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 <u>truthful and accurate</u> 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 aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	15/05/2018 14:20
Date Of Accident	14/05/2018 12:45
Exact Location Of Accident	NGEE ANN POLYTECHNIC CARPARK NEAR BLK 73 OPPOSITE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GX2915M
Insured/Policyholder	
Name Of Registered Owner	M/S CONINT PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68442868
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 150 D
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3024791802
Cover Note Number	
Driver	

Name of Driver RAMASAMY VIDUTHALAIPULI

Passport No/FIN G8327084K
Date Of Birth 09/03/1984
Occupation OUTDOOR
Date Of Driving Pass 17/09/2012

Driving Experience 5 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93974927

Fax Number

Contact Number

EMail Address NOEMAIL

Address 57 UBI CRESCENT

Postcode 408596

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

NO

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

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) 1

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

WHEN REVERSING INTO AN EMPTY LOT AT THE NGEE ANN POLYTECHNIC CARPARK NEAR BLK 73 OPPOSITE, MY VEH ACCIDENTALLY HIT ONTO A PARKED VEH RIGHT FRONT PORTION.

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 SKH8220G

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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- 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)
 - (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.

Policyholde Signature Date & Time:

ON

Driver's Signature (If driver is not the policyholder)

P. Veduladaj Peti.

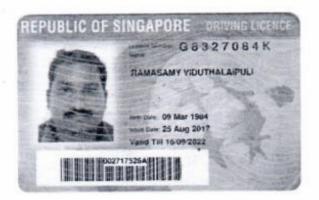
Date & Time:

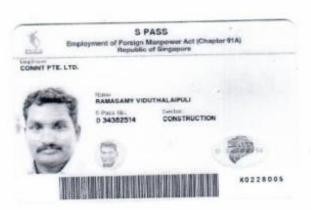
Reporting Centre Personnel's Signature

NRIC/FIN No :

SKETCH PLAN				
	A	8		A= GY 25017 B= SKH 82206
DESCRIBE CIRCUM	Near b	polytechnic (
Pleas	ie R	efer to	Statemen	+
DECLARATION I/Wordeclare the fore Policyholder's Signatur Date & Time:		Driver's Signature (if driver is not the policyholder)	Reporting	Centre Personnel's Signature

DRIVING DOC

























Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADD	DENDUM					
(A)	PARTICULARS OF PE	RSON MAKING THE AMEND	MENTS:					
	Original Report No :	MUA118063738	Vehicle Registration No:	6x 2915m				
	Name(as shown in NRIC) :	Ramasamy Vidathalai	NRIC/FIN/Passport No : _	6832724E				
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate							
	Address :	53 obj crescent		Singapore(408576				
	Contact (Tel)		Mobile No.: 93974977					
	Email Address							
	Date of Accident :	14518	Time of Accident :17	74				
	Place of Accident :	Appe Ann Polytochi	tic carparle near Blk 73	Opp. 11%				
	Insurance Company:	012						
		Hole registration may number DMCUSH	13024791802					
	3 Amend ma	3 Amend manufactors & model						
	4. Add in the	4. Add in shotas for vehicle hazaism.						
	C é							
	GON	Saiguts -						
	(*CONIA	2 (Quethodoi Patr.		76				
	Policyholder Abriver	Signature	Reporting Centre Perso	nnel's Signature				