

## 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	28/08/2018 15:49
Date Of Accident	28/08/2018 07:35
Exact Location Of Accident	KJE TWDS BKE B4 BKE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1288U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S MASTER MARINE WORKS PTE LTD
Co Reg No	201133193M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91988093

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	THIRD PARTY
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	DMCVSN3039011800
Cover Note Number	

### Driver

Name of Driver	SHANMUGAM SARAVANAN
Passport No/FIN	G6523564T
Date Of Birth	20/02/1989
Occupation	OUTDOOR
Date Of Driving Pass	11/11/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91988093
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	7 SOON LEE STREET #02-16
Postcode	627608
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

### 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?	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)	9
Passenger 1	NAME: : SENTHIL OP GENDER: : MALE
Passenger 2	NAME: : RAGUBATHI GENDER: : MALE
Passenger 3	NAME: : KARTHICK GENDER: : MALE
Passenger 4	NAME: : REDDY GENDER: : MALE
Passenger 5	NAME: : SURESH M GENDER: : MALE
Passenger 6	NAME: : AVALON 1 GENDER: : MALE
Passenger 7	NAME: : AVALON 2 GENDER: : MALE
Passenger 8	NAME: : VAIRAMOORTHY 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

PLS REFER TO THE 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 SKG8017H  
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)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLE3123R  
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)

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SKE8168R  
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)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

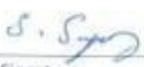
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

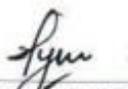
I understand, acknowledge, agree and consent that:

- (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.



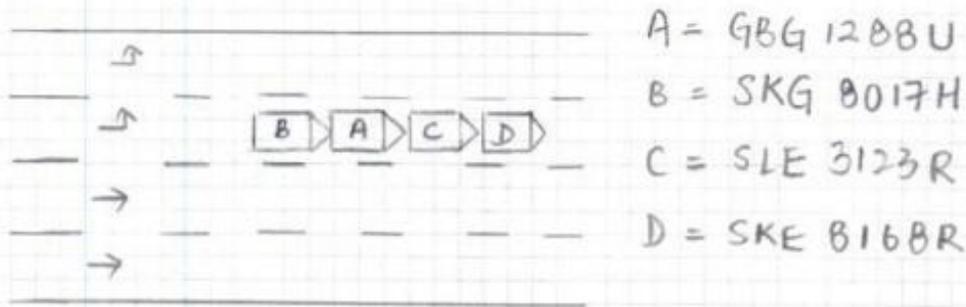
Policyholder's Signature  
Date & Time:

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

 28/02/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Individual Statement

SKETCH PLAN



KJE towards BKE  
(Before BKE Exit)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28.08.18 at about 07:35 hours along KJE towards BKE (Before BKE Exit). I was travelling straight on lane 3, when front vehicle (C) slowed down and stopped thus I slowed down and stopped too.

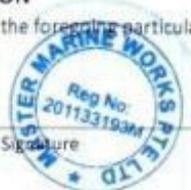
Suddenly I heard a loud bang from behind and the impact forced my vehicle (A) to move forward hit onto the rear portion of vehicle (C). When I alighted I realised it was vehicle (B) who hit onto rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle (A). It was a chain collision of total 4 vehicles involved and I have 8 passengers inside my vehicle (A).

Vehicle (A): GBG 1288U  
Vehicle (B): SKG 8017H  
Vehicle (C): SLE 3123R  
Vehicle (D): SKE 8168R

DECLARATION

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

Policyholder's Signature  
Date & Time:



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

*S. S. S. 28/08/18*  
Report Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



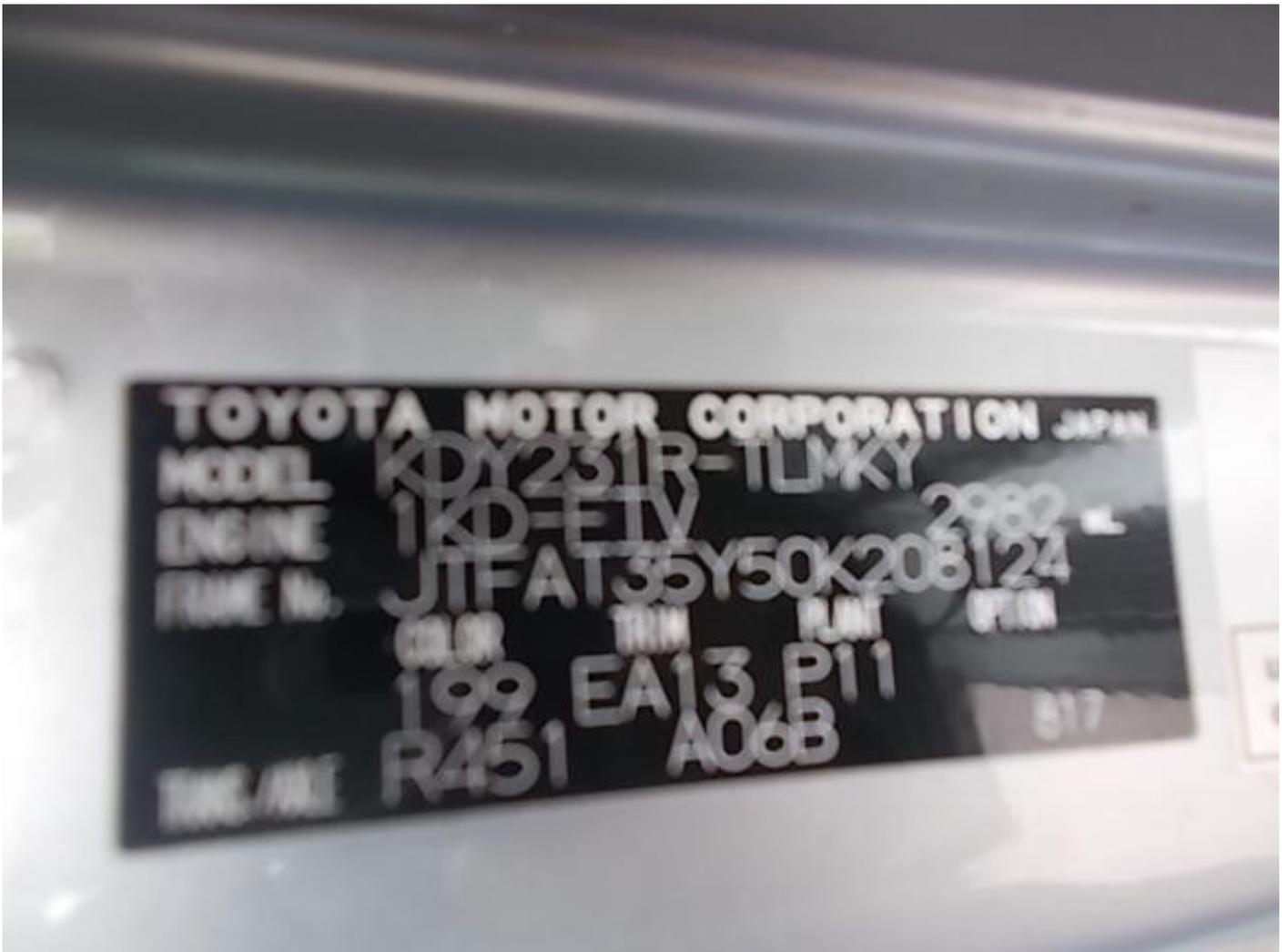
Accident Photo



Accident Photo



Accident Photo



Accident Photo





Identification Card

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 81A)  
Republic of Singapore

Employer  
**SHAW CONSTRUCTION SERVICES PTE. LTD.**

Worker  
**CONSTRUCTION**

**018 MURRAY BARAYANAN**  
Company  
**CONSTRUCTION WORKERS**

Photo of Worker  


Work Permit No.  
**02M070188**

Date of Issuance  
**20-02-2017**

Date of Expiry  
**18-02-2017**

Date of Birth  
**20-02-1978**



**L7805497**

GAG 1288V  
driver

**VISIT PASS**  
Immigration for guest pass

Name  
**SHAWNEE DAN SHARIFANEM**

Photo of Worker  


Date of Birth  
**20-02-1978**

Sex  
**M**

Religiosity  
**ISLAM**

Pass  
**MS040841**

Date of Issue  
**18-02-2017**

Date of Expiry  
**03-02-2019**

**MULTIPLE JOURNEY PASS ISSUED**

YOU ARE TO SUPPLY IN THIS CARD AREA, IF AVAILABLE, UP  
ON THE EXPRESSES ON WHICH A REA CARD IS ISSUED TO YOU.



FWPOLT15 - Change Worker's Occupation Approval



MASTER CONSTRUCTION WORKS PTE. LTD.  
5 SOON LEE STREET  
#05-12 PIONEER POINT  
SINGAPORE 627607

06 Oct 2017

## Your worker's occupation has been updated

Dear Sir/Madam

Your request to change SHANMUGAM SARAVANAN's occupation to CONSTRUCTION WORKER-CUM-DRIVER has been approved. Your worker can perform the new duties from 06 Oct 2017.

The new occupation will be shown on the new card if/when it is renewed. Until such time, the worker should keep this letter together with the work permit card at all times.

If the new occupation is classified under generic occupations such as "Construction Worker" or "Marine Trades Worker", it will remain unchanged on the card.

Yours sincerely

Gan Choon Aik  
For Controller of Work Passes

WORKER'S NAME  
SHANMUGAM SARAVANAN  
WORK PERM IT NO.  
0 34707669  
EMPLOYER NAME  
MASTER CONSTRUCTION  
WORKS PTE. LTD.

**▲ IMPORTANT**

This approval does not exempt the worker from other licensing requirements (e.g. driving or operating a crane in Singapore).