

## 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 liability.
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	12/10/2018 12:19
Date Of Accident	12/10/2018 08:10
Exact Location Of Accident	BKE EXIT KJE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX7427Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DIGO CORPORATION PTE LTD
Co Reg No	200313006C
Email Address	DIGOGROUP@DIGO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67527477

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE 4DR
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z/18/VC00/102430
Cover Note Number	12/09/18 - 11/09/19

### Driver

Name of Driver	RAJARETHINAM VIJAY
NRIC No	G7846686W
Date Of Birth	15/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	23/07/2010
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84219452
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O DIGO CORPORATION PTE LTD
Postcode	
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	AFTER RAIN
Road Surface	WET

#### 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)	7
Passenger 1	NAME: : WORKER GENDER: : MALE
Passenger 2	NAME: : WORKER GENDER: : MALE
Passenger 3	NAME: : WORKER GENDER: : MALE
Passenger 4	NAME: : WORKER GENDER: : MALE
Passenger 5	NAME: : WORKER GENDER: : MALE
Passenger 6	NAME: : WORKER 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 ATTACH.

#### 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	SLF6314G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM WEE SIANG
NRIC/Passport Number	S7813165I
Contact Number	98738795
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: GX 7427Y  
INSURER : LON PAC  
DATE & TIME: 12/10/18 8:12 A.M

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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.

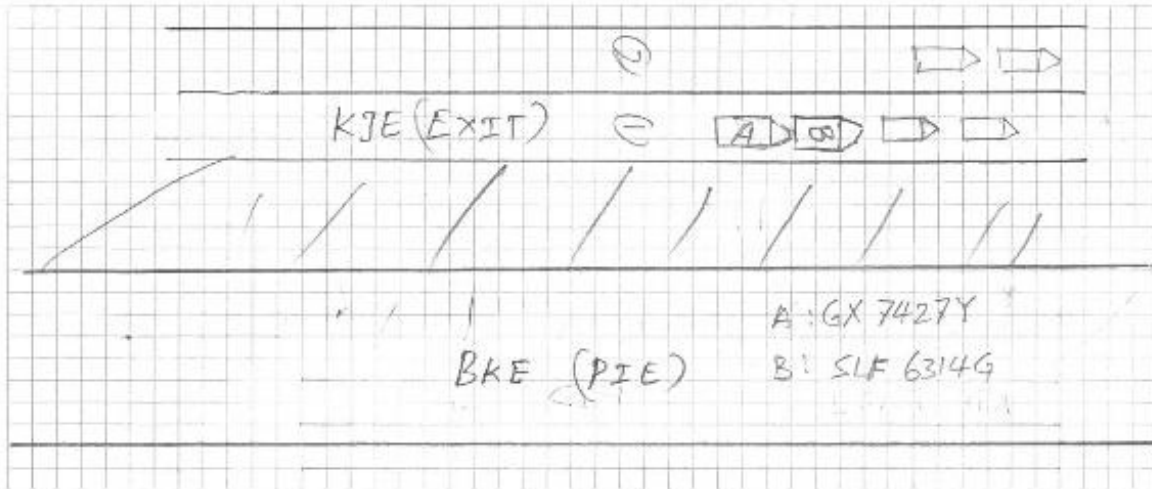
Policyholder's Signature  
Date & Time:

Rajiv 12/10/18  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

12/10/18  
Reporting Centre Personnel's Signature  
Name: (WL)  
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was moving at that time traffic was heavy, and road surface was wet. All vehicle move slowly at the jam. When front vehicle of me move ahead and suddenly brake again to stop, so I also brake my vehicle to stop but cause of the road surface was wet my vehicle skid forward and hit onto front vehicle (SLF 6314G). But there was no injury on both party.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

### DECLARATION

I/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:

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

GARMC Sketch Plan Form V2 ( ) Claim Own Policy ( ) Claim Third Party (✓) Reporting Only  
( ) Claim OD/TP at other workshop ( )

AUTHORISATION LETTER

Date : 12/10/18

To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) Rajarethinam Vijay  
NRIC/FIN 97846686W, our employee / employee of Digo Corporation  
Pte Ltd to drive our m/vehicle no. GX 7427 Y  
and to file the accident report (Third Party claims/Own Damage Claims/Reporting  
Only) which occurred on (date) 12/10/18 @ (time) 08:12 am  
along (location) BKE Exit KJE.

\* Relationship between Insured and driver's company: -.

Thank you.

Regards,

X [Signature]



\* SIGN & STAMP at the above \*

Name of Owner : Digo Corporation Pte Ltd

NRIC / ROC : 200313006C

Contact No : 6752 7477

Email : digogroup@digo.com.sg

DL



## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles $\leq$ 200 cc	23 Jul 2013
Class 3 Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	23 Jul 2010
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	01 Nov 2013

NP 428A



Licence No:G7846686W



**S PASS**

 **S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

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Employer  
**DIGO CORPORATION PTE. LTD.**

Sector: **CONSTRUCTION**

 Name  
**RAJARETHINAM VIJAY**

Occupation  
**PROJECT SUPERVISOR**

S Pass No.  
**0 33445695**

Date of Application  
**28-03-2017**

Date of Issue  
**13-04-2017**

Date of Expiry  
**12-04-2020**


 **0 33445695**

 **L7865035**

**S PASS**


**VISIT PASS**  
Immigration Regulations

Name  
**RAJARETHINAM VIJAY**

	Date of Birth	Sex	Nationality
	<b>15-05-1985</b>	<b>M</b>	<b>INDIAN</b>
	FIN	Date of Issue	Date of Expiry
	<b>G7B46686W</b>	<b>25-04-2017</b>	<b>12-04-2020</b>

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

