

## 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	26/10/2018 16:47
Date Of Accident	26/10/2018 12:10
Exact Location Of Accident	ALONG LORNIE RD BEFORE SIME RD TOWARDS QUEENSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2106A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SP POWERASSETS LIMITED
Co Reg No	200302108D
Email Address	NGMINGHE@SPGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-92389231
Alternative Phone No	OFFICE-92389231

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DOUBLE CAB PICKUP
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D-18090031MFCV/139
Cover Note Number	

### Driver

Name of Driver	KALAISALVAN S/O CHITHAMPARAM
NRIC No	S1296368H
Date Of Birth	12/02/1958
Occupation	OUTDOOR
Date Of Driving Pass	10/12/1996
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92389231
Fax Number	
Contact Number	OFFICE-92389231
Email Address	NGMINGHE@SPGROUP.COM.SG

Address	BLK 445 SIN MING VENUE #07-471
Postcode	570445
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)	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 SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GT42R
Vehicle Make/Model/Colour	GREEN PICKUP
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	BALASUBRAMANIAN BARANI
NRIC/Passport Number	S9173348Z
Contact Number	98373804
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :  
GENDER: :

## 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.

SP PowerGrid Ltd  
Distribution Network Central Section  
Telok Blangah Depot Office  
501 Telok Blangah Road  
Block A, Level 2, Singapore 109023  
Co. Registration No.: 200306959Z

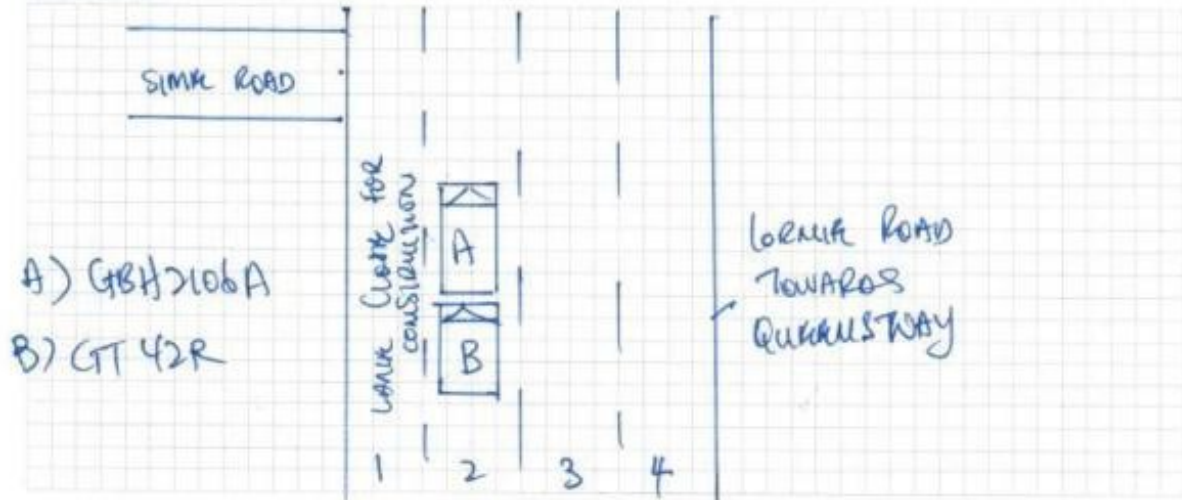
Policyholder's Signature  
Date & Time:

 26/10/2018  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 26/10/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 26/10/2018 AT ABOUT 12:10 HRS I WAS DRIVING MY VEHICLE GBH 2106 A ALONG LORENA ROAD TOWARDS QUEANUSWAY JUST BEFORE SIME ROAD, 1ST LANE WAS CLOSE OF CONSTRUCTION TRAFFIC WAS MOOREALKE WHILE DRIVING IN FRONT OF ME THE CAR STOP SO I APPLY MY BRAKE THEN A FEW SECOND I FELT A BUMP ON MY REAR A GREEN PICK UP GT 42R BUMP THE REAR OF MY PICK UP, WE COME DOWN & TOOK SOME PHOTO & EXCHANGING PARTICULARS.

## DECLARATION

We declare the foregoing particulars are true in every respect.

Telok Blangah Depot Office  
501 Telok Blangah Road  
Block A, Level 2, Singapore 109023  
Co. Registration No. 2003069502

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.:

CRASH SKETCH PLAN FORM V2

ID

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1296368H



Name  
KALAISALVAN S/O  
CHITHAMPARAM  
கலைசல்வன் சிதம்பரம்  
Race  
INDIAN  
Date of Birth  
12-02-1958  
Country of Birth  
SINGAPORE

Sex  
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1296368H  
Name  
KALAISALVAN S/O  
CHITHAMPARAM  
Birth Date: 12 Feb 1958  
Issue Date: 03 Mar 2011



AB095780



NSIC No. S1296368H



Special Category: O+ Date of Issue: 31-03-2001

Address  
APT BLK 445 SIN MING AVENUE  
#07-471  
SINGAPORE 570445

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE: 10 Dec 1996

Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

NP 420A

Licence No: S1296368H





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



