

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	21/11/2018 16:09
Date Of Accident	20/11/2018 20:10
Exact Location Of Accident	OUTRAM RD TWDS TIONG BAHRU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9490D
Insured/Policyholder	
Name Of Registered Owner	M/S SEN TAT ENGINEERING PRIVATE LIMITED
Co Reg No	200915859H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63626007

Vehicle Particulars

Manufacturer	HINO
Model	XZU710R 14FT WIDE CAB 5T
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1833911800
Cover Note Number	

Driver

Name of Driver	MURUGESAN KARTHIK
Passport No/FIN	G6893369U
Date Of Birth	03/12/1992
Occupation	OUTDOOR
Date Of Driving Pass	28/12/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83608502
Fax Number	
Contact Number	OFFICE-83608502
EEmail Address	NOEMAIL

Address	13 SENOKO WAY
Postcode	758034
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?	YES
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)	2
Passenger 1	NAME: : SAYEM MOHAMMAD
	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 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	SLK2956D
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DAVID CHEW POON KEE
NRIC/Passport Number	S1491496Z
Contact Number	98228995
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MURUGESAN KARTHIK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP9490D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SAYEM MOHAMMAD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP9490D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

X
Policyholder's Signature
Date & Time:

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

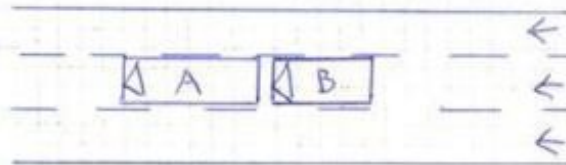
Reporting Centre Verapack
Name:
NRIC:

Accident Sketch Plan

SKETCH PLAN

VEH A= YP9490D

VEH B= SLK2956D



OUTRAM RD TOWARDS TONG BARRI

225 OUTRAM ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE, I, VEHICLE A (YP9490D) WAS TRAVELLING STRAIGHT ON THE STATED VENUE. AS IT WAS SLOW TRAFFIC, THE VEHICLE IN FRONT OF ME BRAKED HENCE I FOLLOWED SUIT. MOMENTS LATER VEHICLE B (SLK2956D) HIT ONTO MY VEHICLE REAR CAUSING DAMAGES. I FELT A GREAT IMPACT HENCE ALIGHTED FROM MY VEHICLE. I WISH TO STATE THAT MY VEHICLE WAS STATIONARY AT THE POINT OF TIME.

PASSENGER: SAYEM MOHAMMAD

WORK PERMIT: 064427598

DECLARATION

(We declare the foregoing particulars are true in every respect.)

X

Policyholder's Signature
Date & Time:



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

Reporting Centre Person's Signature
Name:
NRIC:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

