

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	01/12/2018 08:48
Date Of Accident	30/11/2018 09:55
Exact Location Of Accident	PIE GOING TO BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6182C
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	ONEBUILDER PTE LTD
Co Reg No	A200305666Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-96719353

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 D PANEL VAN (M)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800092945
Cover Note Number	

Driver

Name of Driver	DURASAMY SHANMUGANATHAN
Passport No/FIN	G8490113Q
Date Of Birth	11/05/1987
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2015
Driving Experience	3 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-84853686
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	66 SPOTTISWOOD PARK RD
Postcode	
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 - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

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)	2
Passenger 1	Name: : KARUPPIAH SELLAIAH Gender: : Male

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2899999 - FAX NO: 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACH

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	PC6671T
Vehicle Make/Model/Colour	

Details Of Properties	
Vehicle Category	BUS
Name of Driver	HU YAN PING
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

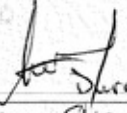
IMPORTANT NOTICE

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. The 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 lodgment 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.
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:
1/12/2018
0815 Hours


Driver's Signature
(If driver is not the policyholder)
Date & Time:
1/12/2018
0815 Hours


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

My Vehicle No: 9BH 6182C

Accident Date: 30/11/2018

Accident Time: 09-55 Am AM / PM

Accident Location: PIE going to BKE

- D e t a i l s o f c i r c u m s t a n c e s -

Vehicle A (QBH6132L) from lane 1 due to Slippery Road
Skidded to lane 2, Vehicle B (PC6671T)
and ~~hit~~ hit

Other party details below:-

B) Veh No:	PC 667IT	Hp No:		Pax incl driver:		Driver name:	Hu Yan Ping
C) Veh No:		Hp No:		Pax incl driver:		Driver name:	

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

Policyholder's Signature

Date & Time:

1/12/20 0815 hours

Driver's Signature _____

(If driver is not the policyholder)

Date & Time: 1/12/2018

0815 Hours

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

RESTRICTED

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that DUR AISAMY SHANMUGANATHAN,
NRIC/FIN G8490113Q, has reported to the Police a non-injury traffic accident
which occurred at along PIE towards BKE
on 30/11/2018 at 10 am/pm involving the following vehicles:

Informant: GBH6182C

Other party: PC6671T

- 2 If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: MD IZZUWAN

Date: 30/11/2018

Time: 1530 hrs

S/D Ref: 20

Police Post/Unit: PAYA LEBAR NEIGHBOURHOOD POLICE POST



PAYA LEBAR NPP
BLK 114 HOUGANG AVE 1
SINGAPORE 530114
TEL: 1800-2899559

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

RESTRICTED

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

