Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 16/01/2019 17:41

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 witholding 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	16/01/2019 17:28
Date Of Accident	07/12/2018 09:30
Exact Location Of Accident	SERANGOON ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD5129K
Insured/Policyholder	
Name Of Registered Owner	TEAMSYSTEM CONSTRUCTION PTE LTD
Co Reg No	198501514C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67767555
Vehicle Particulars	
Manufacturer	NISSAN
Model	JN1SC2F24Z0856561
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0009295-MVA-R004
Cover Note Number	
Driver	
Name of Driver	RAMASAMY KARTHIKEYAN
Work Permit No	G6470276P
Date Of Birth	23/11/1988
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83743897
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	C/O
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	YES
If Yes,Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 21 BUKIT BATOK EAST AVE 4 , **POSTCODE:** 659840 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-6659999 - **FAX NO**: 66655793
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

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	SHD3251G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

TEAMSYSTEM CONSTRUCTION PTE LTD 鼎信建筑私人有限公司

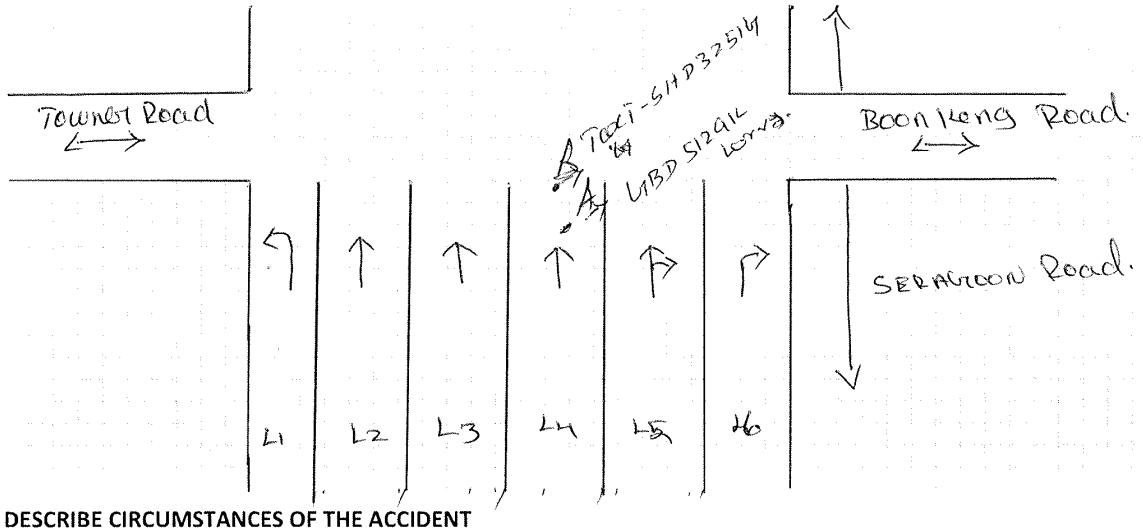
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 16/01/19 KARTHIC	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

( ) Claim Own Damage ( ) Claim TP (✓) Reporting Only ( ) Claim OD/TP at other workshop

Workshop Name : _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1. Accident will happend on 07/DEC/18 @ Around 9.30AM
Between Serangoon Road. at Boon Keng Road - Junction.
↓ Toward. MacPherson. Road.

2. ~~Taxi~~ my lorry will made to touch the SHD32516 Comfort Taxi.

3. Both my Lorry & Taxi - Not Damage, Scratch, & Nobady get Injuries.

4. My lorry LJBD 5129K & Taxi. SHD32516 waiting for Red Light Signal. On the line four. & Slowly moving forward to front. This time Slowly ~~Jam~~. Thouch. LJBD 5129K lorry ~~Touch~~ to. SHD32516. Taxi.

DECLARATION

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

SYSTEM CONSTRUCTION PTE LTD 鼎信建筑私人有限公司

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/1/19

KARSMAN.

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

CONFIDENTIAL

Annex B

NOTICE OF REPORTING

This is to confirm that Ramasamy Karthikeyan NRIC/FIN G6470276P has reported to the Police a non-injury traffic accident which occurred along Serangoon Road towards Macpherson, junction of Boon Keng Road and Towner Road on 07/12/2018 at about 0930hrs involving the following vehicles:

1) GBD5129K driven by Ramasamy Karthikeyan, NRIC/FIN G6470276P, HP: 83743897
2) SHD3251G driven by male Chinese in his 50s

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: SS Mushawwir Bin Adrus

Date: 16/01/2019 Time: 1130hrs

S/D Ref: 21

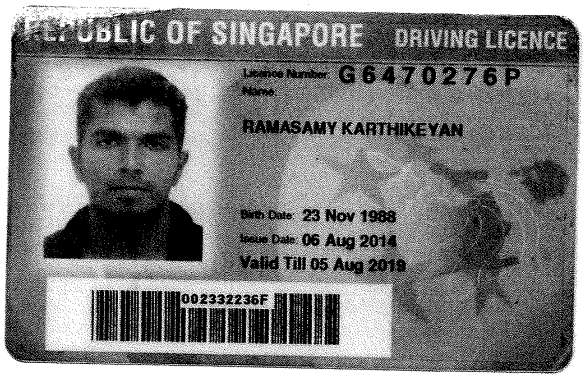
Police Post/Unit: Bukit Batok NPC

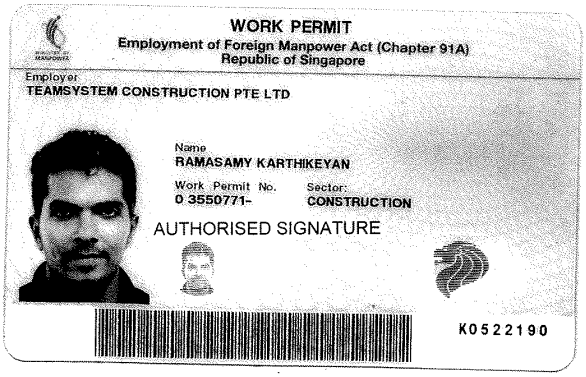
BUKIT BATOK NPC
NO. 21 BUKIT BATOK EAST AVE
SINGAPORE 659840
TEL : 66659000

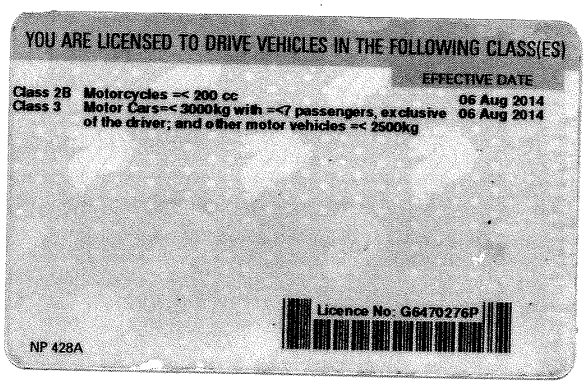
Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

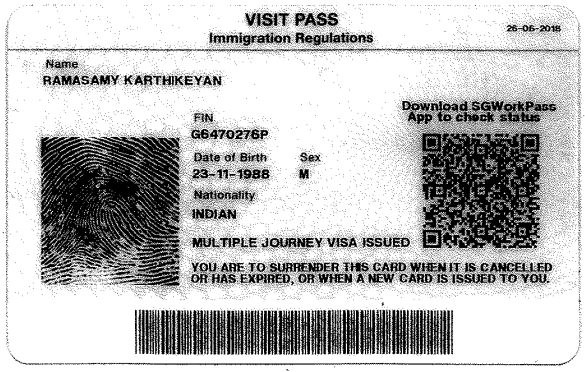
CONFIDENTIAL

Driver's Driving License/ NRIC Pg. 1









Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo