

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	03/10/2018 13:54
Date Of Accident	01/10/2018 19:00
Exact Location Of Accident	JUNC BISHAN ST 22 & MARYMOUNT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN3477T
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Insured/Policyholder

Name Of Registered Owner	M/S J&M CONSTRUCTION PTE LTD
Co Reg No	201608544D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62528318

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BEOSRDEA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	DMCVSN3092701700
Cover Note Number	

Driver

Name of Driver	SEKAR NEELAKANDAN
Passport No/FIN	G2645260R
Date Of Birth	10/01/1993
Occupation	OUTDOOR
Date Of Driving Pass	08/02/2018
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91560681
Fax Number	
Contact Number	OFFICE-91560681
EEmail Address	NOEMAIL

Address	11 YISHUN INDUSTRIAL STREET 1 #02-99 NORTH SPRING BIZHUB
Postcode	768089
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 - CHANGE/CROSS LANE
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?	YES
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)	21
Passenger 1	NAME: : SAN MIN GENDER: : MALE
Passenger 2	NAME: : TOE AUNG GENDER: : MALE
Passenger 3	NAME: : NALLATHAMBI VINOTHKUMAR GENDER: : MALE
Passenger 4	NAME: : RAY SOBUJ GENDER: : MALE
Passenger 5	NAME: : KHAING SOE GENDER: : MALE
Passenger 6	NAME: : KYAW ZIN HEIN GENDER: : MALE
Passenger 7	NAME: : CHAN MYAE OO GENDER: : MALE
Passenger 8	NAME: : NYI LIN AUNG GENDER: : MALE
Passenger 9	NAME: : DHEVAN MURUGESAN GENDER: : MALE
Passenger 10	NAME: : KYAW WIN KHAING GENDER: : MALE

Passenger 11	NAME: : KHAW SWAR TUN
	GENDER: : MALE
Passenger 12	NAME: : -
	GENDER: : MALE
Passenger 13	NAME: : -
	GENDER: : MALE
Passenger 14	NAME: : -
	GENDER: : MALE
Passenger 15	NAME: : -
	GENDER: : MALE
Passenger 16	NAME: : -
	GENDER: : MALE
Passenger 17	NAME: : -
	GENDER: : MALE
Passenger 18	NAME: : -
	GENDER: : MALE
Passenger 19	NAME: : -
	GENDER: : MALE
Passenger 20	NAME: : -
	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

REFER TO 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	SKC6599D
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 INJURED PERSON 1

Name SAN MIN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? YN3477T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TOE AUNG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? YN3477T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name NALLATHAMBI VINOTHKUMAR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? YN3477T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name RAY SOBUJ
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? YN3477T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 5

Name KHAING SOE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? YN3477T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 6

Name	KYAW ZIN HEIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YN3477T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 7

Name	CHAN MYAE OO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YN3477T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 8

Name	NYI LIN AUNG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YN3477T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 9

Name	DHEVAN MURUGESAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YN3477T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 10

Name	KYAW WIN KHAING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YN3477T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

X

Policyholder's Signature:
Date & Time:

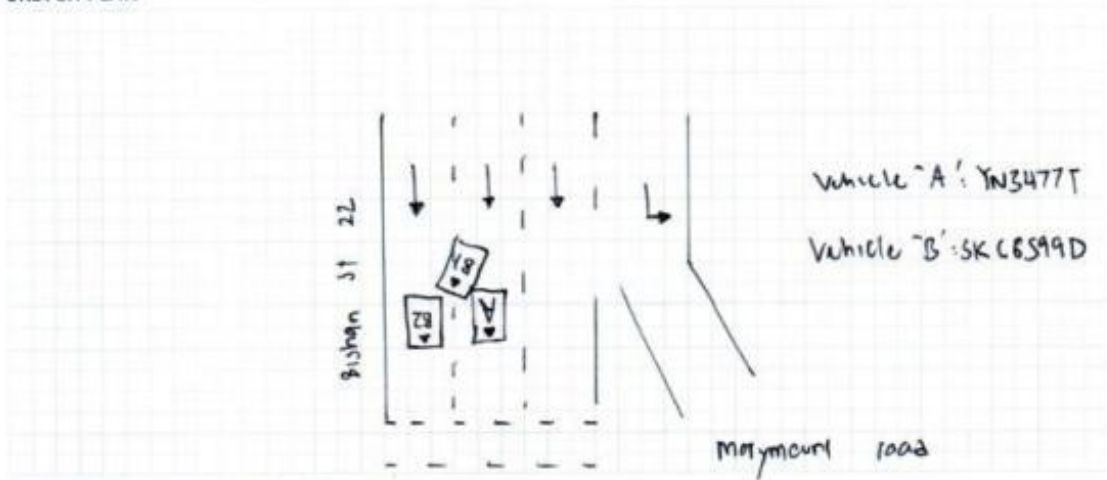


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, ~~also~~ i vehicle 'A' was travelling on my designated lane. The traffic light turned red and i proceeded to stop. As i was stopping suddenly vehicle 'B' swerve and hit onto my rear portion.

That is all.

DECLARATION

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

x

Policyholder's Signature
Date & Time:



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

[Handwritten Signature]

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

[Handwritten Signature]

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

