

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	12/04/2018 10:22
Date Of Accident	12/04/2018 07:25
Exact Location Of Accident	KJE TWDS PIE(TUAS)AFT WOODLANDS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU1347A
Insured/Policyholder	
Name Of Registered Owner	ISW ENGINEERING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93663603

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN3010781700
Cover Note Number	

Driver

Name of Driver	GOPAL KABILAN
Passport No/FIN	G8235961W
Date Of Birth	02/07/1985
Occupation	OUTDOOR
Date Of Driving Pass	06/07/2017
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83981369
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	2 TUAS VIEW SQUARE INTELECT BUILDING
Postcode	637576
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?	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)	2
Passenger 1	NAME: : RAVI 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

I WAS TRAVELLING FROM KJE TWDS PIE(TUAS)AFT WOODLANDS EXIT ON THE 2ND LANE OF A4-LANES ROAD.INFRT OF MY VEH STOP AND I FOLLOWED SUIT,SUDDENLY VEH B CAME FROM BEHIND AND HIT ONTO THE REAR PORTION OF MY VEH.DUE TO THE IMPACT MY VEH BEING PUSHED FORWARD AND HIT ONTO THE REAR PORTION OF VEH 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	GBF3990S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 SJQ6563U
Vehicle Make/Model/Colour
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)

DETAILS OF INJURED PERSON 1

Name GOPAL KABILAN
Approximate Age
Injuries Sustain BACK & NECK
Injured person in which vehicle? GU1347A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name RAVI
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GU1347A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident 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) complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

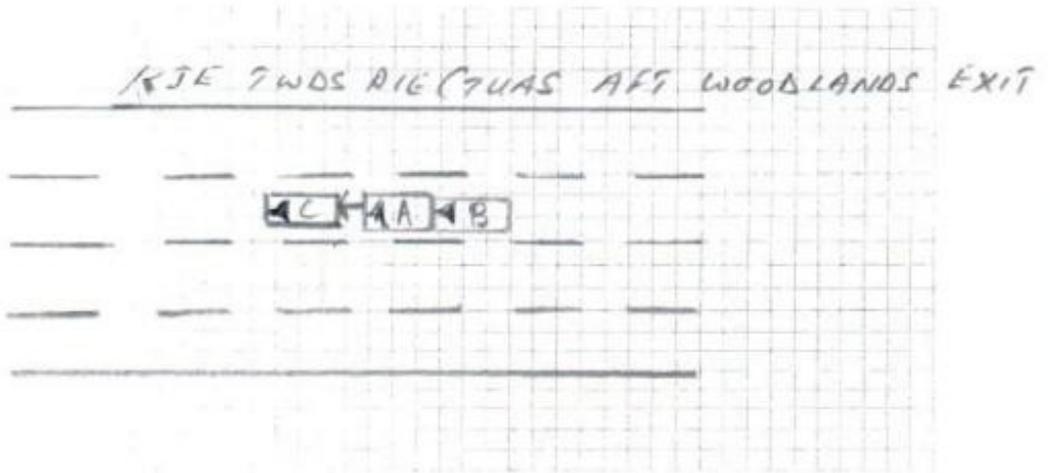
01.12/04/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 12/04/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A - GU1347A
B - GBF3990S
C - SJQ65634



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature] 12/04/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 12/04/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

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Accident Photo



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

WORK PERMIT
 Employment of Foreign Manpower Act (Chapter 81A)
 Republic of Singapore

Employee
MR. M. SITHI CONSTRUCTION & ENGINEERING PTE. LTD.

Employer
CONSTRUCTION

Name
GOPAL KARAN

Employment
CONSTRUCTION NUMBER: QUP-08-003

Work Permit No.
3-040354

Date of Application
08-07-2014

Date of Issue
02-08-2014

Date of Expiry
02-08-2016

Barcode
18030248

REPUBLIC OF SINGAPORE DRIVING LICENCE

Category **G-8235961W**

Name
GOPAL KARAN

Date of Birth
02 Jul 1985

Issue Date
13 Jul 2015

Valid Till
31/08/2020

Barcode
0884604300

SG
 15

VISIT PASS
 Immigration Regulations

Name
GOPAL KARAN

Passport No.
96208910

Issue Date
02-07-2015

Expiry Date
02-08-2016

Category
M

Remarks
MULTIPLE JOURNEY VISA ISSUED

FOR USE TO ENTER SINGAPORE THROUGH AIRPORTS OR SEAPORTS ONLY (WHEN A VISA GATE IS ISSUED TO YOU)

Barcode

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

SELECTED DATE

Class 08	Motorcycles 250 cc	Issue Date
Class 7	Motor cars up to 3500 cc with or without trailer, motor cycles 650cc, and motor cycles with 125cc	Expiry Date

ISSUE DATE

EXPIRY DATE

S / No. 0001289010

Barcode
License No: 0001289010

VP 430A