

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	21/05/2018 09:48
Date Of Accident	14/05/2018 18:00
Exact Location Of Accident	ALONG CTE TWDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8497Y
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Insured/Policyholder

Name Of Registered Owner	SEN MAO ENGINEERING PTE LTD
Co Reg No	201317650W
Email Address	SENMAO.A@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-66840815

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1725461801
Cover Note Number	07/04/18 - 06/04/19

Driver

Name of Driver	RASHEL
NRIC No	G6685387Q
Date Of Birth	03/01/1991
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93530467
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O SEN MAO ENGINEERING PTE LTD
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	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : WORKER GENDER: : MALE
Passenger 2	NAME: : WORKER 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

Front vehicle suddenly stop and I also brake my vehicle to stop because after rain the road surface was wet so my vehicle can't stop in time and hit onto front vehicle (GBE7118Z) and cause my vehicle damage, but there was no injury on both parties.

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	GBE7118Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	84079796
Address	
Postcode	

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

SKETCH PLAN

VEHICLE NO.: GBE 8497Y
INSURER : CHINA TRIPING
DATE & TIME: 14/5/18 6:00 PM

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8. **Consent under the Personal Data Protection Act (PDPA)**

(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:

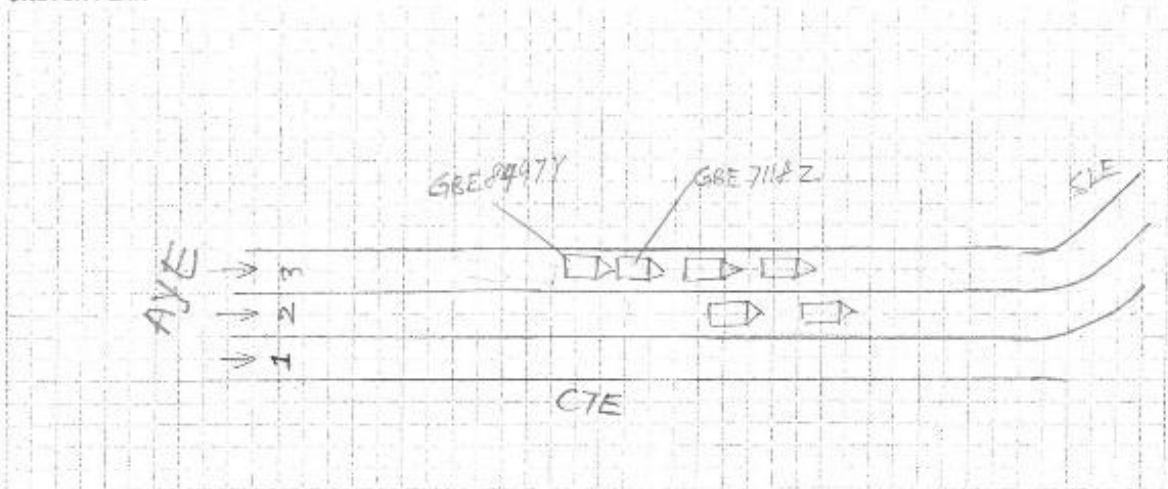
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front vehicle suddenly stop and I also brake my vehicle to stop because after rain the road surface was wet so my vehicle can't stop intime and hit onto front vehicle (GRE 7118Z) and cause my vehicle damage, but there was no injury on both party.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We declare that 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 N:

() Claim Own Policy () Claim Third Party (✓) Reporting
() Claim OD/TP at other workshop ()

Parshul
21/05/18



DL

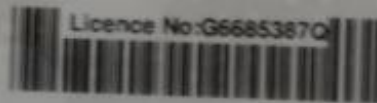


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 26 Apr 2013

NP 428A



Licence No: G6685387Q

WP

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

Employer
SEN MAO ENGINEERING PTE. LTD.

 Name
RASHEL

Work Permit No.
0 63278378

Sector
CONSTRUCTION

 
0 63278378

 **K0086565**

Handwritten on card:
GDE 84971
9353 0467

VISIT PASS
Immigration Regulations

05-01-2018

Name
RASHEL

FIN
G6685387Q

Date of Birth Sex
03-01-1991 M

Nationality
BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass
App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

