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Date/Time Actions							
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ontact No:		FT : Follow-Through FT : Follow-Through					
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Checked by (Engr-in-Charge):		* N5: Courtesy Car / T	THE RESIDENCE OF THE PARTY OF T				
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#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 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.

	ACCIDENT STATEMENT
Date Of Report	27/09/2018 11:47
Date Of Accident	26/09/2018 17:00
Exact Location Of Accident	ALONG WHAMPOA SOUTH TOWARDS BENDEMEER ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PA5875P
Insured/Policyholder	
Name Of Registered Owner	POWERJET PTE LTD
Co Reg No	201217470K
Email Address	POWERJET2012@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82535535
Alternative Phone No	OFFICE-82535535
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN 3.0 M
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5082781810-02
Cover Note Number	
Driver	
Name of Driver	GOPAL KUMAR
NRIC No	S2663544F
Date Of Birth	17/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	24/02/1997
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82535535
Fax Number	
Contact Number	OTHERS-82535535

POWERJET2012@GMAIL.COM

Address

BLK 906 JURONG WEST STREET 91

#06-179

Postcode

640906

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 - HEAD TO REAR

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)

Passenger 1

NAME:

: FRIEND

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

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

SGW88T

Vehicle Make/Model/Colour

MAZDA

**Details Of Properties** 

Vehicle Category Name of Driver

PRIVATE CAR

NRIC/Passport Number

Contact Number

96991737

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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:
  - 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:

27/09/18

Oriver's Signature
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.

	- BRUCKMARK ROAD
A) PA5875P B) SGW 88 T	Whompon South BAIRM
DESCRIBE CIRCUMSTANCES	A Company of the Comp
ON 26/09/2018	AT ABOUT 17:00 HRS I WAS TRAVELLINES ALONG
DOWN & SAN	WANTED TO EXIT INTO BEAUDAMER ROAD.  WHY I STOP MY VAN PA SETSP SUDOMUTY  INC I FALL A SUMP FROM THE RABE. I COMM  A CAR SGW IFT HIN THE RABE OF MY YAM.  MIGH PANTICULAR J ONLY 200K SOME PHOTOS &  ME MUMBERS THAT ALL
DECLARATION # PO I/We declare the foregoing part Policyholder's Signature Date & Time:	Driver's Signature  (If driver is not the policyholder)  Reporting Centre Personnel's Signature  Name:

Date & Time:

NRIC/FIN No.:

SKETCH PLAN

Ident MT/1013247	5082781810-02	Vehicle No.	PAS875P		GST Registration	No.		
cy No. tificate No.	2082/01010-06				2.1	9 9	201217470K	
	POWERJET PTE LTD				Policyholder NRIC		0	
	BUS INSURANCE	Cover Type	Third Party, Fire & The	eft.	Loading			
	82535535	Contact No.(Office)			Contact No.(Hom	e)	No T	
ail Address		Special Remark			eCode	- 8	NO -	
C	« No Yes	TCA	+ No. Yes		eCode Reason		No	
	No	NCD Entitlement(%)	15		Private Hire		-0	
Accident Details	1000						Collision - Head to I	lase
port Date	27/09/2018 12:20	Accident Report Within 24 hrs	Yes		Accident Type			. Committee
te of Accident	26/09/2018	Time of Accident hh:mm	17:00		Country of Accide	ent	Singapore	
porting Centre		Grange Force			ICM No.			
cident Location	ALONG WHAMPOA SOUTH TOWARDS BENDE	MEER ROAD						
P Excess	1978(50)(60)				7/1/2 100 200		0.00	
wn damage Excess	0.00	Additional Excess			Windscreen Exce	ess	0.00	
nnamed Driver Excess		Outside Singapore OO Excess						
aird Party Excess	3,000.00	Outside Singapore TP Excess						
♥ Benefits								
GST Registered Informati	on							
ST Registered	No.		GST Registr		No			
ST Registration No.			GST Status	Venhed	140			
odification History								
Policyholder Hailing Addr			#26-04 INTERNATIO	NAL PLAZA	Address 3		SINGAPORE 0799	03
ddress 1	10 ANSON ROAD	Address 2	\$26-04 INTERNATION Singapore address	The Part of the Pa	Post Code		079903	
ddress 4		Address Type  Sulpand Policy Number	5085288334-02					
init No.	26-04	Related Policy Number	3093200334-02					
♥ OI Driver Info		Datase Times	Unnamed Driver					
briver Name	Unnamed Driver	Driver Type Driver NRIC	52663544F		Driver DOB		17/01/2099	
Jonames Griver Name	GOPAL KUMAR		-80		Driving Experie	ince	21	
tegister Date of Driver License	24/02/1997	Driver Age	-80		Contact No.(Ho			
Contact No.(Mobile)	82535535	Contact No.(Office)			Address 3		SINGAPORE 6409	06
ddress 1	BLK 906 #06-179	Address 2	JURDNG WEST STR	EET 91	Post Code		640906	
Address 4		Address Type	Foreign address		Pust Code			
Jnit No.	06-179						NTUC	
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	PAS875P		Driver Insurer	Company	Mide	
Declaration Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No					
Breathalyser or Blood Test	0 mg	Any injury?	Yes + No					
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	ACCIDENT DATE: (26/09/1	18 (DD/MM/YYYY), TIME: ( 5 :00 PM (HH:MM)	(5)
	LOCATION: Whampoo	Sound	
	LOCATION: Whom Doc	d and the second	
	1. DETAILS OF VEHICLE		
127	a) VEHICLE NUMBER:	PA 5875 P.	
	b)INSURANCE COMPAN	EDX 781810-02	
	C)POLICY NUMBER:	REHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
	CHURTICALACAL / COLLE	BE / MPV /VAN / LORRY / MOTORS : DEE!	
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	IF NO. PLEASE STATE (TI	HIRD PARTY CLAIM / REPORTING ONLY)	
	A INCHES / POLICY HOLD	DER SCHOOLSE	
	A) NAME: POWEX	Jet PULLIA INTILLIA	
	DINRIC/FIN/PASSPORT:_	CONTACT	
MIC	) CIADDRESS: NO 7. S	SOON LEF STREET. SINNA PORE 627 608	
ferens in	#03-42	ANNUER ALSO POLICY HOLDER	
A		PRIVER ALSO POLICY HOLDER	
24. Ho of per	ssenga DRIVER	AL KOMAR MALE / REMALET	
Cincludina	diver) ANAME: CONTRACTOR	SALESSUYF CONTACT: 825355	34
(2.5	DINKIC/FIN/FASSFORM		100
()	c)ADDRESS:		
	*d)DATE OF BIRTH: (	# OL/19/28/(DD/WW/YYYY)	
		( -	
W.		2. 10	20
4	IF NO, RELATIONSHIP	P OF THE DRIVER WITH INSURED:	
	5. p) WEATHER CONDITION  b) ROAD SURFACE: (DR	N: (CLEAR / RAINING / OTHERS	
	6. WAS ANYBODY INJURE	TO (YES / NO)	20
**	7. a) REPORTED TO POLIC	E (YES / NOL	
	IE VES DI FASE STATE	WHICH POLICE STATION:	
	8. THIRD PARTY VEHICLE	- MATER	
Stone of pe	gi VEHICLE NUMBER:	SGW 88 T MODEL: WAZDA	1
1.1.1.1	b) DRIVER'S NAME:_		1
5. 12-10-00-00	c) NRIC/FIN/PASSPO	ORT:CONTACT:CONTACT:	
e l	9 THIRD PARTY VEHICLE	1 Mary Control of the Control	
	AL VEHICLE KILIMBER		
20,000 - 20,0	DRIVER'S NAME:_	CONTACT	1
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\$	)		

EMPIL = Power Jet 2012 @gmail VIDEO =

# REPUBLIC OF SINGAPORE





Name

GOPAL KUMAR



INDIAN

Date of birth 17-01-1958

Country/Place of birth





9488664



NRIC No. S2663544E

Nationality INDIAN Date of leas

Date of lisus
26-06-2018
Address
APT BLK 906 JURONG WEST STREET 91

#06-179 SINGAPORE 640906 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles =< 200 cc Motor cars =< 200 cc Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor bactors 24 Feb 1997 (vehicles =< 2500 kg

			E PER A						Genera	alClaim
AH_800676						• Change	Languag	e + Chan	ge Password	• Log Ou
Poli	cy Query									
Policy N	No.				Date o	of Accident		26/09/2018	10:30	
Vehicle No.(For Motor)		PA5875	PA5875P Certificate Number							
					Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5082781810- 02		POWERJET PTE LTD	201217470K	GBS	Third Party, Fire & Theft	PA5875P	PA5875P	04/08/2018	03/08/2019
	Policy No Vehicle	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  5082781810-	Policy Query  Policy No.  Vehicle No.(For Motor)  PA5875  Select Policy No.  Certificate Number  5082781810-	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No. Certificate Number Name 5082781810-  POWERJET	Policy Query  Policy No.  Vehicle No.(For Motor)  PA5875P  Select Policy No. Certificate Number Name NRIC  5082781810- POWERJET 201217470W	Policy Query  Policy No.  Vehicle No.(For Motor)  PA5875P  Certificate Policyholder Name NRIC  5082781810-  POWERJET 201217470V GRS	Policy Query  Policy No. Date of Accident  Vehicle No.(For Motor) PA5875P Certificate Number  Select Policy No. Certificate Number Name NRIC Product Cover Type  5082781810- POWERJET 201217470V CBS Third Party,	Policy Query  Policy No.  Date of Accident  Vehicle No.(For Motor)  PA5875P  Certificate Number  Search  Select Policy No.  Certificate Number Name NRIC  No.  5082781810-  POWERJET 201217470W CBS Third Party, PA58750	Policy Query  Policy No. Date of Accident 26/09/2018  Vehicle No.(For Motor) PA5875P Certificate Number  Search  Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle No. Object Number Name NRIC Product Cover Type No. Object No. POWERJET 201217470V CRS Third Party, passages passages named to the power Name NRIC PowerJet No. Object	Policy Query  Policy No.  Vehicle No. (For Motor)  PA5875P  Date of Accident  Certificate Number  Search  Select Policy No.  Certificate Number Name NRIC  Number Name NRIC  Search  Select Policy No.  Certificate Policyholder Name NRIC  No.  Object Date  Date of Accident  Certificate Number  Search  Search  Select Policy No.  Certificate Policyholder Name NRIC  Name NRIC  Search  Search  Search  Select Policy No.  Object Date  Date Of Accident  Certificate Number  Search  Se