

## 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	07/08/2018 15:06
Date Of Accident	12/02/2018 14:00
Exact Location Of Accident	ALONG BENDEMEER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6593E
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#### Insured/Policyholder

Name Of Registered Owner	LEO ENGINEERING & SERVICES PTE LTD
Co Reg No	201607858G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-69175271

#### Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4AA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094544238
Cover Note Number	-

#### Driver

Name of Driver	CHINNAN ALAGARSAMY
Passport No/FIN	G7290712X
Date Of Birth	15/04/1980
Occupation	OUTDOOR
Date Of Driving Pass	23/07/2008
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OFFICE-69175271
Email Address	NOEMAIL

Address	200 JALAN SULTAN ##03-01A TEXTILE CENTRE SINGAPORE
Postcode	199018
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - EX - EMPLOYEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	UNKNOWN
Road Surface	UNKNOWN

#### 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)	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 ATTACHED STATEMENT.

#### 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	FBH6347U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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:

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

Unable  
to  
Provide  
Sketch

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

### DECLARATION

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

Policyholder's Signature

Date & Time:

Signature of Policyholder

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Signature of Driver

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Signature of Reporting Centre Personnel

## Accident Sketch Plan

I KALIMUTHU IYEMPERUMAL (G7214457R) REPERSENT MY COMPANY LEO ENGINEERING & SERVICES PTE LTD ON BEHALF TO MAKE THIS INCIDENT REPORT, MY COMPANY RECEIVED LETTER FROM NTUC INFROM TO FILE AN ACCIDENT REPORT OCCUR ON 12 FEB 2018, ON THAT TIME, MY COMPANY VEH GBG6593E WAS DRIVING BY OTHER EMPLOYEE, NAME: CHINNAN ALAGARSAMY (G7290712X), HE NEVER INFROM MY COMPANY HE GOT MAKE ANY ACCIDENT AND NOW HE NO MORE WORKING AT OUR COMPANY AND WE SUSPRISES THAT RECEIVED AN INJURY CLAIMS FROM THE OTHER PARTY. WE HAVE NO IDEA HOW THE ACCIDENT HAPPENED, I MAKE THIS REPORT TO MY INSURANCE COMPANY (NTUC) AS REQUESTED. THAT ALL.

FWPOL350 - Cancellation Letter



LEO ENGINEERING & SERVICES PTE. LTD.  
767 UPPER SERANGOON ROAD  
#02-15 SPAZIO @ KOVAN  
SINGAPORE 534635

24 May 2018

## Your worker's Work Permit is cancelled

WORKER'S NAME  
CHINNAN ALAGARSAMY  
WORK PERMIT NO.  
0 32495079

Dear Sir / Madam

Your worker's Work Permit is cancelled on 27 Mar 2018.

You only have to pay the levy up to 26 Mar 2018.

We have issued a Special Pass for your worker's departure. You must print it out for your worker to carry and surrender to the Immigration Duty Officer when he / she leaves Singapore.

Yours sincerely

Mdm Chow Choon Yen  
for Controller of Work Passes



Accident Photo



Accident Photo





Accident Photo



Accident Photo



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