#### 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 <u>truthful and accurate</u> 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

	aforesaid.	
		ACCIDENT STATEMENT
	Date Of Report	12/12/2018 13:36
	Date Of Accident	11/12/2018 14:30
	Exact Location Of Accident	UPPER SERANGOON ROAD
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	YN4836J
	Insured/Policyholder	
	Name Of Registered Owner	M/S PRO-WERKZ (S) PTE LTD
	Co Reg No	200722390K
	Email Address	NOEMAIL
	Mobile Phone No	(LOCAL) +65-86991477
	Alternative Phone No	OFFICE-86991477
	Vehicle Particulars	
	Manufacturer	MITSUBISHI
	Model	CANTER FEB21ER4SDEB (CBU)
	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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
	Type Of Coverage	COMPREHENSIVE
	Fleet Policy	NO
	Policy Number	DMCVSN3055251800
	Cover Note Number	
	Driver	
	Name of Driver	AYYASAMY KARTHIK
	Passport No/FIN	G7884874Q

Passport No/FIN G7884874Q
Date Of Birth 25/05/1984
Occupation OUTDOOR
Date Of Driving Pass 04/12/2018

Driving Experience 0 YEAR AND 0 MONTH

Gender MALE

Mobile Number (LOCAL) +65-86991477

Fax Number

Contact Number OTHERS-86991477

EMail Address NOEMAIL

Address PRO-WERKZE (S) PTE LTD

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

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Insurance Company of Driver's Own Vehicle

-

NO

NO

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**General Information of the Accident** 

Type Of Accident SIDE SWIPE
Weather Conditions RAINING
Road Surface WET

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?

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.

Number of Passengers (Including Driver)

Passenger 1

NAME: : NIL

GENDER: : MALE

Passenger 2 NAME: : NIL

GENDER: : MALE

Passenger 3 NAME: : NIL

GENDER: : MALE

Passenger 4 NAME: : NIL

GENDER: : MALE

Passenger 5 NAME: : NIL

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

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

Vehicle Make/Model/Colour

XD4154H

NO

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

PECK GUAN MENG (BAI YUANMING)

S7530535D

96643226

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- By the ladgment 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 :
  - 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:

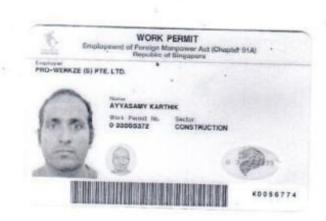
5) P7

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

NRIC/FIN No.:

Sketch Plan #2	2
SKETCH PLAN	
A CONTRACTOR	A-YN48363 B-XD4154H
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  Vehicle A was driving  Road. Whont Vehicle A  Sizle yellow like Vehic  my Vehicle A Laft sizle  Vehicle B rear post sizle  A damage was Left  Jamage.	was driving at the the B was parked and mirror hit on
DECLARATION/  I/We declare the foregoing particulars are true in every respect.  Policyholder's Signature Date & Time:  Distance of the policyholder of the policyhold	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

#### Sketch Plan #3









# TRAFFIC POLICE - SINGAPORE

## CLASS 3 DRIVING TEST REPORT

CANDIDATE ID NO

: G7884874Q

NAME OF CANDIDATE : AYYASAMY KARTHIK

TEST CENTRE

: CDC

**TEST DATE** 

: 4/12/2018 11:00 AM

PASSING GRADE

: Accumulation of less than 20 demerit points with no immediate failure

mistake.

#### Dear Sir/Madam

Congratulations! You have performed well in your driving test, However, we still urge you to improve on the mistakes isted below and we require you to observe all traffic rules and be a safe and courteous driver on the road. A qualified CLASS 3 driving licence will be issued to you and we would like to extend a warm welcome to you to the motoring society.

If you do not have an existing Singapore Qualified Driving Licence (QDL), please apply for your QDL online via https://www.police.gov.sg. Before you apply for your QDL online, please ensure that you have taken a digital photograph at the driving centre where you had passed your practical test.

If you have an existing valid Singapore Qualified Driving Licence (QDL) for another class of licence, please request for the driving tester to paste the endorsement sticker of all the valid class(es) of your driving licence at the back of your photo card driving licence.

### Remarks from the tester

NIL

#### Mistakes made during the test

Demerit Item Description	Location	Pts	Count		Free Count	Immediate Failure Count	Awarded Pts
Improper Turning (Wide Turn)	KUTC - Circuit	1 8	2	1	1	0	0
Delay in moving off	Exit of KUTC ( Ubi Rd 3 )	9	2	1	1	0	0
Fail to use engine brake / depress cluth unnecessarily at straight road	Ubi Ave 3	1	2	1	2	. 0	0
Fail to cancel signal on road	Ubi Rd 2 X Ubi Ave 4	7	4	1	1	0	0
Fail to check mirror before slowing down	Ubi Rd 2 X Airport Rd	-	2	1	1	0	0

### Sketch Plan #5

Fall to check mirror before changing lane/overtaking	Airport Rd	2	2	1	0	2
Incorrect checking of blind spot/mirror	Airport Rd	2	2	0	0	4

Total number of Demerit Points : 6
Total number of Immediate Failures : 0

Result : PASS

Yours Sincerely,

GANG HAP SENG

Name and signature of tester



















































