

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	30/07/2018 17:30
Date Of Accident	30/07/2018 15:35
Exact Location Of Accident	PSA VISTA BUILDING SIDE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP552J
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Insured/Policyholder

Name Of Registered Owner	PEER MOHAMED
Co Reg No	53332543M
Email Address	MOHAMED7517@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96181404
Alternative Phone No	OFFICE-96181404

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED (WIFE WAS AT THE PASSANGER SIT WAITING FOR INSURED)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078863238-02
Cover Note Number	

Driver

Name of Driver	PEER MOHAMED S/O LEBBAIKUTTY
NRIC No	S6914129C
Date Of Birth	27/04/1969
Occupation	OUTDOOR
Date Of Driving Pass	17/04/1998
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96181404
Fax Number	
Contact Number	OTHERS-96181404
EEmail Address	MOHAMED7517@GMAIL.COM

Address	BLK 74A REDHILL ROAD #03-42
Postcode	151074
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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.	NO
Number of Passengers (Including Driver)	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

PLEASE REFER TO SKETCH PLAN

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	YN9941E
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SELVARASU SATHISKUMAR
NRIC/Passport Number	03673528
Contact Number	66609202/62557355
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

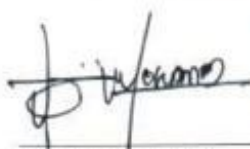
SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

- (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: 30/7/2018
1625 hrs.

PEER MOHAMED

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

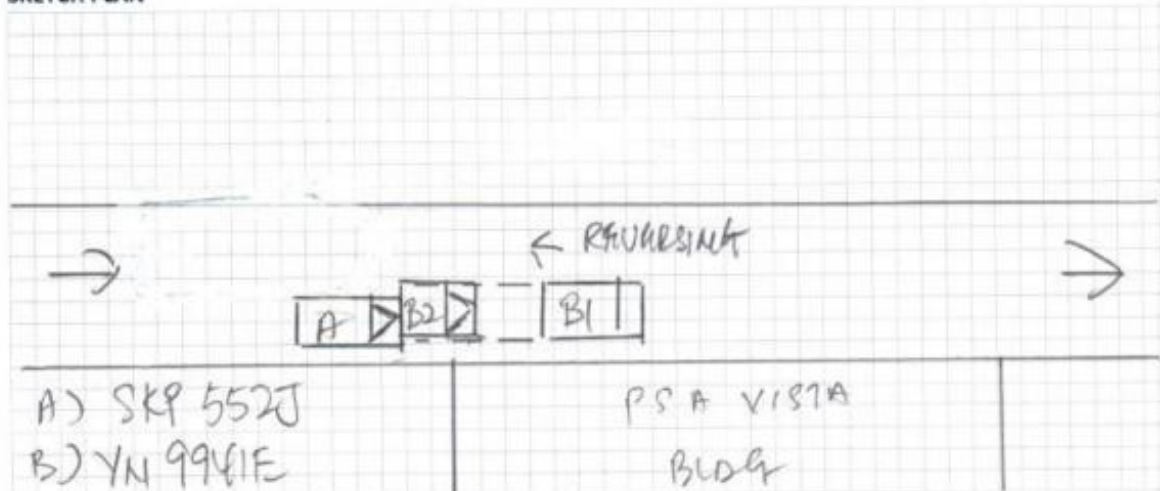

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked with my wife (IYESHA) NRIC S75036530 at the side road while I WENT TO TOILET.

I CAME BACK, I SAW THE BACK PORTION OF THE LORRY (YN 9941E) HAS KNOCKED MY FRONT PORTION OF THE CAR.

CHECKED WITH MY WIFE WHOM WAS INSIDE THE CAR WHILE THE LORRY REVERSED AND HIT THE CAR THAT, MY WIFE HORN AT THE DRIVER AND THE DRIVER DID NOT REALIZE AND KEEP REVERSING UNTILL HIT THE FRONT OF THE CAR.

MY VEHICLE WAS AT STATION POSITION WITH MY WIFE WAS INSIDE THE CAR WAITING FOR ME WHILE I WENT TO TOILET. WEATHER WAS DRY. ROAD WAS DRY. VISION WAS CLEAR AND SUNNY DAY.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

PEER MOHAMED

Policyholder's Signature

Date & Time: 30/7/2018
16:35hrs.

CLARKE Sketch Plan Form V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

31/07/2018

[Signature]
Roshni Waghmare

LETTER

DATE: 30-7-2018

VEHICLE NO: YN9941E

LOCATION: PSA VISTA BUILDING (SIDE ROAD)

I, SELVARASU SATHISHKUMAR, WORKPERMIT

HOLDER NO: 036753528, hereby

declare that on 30/7/2018 at about

3.35 PM, I REVERSE MY LORRY (YN9941E)

AND HIT THE FRONT OF THE CAR NO:

SKP552J, OWNER OF VEHICLE

PEER MOHAMED S6914D9-C.

MY EMPLOYER KHIAN HENG CONSTRUCTION
(PRIVATE) ~~LIMITED~~ LIMITED HAS ASKED
TO CLAIM INSURANCE.

DAMAGE VEHICLE NO:

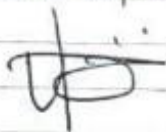
SKP552J

PEER MOHAMED

HIT BY LORRY

NO: YN9941E

SELVARASU



S. Selvarasu

U-GRADE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

VISIT PASS
Immigration Regulations

16-07-2018

Name
SELVARASU SATHISHKUMAR

FIN
G2661857L

Date of Birth
03-03-1992

Sex
M

Nationality
INDIAN

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.



Identification Card



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


Employer
KHIAN HENG CONSTRUCTION (PRIVATE) LIMITED

 Name
SELVARASU SATHISHKUMAR

Work Permit No.
0 36753528

Sector:
CONSTRUCTION

 **K0591460**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Driving License

