

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	21/06/2018 15:31
Date Of Accident	20/06/2018 17:30
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV2144G
Insured/Policyholder	
Name Of Registered Owner	YEUNG YEW PTE LTD
Co Reg No	200608335G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68780071

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN3001931800
Cover Note Number	

Driver

Name of Driver	NAGARAJAN KALAIVANAN
Passport No/FIN	G8232166M
Date Of Birth	15/05/1987
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90168706
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 23 KAKI BUKIT ROAD 4 #01-05 SYNERGY@KB
 Postcode 417801
 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 - MAJOR/MINOR RD
 Weather Conditions RAINING
 Road Surface WET

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) 2
 Passenger 1
 NAME: : DRIVER'S COLLEAGUE
 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

I WAS DRIVING ALONG HOLLAND ROAD WHEN THE TAXI DROVE OUT FROM A SMALL ROAD FROM MY LEFT. I HIT THE TAXI RH PORTION. THE TAXO WAS ACTUALLY DROVE OUT FROM THE COLD STORAGE CARPARK WITHOUT STOPPING, GIVING WAY TO ME.

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 SHB2959R
 Vehicle Make/Model/Colour HYUNDAI
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver YEO SHAO ZHONG
 NRIC/Passport Number S7814972H
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

1

Accident Sketch Plan

SKETCH PLAN

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6. 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 (a) 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) complying with requirements under any regulations, laws or court orders.



N. Kalivaran

Policyholder's Signature
Date & Time: 21/6/18

N. Kalivaran

Driver's Signature
(if driver is not the policyholder)
Date & Time: 21/6/18



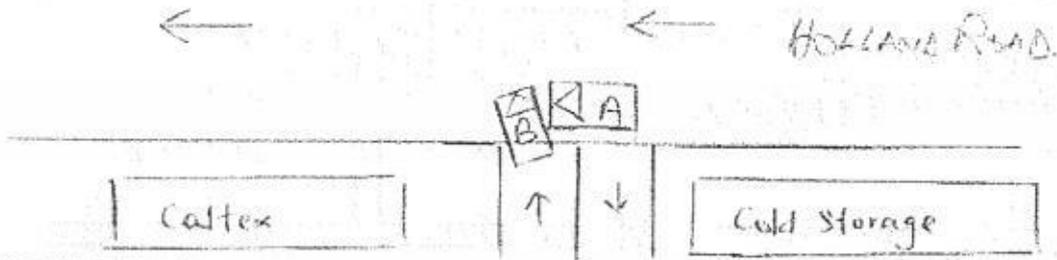
[Signature]

Reporting Centre Personnel's Signature
Name: *CASSINATH*
NIC/FIN No:

Accident Sketch Plan

SKETCH PLAN:

Accident Date: 20-6-18 A: GV2144G B: 84B2959R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS LEAVING HOLLAND ROAD WHEN THE TAXI
 DROVE OUT FROM A SMALL ROAD FROM MY LEFT,
 HIT THE TAXI IN PORTION.
 THE TAXI WAS ACTUALLY DRIVEN OUT FROM THE COLD
 STORAGE CAR PARK, WITHOUT STOPPING, GIVING WAY
 TO ME.

DECLARATION: We declare the foregoing particulars are true in every respect.

N. Kabinan

Policyholder's Signature
 Date & Time: 21/6/18

N. Kabinan

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 21/6/18

[Signature]

Reporting Centre Personnel's Signature
 Name: Cassandra
 NCC/EBU No:

