

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	27/11/2018 18:30
Date Of Accident	26/11/2018 08:50
Exact Location Of Accident	PIE TOWARDS CHANGI (AFTER ENG NEO EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8189C
Insured/Policyholder	
Name Of Registered Owner	SAHANA SUPERMARKET
Co Reg No	53170525X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98123585
Alternative Phone No	OFFICE-98123585

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER-3.0 D (M)
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MU004930-R01
Cover Note Number	

Driver

Name of Driver	MAYANDI DHINESHKUMAR
Passport No/FIN	G6938570U
Date Of Birth	16/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	20/11/2012
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98123585
Fax Number	
Contact Number	OTHERS-98123585
EEmail Address	NOEMAIL

Address	1 SUNVIEW ROAD #05-20
Postcode	627615
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	3
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGX2199M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKT967C
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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)

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.



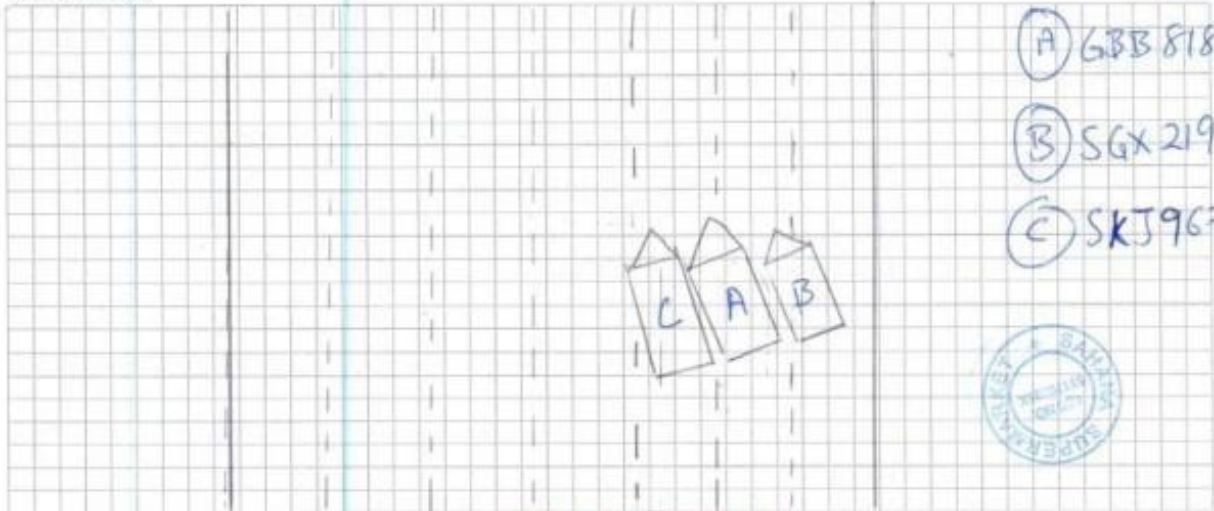
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PIE TWOS CHANGI

ON 26 NOV 2018 @ 0850 HRS I WAS DRIVING ALONG PIE TWOS CHANGI. I WAS DRIVING STRAIGHT WHEN VEHICLE B CUT INTO MY LANE AND PUSH ME TO HIT VEHICLE C. LATER WHEN I ALIGHT, I REALISED VEHICLE B HAD TO SWERVE TO AVOID HITTING THE CAR IN FRONT.

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.:

IPA - S Pass G6938570U / 08 Nov 2018

EMPLOYER'S COPY



SAHANA IMPEX PTE. LTD.
1 SUNVIEW ROAD
#05-20
SINGAPORE 627615



MINISTRY OF
MANPOWER

16 Nov 2018



Your application is approved

Dear Sir/Madam

We are pleased to inform you that MAYANDI DHINESHKUMAR's S Pass has been approved for 24 months. This In-Principle Approval is valid until **15 Jan 2019**.

This letter lists the employment details for you to confirm and the next steps you need to take so that a S Pass card can be issued.

After your pass holder gets here, you need to get his pass issued as soon as possible. The pass must be issued before he can start work. This must be done before this IPA expires. Otherwise, we will withdraw the approval and if he is already in Singapore, you will need to send him home.

Yours sincerely

Penny Han (Mrs)
Controller of Work Passes

Please confirm the details below

If you have any changes, send them to us
(with supporting documents) using iSubmit.
We will tell you if you need to reapply.

CSN
201629002K - PTE - 01

FOREIGN EMPLOYEE'S NAME
MAYANDI DHINESHKUMAR

DATE OF BIRTH
16 MAR 1990

SEX
MALE

NATIONALITY
INDIAN

PASSPORT NO
J4961212

FIN
G6938570U

DATE OF APPLICATION
08 NOV 2018

OCCUPATION
OPERATIONS SUPERVISOR

MONTHLY LEVY
S\$330 (Tier 1) or S\$650 (Tier 2)

▲ IMPORTANT

- You must comply with the conditions under the Employment of Foreign Manpower Act and conditions of the S Pass, as well as the Work Injury Compensation Act. Otherwise, we can cancel the S Pass, prosecute you and withdraw your permission to employ S Pass holders. You can read the rules at www.mom.gov.sg.
- This letter does not grant the pass holder's stay in Singapore. You must issue the pass before the pass holder's visit pass expires.

ID

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man with a beard and mustache.

Licence Number: **G 6938570 U**

Name: **MAYANDI DHINESHKUMAR**

Birth Date: **16 Mar 1990**

Issue Date: **06 Nov 2017**

Valid Till: **19/11/2022**

Barcode: 002740564H

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	20 Nov 2012
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	20 Nov 2012

NP 428A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

