

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	11/05/2018 14:04
Date Of Accident	10/05/2018 17:40
Exact Location Of Accident	ALONG BRADDELL RD FILTERING TO TOA PAYOH LOR 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV9545L
Insured/Policyholder	
Name Of Registered Owner	SKIESLINK ENGINEERING PTE LTD
Co Reg No	201204820W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86249441

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MOMVC000004083-00-002
Cover Note Number	

Driver

Name of Driver	AYYAVU DHANABALAN
Passport No/FIN	G7009895X
Date Of Birth	28/05/1977
Occupation	OUTDOOR
Date Of Driving Pass	03/02/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86249441
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 81 UBI AVE 4
#02-14 UB.ONE

Postcode 408830

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 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

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) 2

Passenger 1 NAME: : UNKNOWN
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

PLS REFER TO THE ATTACHED STATEMENT.

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 SJX6385E

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)

SKETCH PLAN

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7. 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:
 - (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:

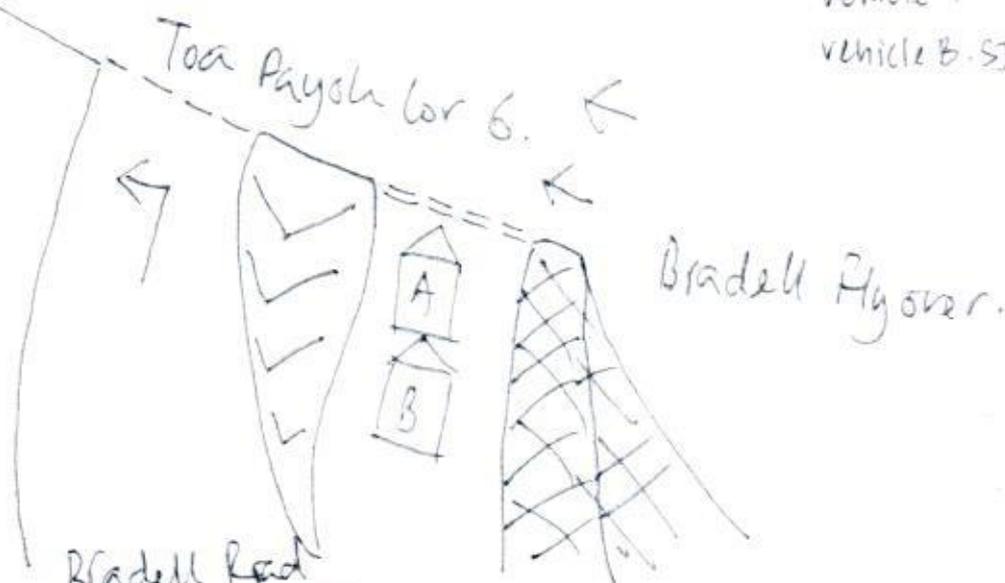
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Vehicle A: GV9545L

Vehicle B: SJX6385E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 10 May 2018 around 17:40 pm., I was travelling along Braddell Road filtering to Toa Payoh Lorong 6. As I stop behind give way line to allow on coming vehicle to pass from bradell flyover, vehicle B (SJX6385E) could not stop in time and hit onto the rear of my vehicle. upon alighting my vehicle, i saw that vehicle B (SJX6385E) have 'bang' the rear portion.

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.:

Date of Accident: 10/5/2018 Accident Time: 5:40 p.m. - 6:00 p.m.

Accident Place: Along Braddell Road Filtering to Toa Payoh Lorong 6

Vehicle No. / Car Plate No.: GV 9545L Make/Model: Toyota Hiace

Insurance Company: Great American Policy No.: MOMVCO00004083-00-002

Insurance Company Name / No.: Skieslink Engineering Pte Ltd / 201204920W

Owner of Company / Contact No.: 86249441 Owner's Sig: _____ Company Tel: _____

DRIVER'S Name / IC No.: Ayyavu Dhanabalan / G7009895X

DRIVER'S Date of Birth: 28 May 1977 DRIVER'S License Pass Date: 03 Feb 2014

Relationship of Owner & Driver: Spouse Parents Children Sibling Employee Other: _____

DRIVER'S Address: 81 Ubi Avenue 4 #02-14 Ubi One Singapore 408830

DRIVER'S Contact No. / Alt No.: 1) 86249441 2) _____

DRIVER'S Occupation: INDOOR OUTDOOR (e.g. working inside or outside office)

Email Address: _____

Weather & Road Surface: CLEAR & DRY RAINING & WET AFTER RAIN & WET

Reporting Type: Reporting Only Claim Other Party Claim Own Insurance

Number of Passengers (including Driver): 2 person

Was there any video captured by car camera? YES NO

Exact purpose for which vehicle is being used at the time of accident: Private use Work purpose

Any Injury: All YES, No state: _____

Other Party Driver's Particular (if any)

VEHICLE No.:	SJX6385E	VEHICLE No.:	_____
Vehicle Year/Model:	_____	Vehicle Make/Model:	_____
NAME (Print):	_____	Name Driver:	_____
IC No. Driver/Owner:	_____	IC No. Driver/Contact:	_____

* NEW = Passenger's name & gender:

Name: -
Gender: male

VISIT PASS
Immigration Regulations

17-04-2018

Name
AYYAVU DHANABALAN

FIN
G7009895X

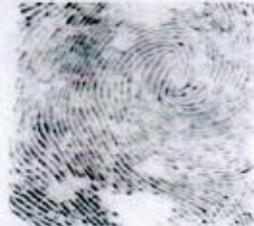
Date of Birth
28-05-1977

Sex
M

Nationality
INDIAN

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.



Download SGWorkPass
App to check status

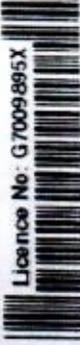


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg 03 Feb 2014

NP 428A



License No: G7009895X



Employer

SKIESLINK ENGINEERING PTE. LTD.

WORK PERMIT

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



Name
AYYAVU DHANABALAN

Work Permit No.
0 32244203

Sector
CONSTRUCTION



K0285668

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **G 7 0 0 9 8 9 5 X**
Name

AYYAVU DHANABALAN



Birth Date **28 May 1977**

Issue Date **03 Feb 2014**

Valid Till **02 Feb 2019**



002270787B

**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC0029B GST REG. NO.: M90370081T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6804 6000
FAX: +65 6235 2616

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third Party Risks and Compensation) Rules 1960
Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules 1959 (Malaysia)

Policy Details

Certificate Number : MOMVC000004083-00-002 Cover : Commercial Vehicle (Third Party Only)
Policyholder Name : Skieslink Engineering Pte Ltd Chassis Number : LH1621008248
NCD Entitlement : 20% Fleet Discount Engine Number : 5L5291326
Hire Purchase : N/A Registration Number : GV9545L
Period of Insurance : From 24/01/2018 (00:00) To 14/05/2018 (23:59) (Both Dates inclusive)

Persons or Classes of Persons entitled to Drive

a) Any person who is driving on the Policyholder's order or with their permission
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

Limitations as to Use

- a) Use in connection with Policyholder's business
- b) Use for carriage of passengers (other than for hire and reward) in connection with the Policyholder's business

This Policy does not cover:

- a) Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

Excess (Section 1) : N/A
Excess (Section 2) : N/A
Windscreen Excess : N/A

Driver Details

Named Driver 01 : Any persons who is driving on the policyholder's order or with their permission

Name of Intermediary : Niche Business Insurance Agency

Date of Issue : 22/06/2017

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of
Great American Insurance Company

Authorised Signatory
micw