

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	05/04/2018 16:53
Date Of Accident	05/04/2018 03:00
Exact Location Of Accident	ALONG GRANGE ROAD TOWARDS ORCHARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1711P
Insured/Policyholder	
Name Of Registered Owner	JT LANDSCAPE PTE LTD
Co Reg No	201403556H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67588400

Vehicle Particulars

Manufacturer	ISUZU
Model	CYZ52R
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ17-002476
Cover Note Number	

Driver

Name of Driver	GUNASEKARAN SANTHOSHKUMAR
NRIC No	G6568175M
Date Of Birth	25/05/1985
Occupation	INDOOR
Date Of Driving Pass	09/04/2010
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96948126
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NIL
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	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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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

MY VEHICLE WAS STOPPED STATIONARY FOR TREE PRUNING PURPOSE. OUT OF A SUDDEN, I HEARD A LOUD BANG AND DISCOVER VEHICLE B FROM THE OPPOSITE DIRECTION HAD CROSS OVER TO OUR DIRECTION AND COLLIDED ONTO VEHICLE C WHICH WAS TRAVELING AHEAD OF ME. AFTER THE IMPACT, VEHICLE B CONTINUE TO MOVE OFF AND COLLIDED ONTO MY STATIONARY VEHICLE AND CAUSE SOME DAMAGES TO MY VEHICLE RIGHT PORTION. AFTER THE IMPACT, VEHICLE B CONTINUE TO MOVE OFF AND CAME TO A COMPLETE STOP AFTER COLLIDED ONTO THE TRAFFIC LIGHT. WE DID NOT MANAGE TO EXCHANGE DETAILS AS THE DRIVER OF VEHICLE B WAS NO LONGER AT THE SCENE. AMBULANCE AND TRAFFIC POLICE BEEN ACTIVATED AT THE SCENE FOR THE ASSISTANCE OF VEHICLE C

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	SJL5102A
Vehicle Make/Model/Colour	TOYOTA/LEXUS RX400H
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB5611Z

Vehicle Make/Model/Colour TOYOTA/PRIUS HYBRID

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver UNKNOWN DRIVER

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name UNKNOWN DRIVER

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHB5611Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN PASSENGER

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHB5611Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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.

Policyholder's Signature / Date & Time

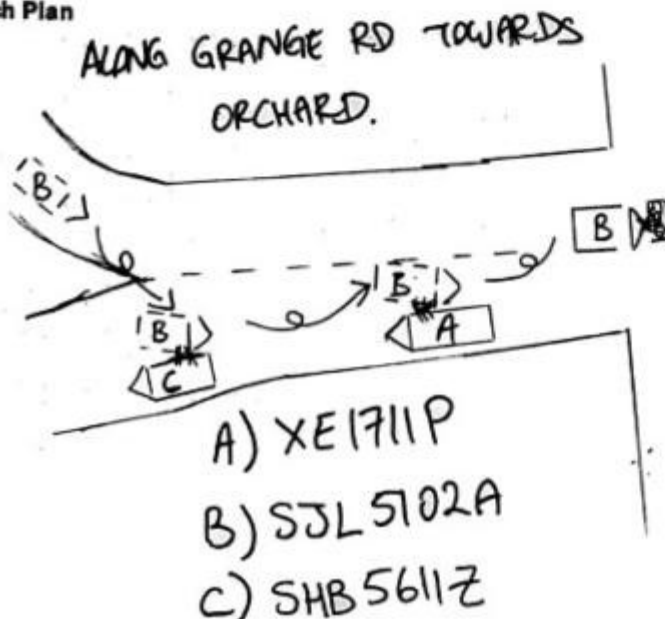
Sketch Plan

G. Santhosh Kumar

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

VERIFIED BY AJAX MARS
REPORTING OFFICER
EUGENE KOH

Witnessed by Reporting Centre
Personnel



Common Statement

ACCIDENT STATEMENT (2000 characters)

MY VEHICLE WAS STOPPED STATIONARY FOR TREE PRUNING PURPOSE. OUT OF A SUDDEN, I HEARD A LOUD BANG AND DISCOVER VEHICLE B FROM THE OPPOSITE DIRECTION HAD CROSS OVER TO OUR DIRECTION AND COLLIDED ONTO VEHICLE C WHICH WAS TRAVELING AHEAD OF ME. AFTER THE IMPACT, VEHICLE B CONTINUE TO MOVE OFF AND COLLIDED ONTO MY STATIONARY VEHICLE AND CAUSE SOME DAMAGES TO MY VEHICLE RIGHT PORTION. AFTER THE IMPACT, VEHICLE B CONTINUE TO MOVE OFF AND CAME TO A COMPLETE STOP AFTER COLLIDED ONTO THE TRAFFIC LIGHT. WE DID NOT MANAGE TO EXCHANGE DETAILS AS THE DRIVER OF VEHICLE B WAS NO LONGER AT THE SCENE. AMBULANCE AND TRAFFIC POLICE BEEN ACTIVATED AT THE SCENE FOR THE ASSISTANCE OF VEHICLE C

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

No, Claim 3rd party

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
EUGENE KOH YEW KIAT

MARS Officer

C. Sathesh Kumar

Registered Owner or Driver's Signature

Job Complete Date/Time

5 April, 2018 3:16 pm

Date/Time:

5 April, 2018 3:16 pm

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo




Accident Photo



Accident Photo




Identification Card

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

Employer
JT LANDSCAPE PTE. LTD.

Sector: **LANDSCAPING**

 Name:
GUNASEKARAN SANTHOSHKUMAR
Occupation:
DRIVER

S Pass No.
0 34774382

Date of Application
26-10-2017

Date of Issue
06-12-2017

Date of Expiry
06-12-2019





L8491555

Identification Card

VISIT PASS
Immigration Regulations

Name
GUNASEKARAN SANTHOSHKUMAR



Date of Birth	Sex	Nationality
25-05-1985	M	INDIAN
FIN	Date of Issue	Date of Expiry
G6568175M	06-12-2017	06-12-2019

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.



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G 6 5 6 8 1 7 5 M**

Name: **GUNASEKARAN SANTHOSHKUMAR**

Birth Date: **25 May 1985**

Issue Date: **08 Jun 2015**

Valid Till **07/06/2020**

 002436081B





Driving License

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

EFFECTIVE DATE

C
C
3
C

Class 2B

MOTORCYCLES NOT EXCEEDING 200 CC

09 Apr 2010

Class 3

MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS

09 Apr 2010

Class 4

HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN EXCEED 2500 KILOGRAMS

31 May 2016

G6568175M

S / No. 9000248315

NP 428A



Licence No: G6568175M