

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	17/04/2018 12:37
Date Of Accident	16/04/2018 18:15
Exact Location Of Accident	JUNCTION OF LOYANG WAY AND LOYANG AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM9969U
Insured/Policyholder	
Name Of Registered Owner	LOO CHEE MENG
NRIC No	S1477453Z
Email Address	MIKELOO22@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96360885
Alternative Phone No	OTHERS-96360885

Vehicle Particulars

Manufacturer	MAZDA
Model	3 SP
Exact Purpose for which vehicle was being used at time of accident	FAMILY OUTING
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	8-XM114646-MVA-R010
Cover Note Number	

Driver

Name of Driver	LOO CHEE MENG
NRIC No	S1477453Z
Date Of Birth	22/11/1945
Occupation	OUTDOOR
Date Of Driving Pass	01/04/1972
Driving Experience	46 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96360885
Fax Number	
Contact Number	OTHERS-96360885
Email Address	MIKELOO22@HOTMAIL.COM

Address	BLK 254 TAMPINES STREET 21 #02-464
Postcode	521254
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : MAID GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN

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	YM5626Y
Vehicle Make/Model/Colour	FUSO LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JAGANATHAN ALAGIRI
NRIC/Passport Number	F8376023X
Contact Number	82082637/85418703 (SARA)
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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

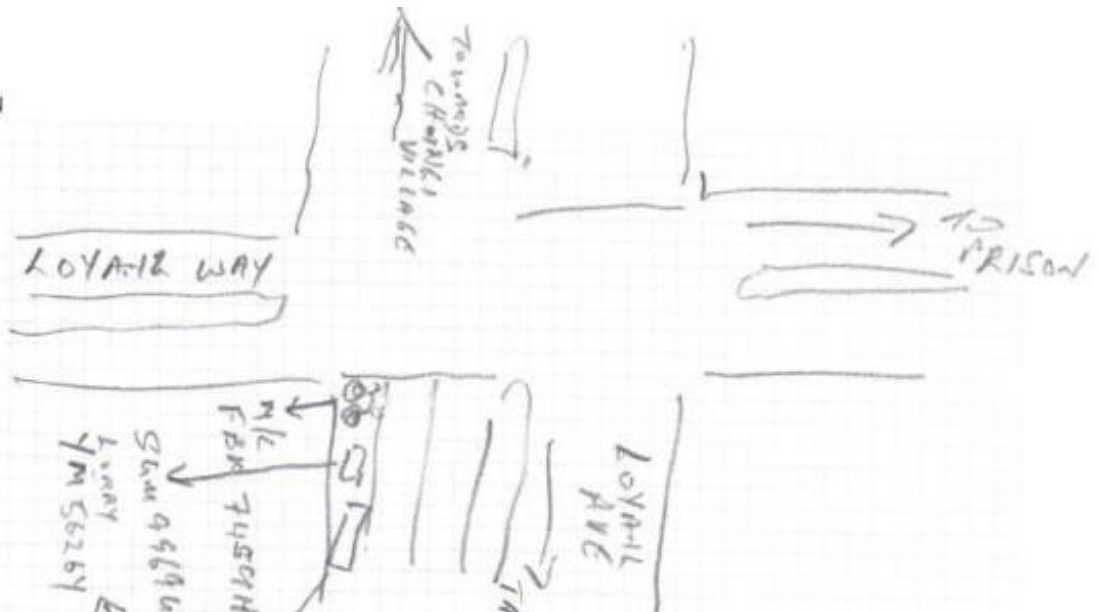

Policyholder's Signature
Date & Time:

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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, S1471453Z LOO CHES MEEH driving of SGM 9969U going to Changi Village and stopped at traffic light junction. In front of me is a motorcycle FBK 7459H. A lorry driven by JAGANATHAN AHAGIRI vehicle number YM 5626Y hit my back of my vehicle SGM 9969U at around 0615pm. Photos were taken and nobody was injured. My maid and my wife were inside the car at the time of the accident.

The driver Jaganathan Ahagiri told my to call his supervisor Mr. SARA tel 85418703 working in Changi Airfreight Centre, Changi Airport. The driver gave me his 'S' pass work permit and Driving licence for his particulars. His driving licence F8376023X valid until 29/1/2019. 'S' pass working under CAPRIORX TRADING SERVICES Pte Ltd. He is an Indian nationality.

The motorcyclist was not hit as I broke in time. Damages to my car after the accident.

- Back windscreen smashed into pieces.
- Back car boot crashed inwards and cannot open.
- Back bumper crashed inwards.
- Side of bumper opened up.

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's Signature
Name:
NRIC/FIN No.:

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



Accident Photo



Accident Photo



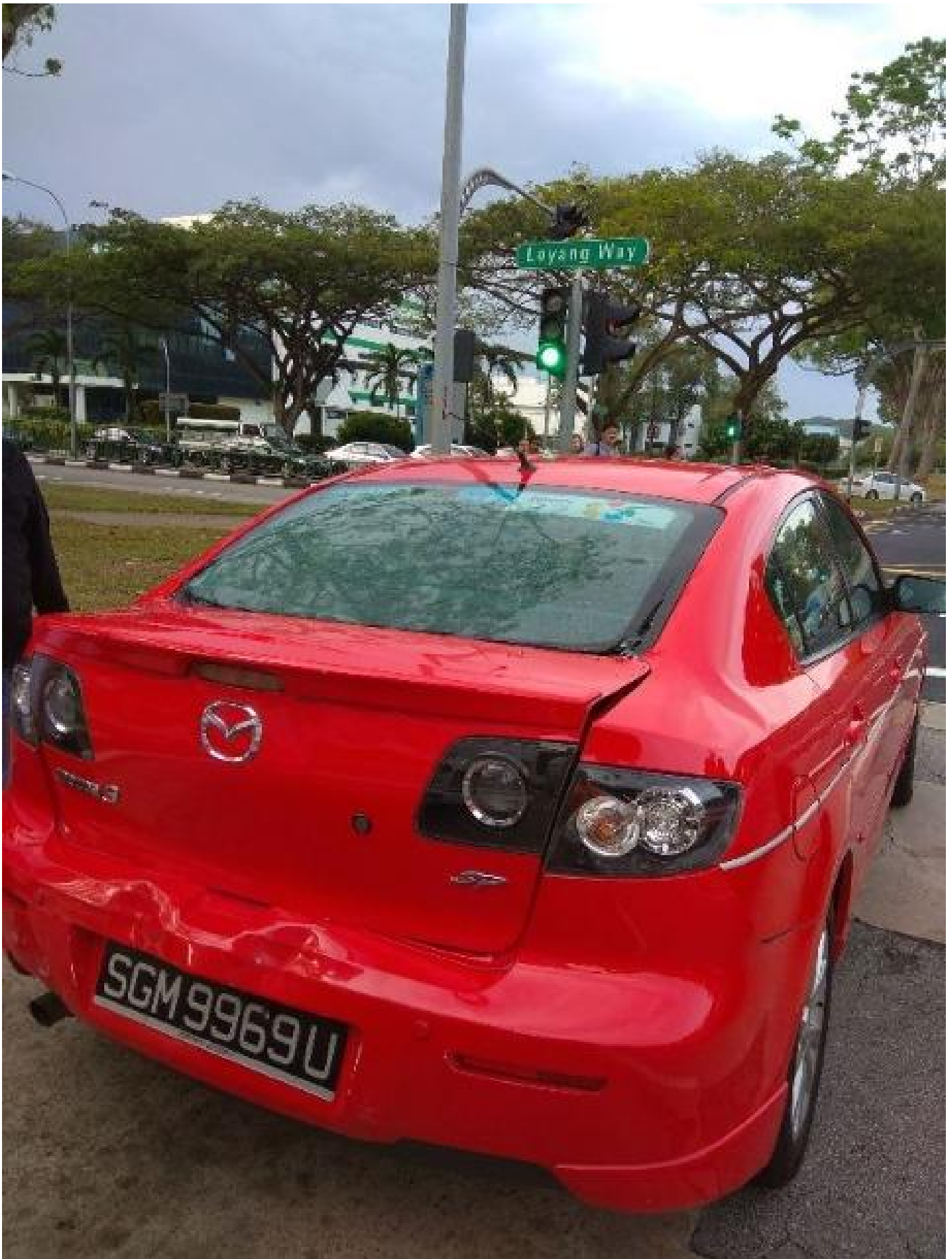
Accident Photo



Accident Photo



Accident Photo



Accident Photo





S PASS

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

Employer
CAPRIOXY TRADING SERVICES PTE. LTD.

Sector: **SERVICE**



Name
JAGANATHAN ALAGIRI
Occupation
DRIVER

S Pass No.
0 32078362



Date of Application
14-12-2017

Date of Issue
04-01-2018

Date of Expiry
04-01-2019

0 32078362



L8545473

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

