte Ltd orong 14 Geylang Singapore 308053 1741 0628 6741 0703 Fax: 6741 2004	112		Agra 28/03/18	
6741 0628 6741 0703 Fax: 6741 2004 Pp/rayholderasti pasurgnet.com.sg	Driver's Signature		Reporting Centre Personnel's Signature	
late & Time:	(If driver is not the policyholder) Date & Time:		Name: NRIC/FIN No.:	

Individual Statement

On 28.03.18 at about 09:50 hours along Slip Road of CTE (towards city) towards PIE (towards Changi). When my front vehicle (C) slowed down and stopped hence I follow suit and it was heavy traffic.

A few second later, suddenly I heard a loud bang from behind and the impact forced my vehicle (A) to move forward hit onto the rear portion of vehicle (C). When I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle (A). It was a chain collision of total 3 vehicles involved.

Vehicle (A): GBC 6676X

Vehicle (B): XD 2230J

Vehicle (C): SLQ 3743M

建安企业私人有限公司 Kian Ann Enterprise Pte Ltd 61 Lorong 14 Geytang Singapore 398953 Tel: 6741 0828 6741 0703 Fax: 6741 2004 Email: kianann1@singnet.com.sg

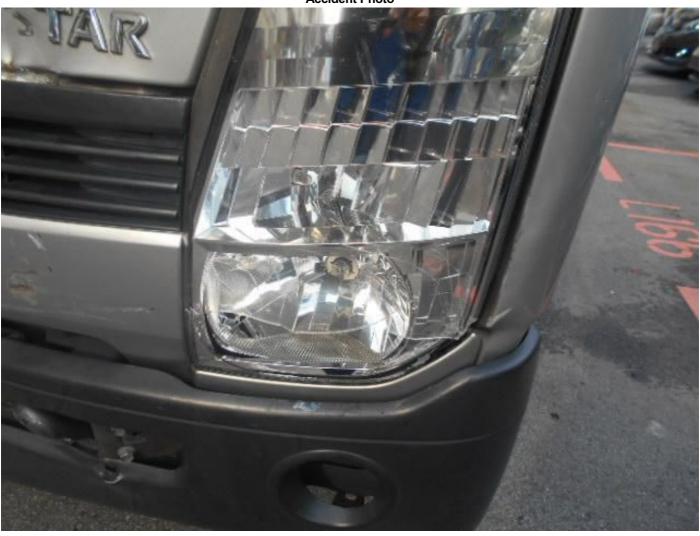








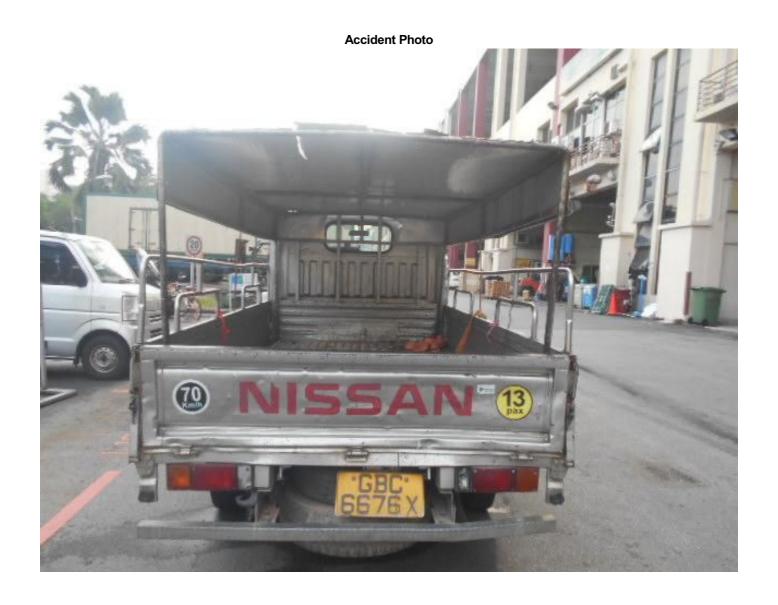












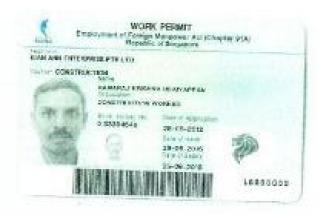








Identification Card



GBC 6676X driver



Driving License



GBCGGHEX driver

