

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 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	23/07/2015 14:07
Date Of Accident	22/07/2015 10:30
Exact Location Of Accident	KAKI BUKIT AVE 3 TWRDS KAKI BUKIT RD3 JUNC OF AVE4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YK324L
Insured/Policyholder	
Name Of Registered Owner	MOHAN DAVASAHAYAM SUNDRAM @ MUHD NOOR SALLEH
NRIC No	S1657774Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92953047
Alternative Phone No	Others-82262042
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORK
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	Liberty Insurance Pte Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	SD14V07139/VCV/R00
Cover Note Number	-
Driver	
Name of Driver	MOHAN DAVASAHAYAM SUNDRAM @ MUHD NOOR SALLEH
NRIC No	S1657774Z
Date Of Birth	09/12/1963
Occupation	Outdoor
Date Of Driving Pass	26/10/2005
Driving Experience	9 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-92953047
Fax Number	
Contact Number	Others-82262042
Email Address	NOEMAIL

Address	APT BLK 210 BOON LAY PLACE #19-99
Postcode	640210
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	Collision- Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	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.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YK8688J
Vehicle Make/Model/Colour	ISUZU NPR71LU5GT
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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.

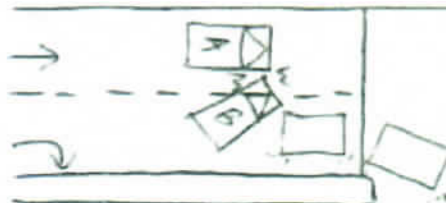
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan: KAKI BUKIT AVE 3, JUNCTION OF KAKI BUKIT AVE 4

KAKI
BUKIT
AVE 3



A - YK 324 L
B - YK 8688 J

KAKI BUKIT AVE 4

Accident Sketch Plan

Describe Circumstances of the Accident

I WAS TRAVELLING KARI BUKIT ALF 3 TOWARD KARI BUKIT ROAD 3 ON THE LEFT LANE OF A 2 LANE ROAD SOMEWHERE JUNCTION OF KARI BUKIT ALF 4, I DRIVING STRAIGHT ALONG THE SAID ROAD OUT OF A SUDDEN, I FELT A STRONG IMPACT FROM RIGHT FRONT PORTION OF MY VEHICLE. AFTER THE ACCIDENT, I ALIGHTED AND REALISE THAT VEHICLE (B) DROVE FROM THE RIGHT LANE CUT INTO MY LANE AND COLLIDED DIRECTLY ONTO RIGHT FRONT PORTION OF MY VEHICLE.


A - YK 324 L
B - YK 9689 1

Declaration

We declare the foregoing particulars are true in every respect


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

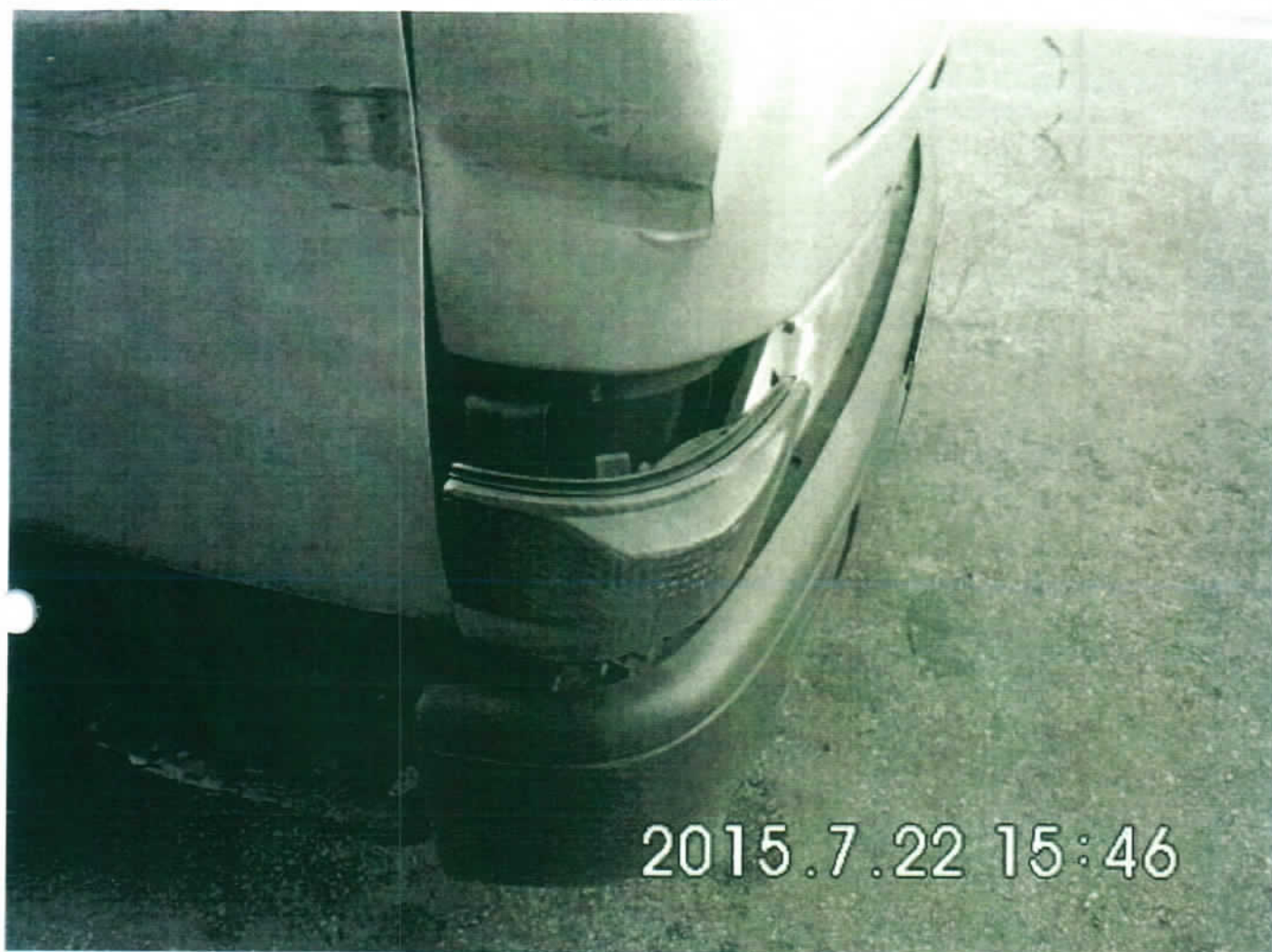
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SIS NUMBER : JN1SF4F23Z0-001045
EN WEIGHT : ~~1800~~ KGS 1800
UM LADEN WEIGHT: 3550 KGS
IGER CAPACITY : FRONT: 1 DRIVER, 1 OTHER
REAR :
ZE : FRONT: 600R×15 8 PLY
REAR : 155R×12 8 PLY(D)

2015.7.22 15:46