

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	31/10/2018 10:32
Date Of Accident	20/02/2018 10:00
Exact Location Of Accident	JUNC OF MARINA PARADE RD TWDS STILL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8435B
Insured/Policyholder	
Name Of Registered Owner	PRIMECH SERVICES & ENGRG PTE LTD
Co Reg No	198801704H
Email Address	JESS_TEE@PRIMECH.COM.SG
Mobile Phone No	(LOCAL) +65-81133137
Alternative Phone No	OFFICE-81133137

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.6 A
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20172332

Driver

Name of Driver	FAZLY BIN RAHMAT
NRIC No	S8034585B
Date Of Birth	10/11/1980
Occupation	OUTDOOR
Date Of Driving Pass	24/07/2007
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81133137
Fax Number	
Contact Number	OTHERS-81133137
Email Address	JESS_TEE@PRIMECH.COM.SG

Address	BLK 607 WOODLANDS RING ROAD #05-261
Postcode	730607
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	
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SBS3617C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	PANDIAN A/L S RAMASAMY
NRIC/Passport Number	G6544925R
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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B. 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.

X 
Policyholder's Signature
Date & Time:

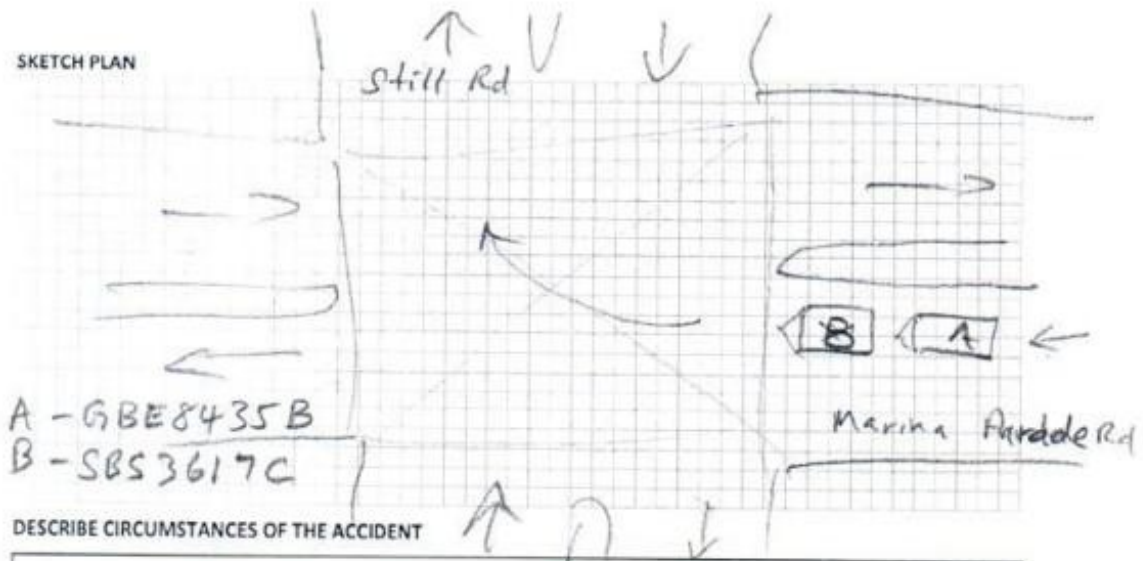



Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/01/18 Vehicle A was stationary because on Red light
app before vehicle B. At sudden vehicle A found his vehicle
near to vehicle B.

The impact was not strong even the vehicle B's driver
I had to turn. So far no injury or damage was found
on that time.

For further understanding of vehicle B no damage and no injury
no need for more reports.

DECLARATION

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

Policyholder's Signature
Date & Time:

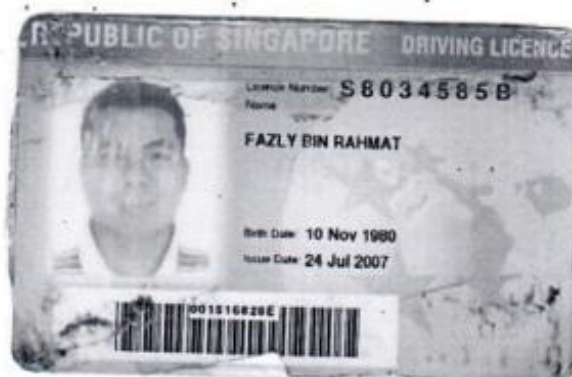
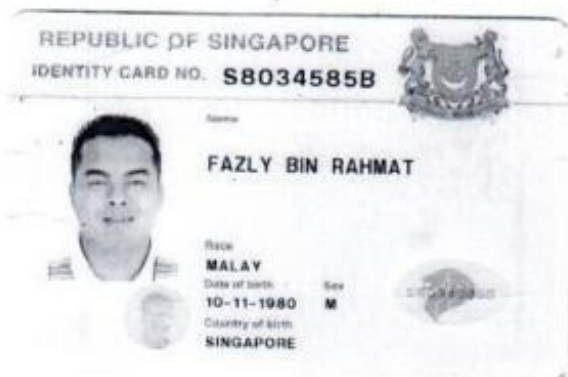


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

- 31/10/2018

Sketch Plan #3



Sketch Plan #4



GREAT AMERICAN INSURANCE COMPANY
UEN: T15FC0029B GST REG. NO.: M90370081T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6804 6000
FAX: +65 6235 2516

Our Ref: CLMOMVC000003513
Your Ref: GBE8435B

25/10/2018

Primech Services & Engrg Pte Ltd
18 Howard Road
#10-01 Novelty Bizcentre
Singapore 369585

ACCIDENT INVOLVING GBE8435B (OI) hit SBS3617C (III) ON 20/02/2018

Dear Sir/Mdm,

We have been informed that the above-mentioned accident (the "Accident") has occurred, and we have received a claim (the "Claim") for property damage and/or personal injury against you, the driver and/or the hirer of Vehicle No. GBE8435B which is insured with us (the "Insured Vehicle").

Our records show that you, the driver and/or the hirer of the Insured Vehicle have yet to report the Accident. Failure to report the Accident would be a breach of General Condition 3 of the Motor Policy which requires the Insured to report an accident within 24 hours or by the next working day. You may have good reasons for failing to report the Accident for which you may wish to provide an explanation for our review.

In order for us to handle the Claim on your behalf, please proceed to any of our authorized Accident Reporting Centres, a list of which can be found in your Certificate of Insurance, to complete the Singapore Accident Statement form and extend a copy to our office. If applicable, please also provide us with a copy of any police report that may have been made in connection with the Accident.

Unless you provide the Singapore Accident Statement form (and any police report) within 5 business days from the date of this letter, and render all necessary co-operation to our office in dealing with the Claim, we shall take it that you do not wish to be assisted by us, in which event the Claim and all other third party claims whatsoever arising from the Accident will be directed to you to handle. Further, if we are required by the relevant legislation to satisfy any judgment, we reserve the right to recover against you.

Pending receipt of the above-mentioned documents, we reserve all our rights under the policy and at common law. Please contact our office should you require any clarification.

Please note that a police report is required by law if the Accident resulted in personal injury, damage to government property or foreign vehicle(s) or if it was a 'Hit and Run' case.

Yours Sincerely,

Claims Department
Great American Insurance Company

CC: Svalinn Insurance Agency

This is a computer generated document. No signature is required.
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Accident Photo



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