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

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	ACCIDENT STATEMENT
Date Of Report	22/06/2018 16:38
Date Of Accident	21/06/2018 09:30
Exact Location Of Accident	JALAN EUNOS TOWARDS HOUGANG AVENUE 3
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD6523Z
Insured/Policyholder	
Name Of Registered Owner	PIKASA BUILDERS PTE LTD
Co Reg No	201113963N
Email Address	CRISTY@PIKASABUILDERS.COM
Mobile Phone No	
Alternative Phone No	OFFICE-67479865
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FEA01BR2SDEB (CBU)
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	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	DMCVSN1605551802

Cover Note Number

Driver

Name of Driver RAJENDRAN NATARAJAN

Passport No/FIN G6968719P
Date Of Birth 20/06/1991
Occupation OUTDOOR
Date Of Driving Pass 11/07/2017

Driving Experience 0 YEAR AND 11 MONTH

Gender MALE

Mobile Number (LOCAL) +65-83714047

Fax Number

Contact Number

EMail Address NOEMAIL

Address 80 KAKI BUKIT INDUSTRIAL TERRACE

Postcode 416160

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - CO-COMPANY WORKER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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.

Number of Passengers (Including Driver)

NO 1

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 DRIVING ALONG THE MIDDLE LANE OF JALAN EUNOS HEADING TOWARDS HOUGANG. VEHICLE B, SKL4150E WHICH WAS DRIVING ON THE EXTREME LEFT LANE SUDDENLY CUT INTO MY LANE AND ITS RIGHT HAND REAR PORTION HIT ONTO MY VEHICLE'S FRONT LEFT HAND PORTION. NO ONE WAS INJURED.

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 SKL4150E

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)

2

Passenger 1

NAME: :

GENDER: :

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:

- 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")
- 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
- 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.
- 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.
- 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:

22/6/18

Signature

(If driver is not the policyholder)

Date & Time: 21/6/18

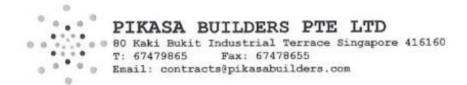
Reporting Centre Personnel's Signature Name: Apr

NRIC/FIN

Accident Sketch Plan

ETCH PLAN		
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		8 : SKL 4150 E
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Jalan	Funoc	
CRIBE CIRCUMSTANCES		
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CLARATION .		(2 3
e declare the proping partic	ulars are true in every respect.	
(3) (9)	Lowel	fine the
cyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
e & Time:	(If driver is not the policyholder)	Name: April

Authorisation Letter



June 21, 2018

To Whom It May Concern,

Dear Sir/Madam,

Authorization Letter

We hereby confirm that Mr. RAJENDRAN NATARAJAN (FIN G6968719P) is authorized to use our company vehicle number GBD3523Z.

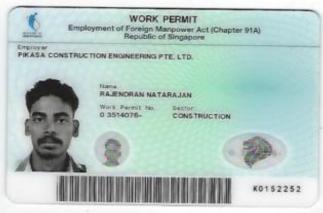
Thank you.

Respectfully yours,

DANNY YAN Contracts Manager

Identification Card





Driving Licence













