

## 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	19/10/2018 14:49
Date Of Accident	18/10/2018 16:00
Exact Location Of Accident	BEDOK NORTH ST 3 BLK 509
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC7807D
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### Insured/Policyholder

Name Of Registered Owner	SANTE ACCESS SYSTEM PTE LTD
Co Reg No	A199306365G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-91355307

### Vehicle Particulars

Manufacturer	NISSAN
Model	CARAVAN-3.0 (M)
Exact Purpose for which vehicle was being used at time of accident	
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	MURUGESAN BALASUBRAMANIYAN
Work Permit No	037302953
Date Of Birth	27/06/1995
Occupation	OUTDOOR
Date Of Driving Pass	11/01/2018
Driving Experience	0 YEAR AND 9 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-91355307
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	9 GUL DRIVE
Postcode	629460
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	SIDE SWIPE
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?	
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)	2
Passenger 1	Name: : C.KARUPPIAH 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 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	SME5777D
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)

# Sketch Plan

## SKETCH PLAN

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the G.A. Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and the 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 elsewhere.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

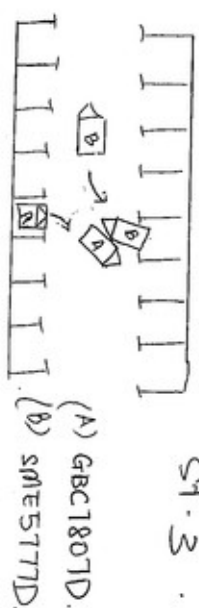
- My insurer, my workshop and the General Insurance Association of Singapore ("GIAS") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal 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;
  - investigating the accident and/or my claims;
  - carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - 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
  - complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may be disclosed by any of the Insurers and/or GIAS 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.
- 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.
- the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulation, law enforcement and government agencies as reasonably required for the purposes stated, or
  - 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:

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

## SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the above time & date .  
I drove out of a parking lot fully when vehicle B reversed at a fast speed into a lot opposite me and hit onto the left hand portion of my vehicle.

### DECLARATION

I/We declare the foregoing statements 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:  
NIC/FIN No.:



CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : Santa Access System Pte Ltd  
 Period of Insurance : 20 Nov 2017 To 19 Nov 2018  
 Engine No. : ZD3032260X  
 Chassis No. : JN1SC2P242055295

Vehicle No. : GBCT807D  
 Policy No. : 2100355848-04  
 Endorsement No. :  
 Issued Date : 02 Nov 2017

ABOUT THE COVER

Make/Model : NISSAN NEW CABSTAR  
 Engine Capacity/Tonnage : 1.8 Tonnage  
 Driver Restriction : NA  
 Off Peak Car : No

Sum Insured : Market Value  
 First Year of Registration : 2013  
 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\* :  
 \*Any person who is licensed to drive a motor vehicle of the same class and category as the vehicle insured and who is not under the influence of any intoxicating substance at the time of driving the vehicle.

You have to pay an additional sum of \$1,000 as "Young Driver Surcharge" (YDS) if you are a "Young Motorist Driver" (licensed or unlicensed) under the age of 25 and have less than 2 years' driving experience.

Age Condition : All Age Condition

1) Use in connection with the "Motor Vehicle" (Third-Party, Public and Commercial) and (COP, 100) and Section 99 of the Road Transport Act, 1997 (Motorists), are not to be licensed under these conditions.

2) Use in connection with the "Motor Vehicle" (Third-Party, Public and Commercial) and (COP, 100) and Section 99 of the Road Transport Act, 1997 (Motorists), are not to be licensed under these conditions.

3) Use in connection with the "Motor Vehicle" (Third-Party, Public and Commercial) and (COP, 100) and Section 99 of the Road Transport Act, 1997 (Motorists), are not to be licensed under these conditions.

EXCESS

Section 1  
 Fire - \$0 Own Damage - \$500 Third - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Wrecked: \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Tan Chong Motor Sales, Add: #13, Tanjong Pagar Road, Singapore 068023, Tel: 6733 4444, Fax: 6733 4444  
 2. Tan Chong Motor Sales, Add: #13, Tanjong Pagar Road, Singapore 068023, Tel: 6733 4444, Fax: 6733 4444  
 3. Tan Chong Motor Sales, Add: #13, Tanjong Pagar Road, Singapore 068023, Tel: 6733 4444, Fax: 6733 4444  
 4. Tan Chong Motor Sales, Add: #13, Tanjong Pagar Road, Singapore 068023, Tel: 6733 4444, Fax: 6733 4444  
 5. Tan Chong Motor Sales, Add: #13, Tanjong Pagar Road, Singapore 068023, Tel: 6733 4444, Fax: 6733 4444

IMPORTANT NOTICES

WORK PERMIT  
 Employment of Foreign Manpower Act (Cap. 91A)  
 Republic of Singapore  
 SANTA ACCESS SYSTEM PTE. LTD.

Hire Purchase

0200810392  
 TAN CHONG CRI  
 911 BUKIT TIMAH  
 SINGAPORE 698023 ANSP-AUTOTR  
 Underwritten by AGI Asia Pacific Insurance Pte. Ltd.



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

