

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
Insured/Policyholder	
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:

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

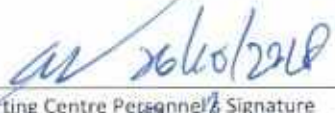
I understand, acknowledge, agree and consent that:

- (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.

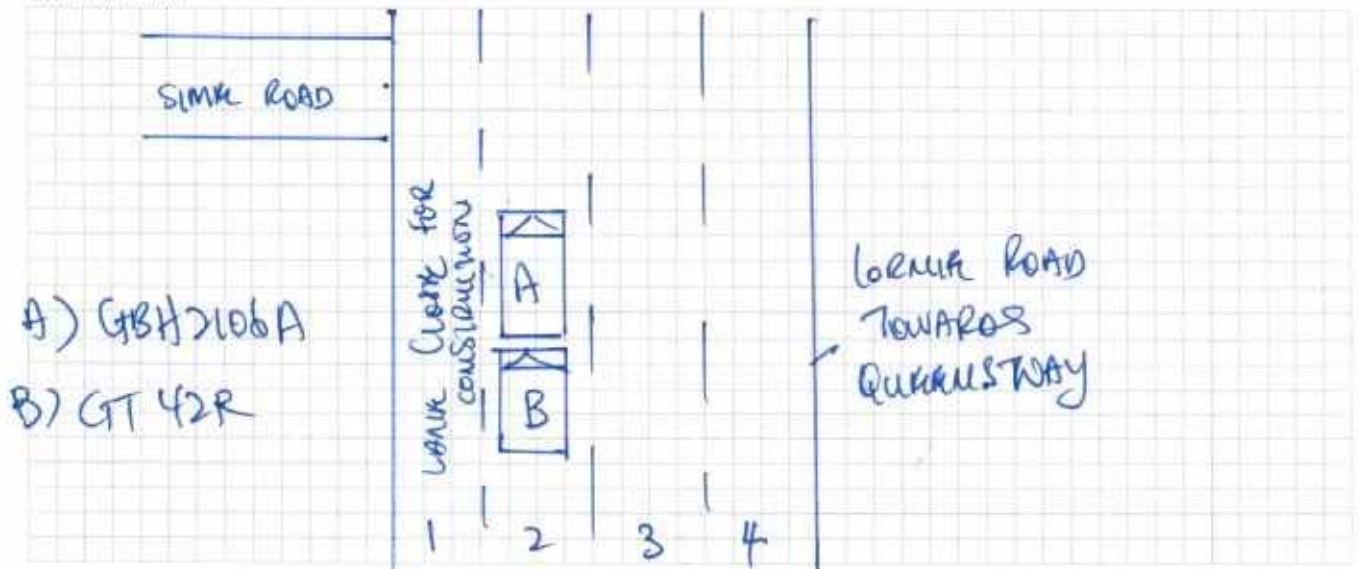
SP PowerGrid Ltd
Distribution Network Central Section
Telok Blangah Depot Office
501 Telok Blangah Road
Block A, Level 2, Singapore 109023
Co. Registration No.: 200306959Z

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.:

SKETCH PLAN



A) GBH 2106 A
B) GT 42R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 26/10/2018 AT ABOUT 12:10 HRS I WAS DRIVING MY VEHICLE GBH 2106 A ALONG LOREN ROAD TOWARDS QUEENSWAY JUST BEFORE SIME ROAD, 1ST LANE WAS CLOSE OF CONSTRUCTION TRAFFIC WAS MODERATE 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 BARELY TOUCH REAR OF MY PICK UP, WE COME DOWN & TOOK SOME PHOTO & EXCHANGE PARTICULARS.

DECLARATION

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

SP Police Liaison Section
Telok Blangah Depot Office
501 Telok Blangah Road
Block A, Level 2, Singapore 109023
Co. Registration No.: 2003080502

Policyholder's Signature

Date & Time:

[Signature] 26/10/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

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

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 10 / 2018) (DD/MM/YYYY), TIME: (12.10 PM) (HH:MM)

LOCATION: Lorne Rd / Sims Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GT 2100A
 b) INSURANCE COMPANY: M/S FIRST CAPITAL
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) _____
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SP POWERASSETS LIMITED (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 2003065592 CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: C. KALASALVAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1296368-H CONTACT: 92389230
 c) ADDRESS: BIK HAS SIN MINA AVE #02-471
070445

* d) DATE OF BIRTH: (12 / 02 / 1958) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10/12/1996

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GT 42R MODEL: _____
 b) DRIVER'S NAME: BALASUBRAMANIAN BARAMI
 c) NRIC/FIN/PASSPORT: S91133482 CONTACT: 98373804

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(Including driver)
(1)

No of passenger
(Including driver)
(2)

No of passenger
(Including driver)
()

Email =

Fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1296368H



NAME
KALAISALVAN S/O
CHITHAMPARAM
கலைவச்செல்வன்
Race
INDIAN
Date of Birth 12-02-1958
Country of Birth SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1296368H
Name
KALAISALVAN S/O
CHITHAMPARAM

Birth Date 12 Feb 1958
Issue Date 03 Mar 2011



1001945299A

AS005780



AS005780



AS005780

Group O+ Date of Issue 31-03-2001


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

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 10 Dec 1996

NP 429A



Licence No: S1296368H

CERTIFICATE OF INSURANCE**ORIGINAL**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy: : COMMERCIAL VEHICLE - FLEET
Type of Cover: : Third Party
Certificate No.: : D-18090031MFCV/139
Vehicle No / Chassis No: : GBH2106A / MR0CB8DDX00501076
Name of Insured: : SP POWERASSETS LIMITED
Period Of Insurance: : 01.04.2018 To 31.03.2019
Insured Estimated Value: : 0.00

Excess :SGD3,500.00 ON ALL CLAIMS IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW
23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE**Authorised Driver***

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

Any person who is driving on the insured's order or with their permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to use*

- (1) Use in connection with the insured's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover:-

- (1) Use for hire or reward or for racing, pacemaking, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

MS First Capital Insurance Limited
(Approved Insurers)

JENNY/B0009/MZ300C

Issued at Singapore on 29.03.2018



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