

## 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	21/12/2018 13:54
Date Of Accident	19/12/2018 18:10
Exact Location Of Accident	JUNC OF ARCHITECTURE DR TWDS KENTRIDGE CRESCENT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2512X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DELCO ART INTERIOR PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91088139
Alternative Phone No	OFFICE-91088139

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT101921
Cover Note Number	

### Driver

Name of Driver	MURTHI SELVARAJ
Work Permit No	F7941800P
Date Of Birth	12/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	09/05/2003
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91088139
Fax Number	
Contact Number	OTHERS-91088139
EEmail Address	NOEMAIL

Address	DELCO ART INTERIOR 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	-
	-
	-
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 (including own vehicle) 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)	7
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
Passenger 6	NAME: : NIL 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

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

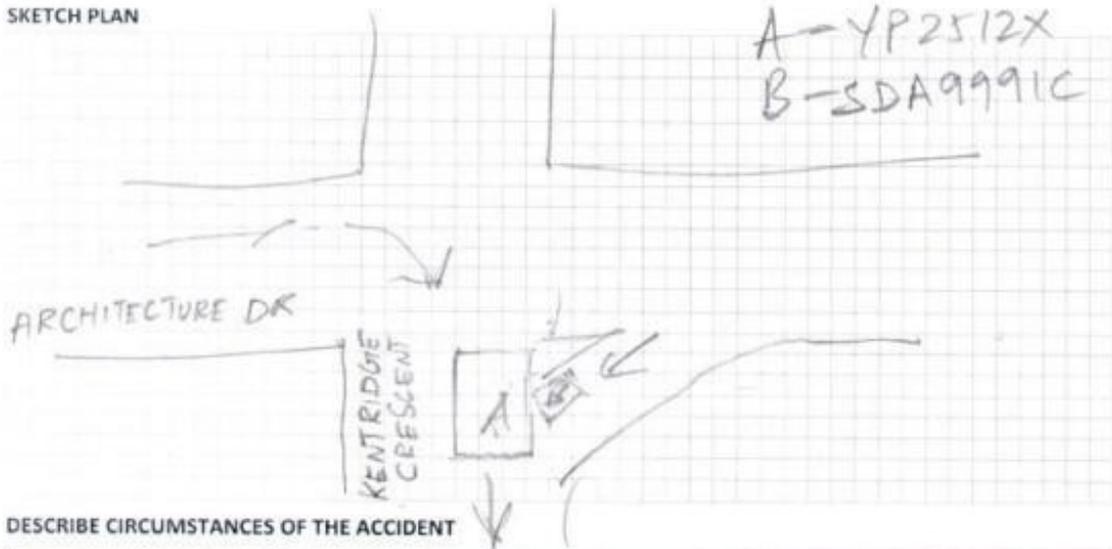
## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDA9991C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CARLIN
NRIC/Passport Number	S9608504D
Contact Number	93863138
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was at Architecture Drive after traffic light change to green I proceed to turn right to Kentridge Crescent suddenly vehicle B came from side road and never stop at give way hit my vehicle A left side side pumber my bumper bond badly.

DECLARATION

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



Policyholder's Signature  
Date & Time:



S. Munday

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

~~Signature~~ 21/12/2018

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

Sketch Plan #3

**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**DELCO AHT INTERIOR PTE LTD**



Name:  
**MURTHI SELVARAJ**

S Pass No:  
**0 3133313-**

Sector:  
**CONSTRUCTION**



**K0910711**

**REPUBLIC OF SINGAPORE - DRIVING LICENCE**



License Number: **F7941800P**  
Name:  
**MURTHI SELVARAJ**

Birth Date: **12 Oct 1975**  
Issue Date: **20 Jan 2015**  
Valid Till: **24 Jan 2020**



**002387867F**

**VISIT PASS** 07-10-2018  
Immigration Regulations

Name:  
**MURTHI SELVARAJ**

IC No:  
**F7941800P**

Date of Birth:  
**12-10-1975**

Sex:  
**M**

Nationality:  
**INDIAN**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED, OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

Download SGWorkPass App to check status




**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

CLASS	VEHICLE CLASSIFICATION	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 C.C.	01 Mar 2002
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	01 Mar 2002
Class 4	Heavy motor cars and motor tractors > 2500 kg	06 Apr 2017

**S / No. 900Q258382**

**F7941800P**

NP 422A



License No. **F7941800P**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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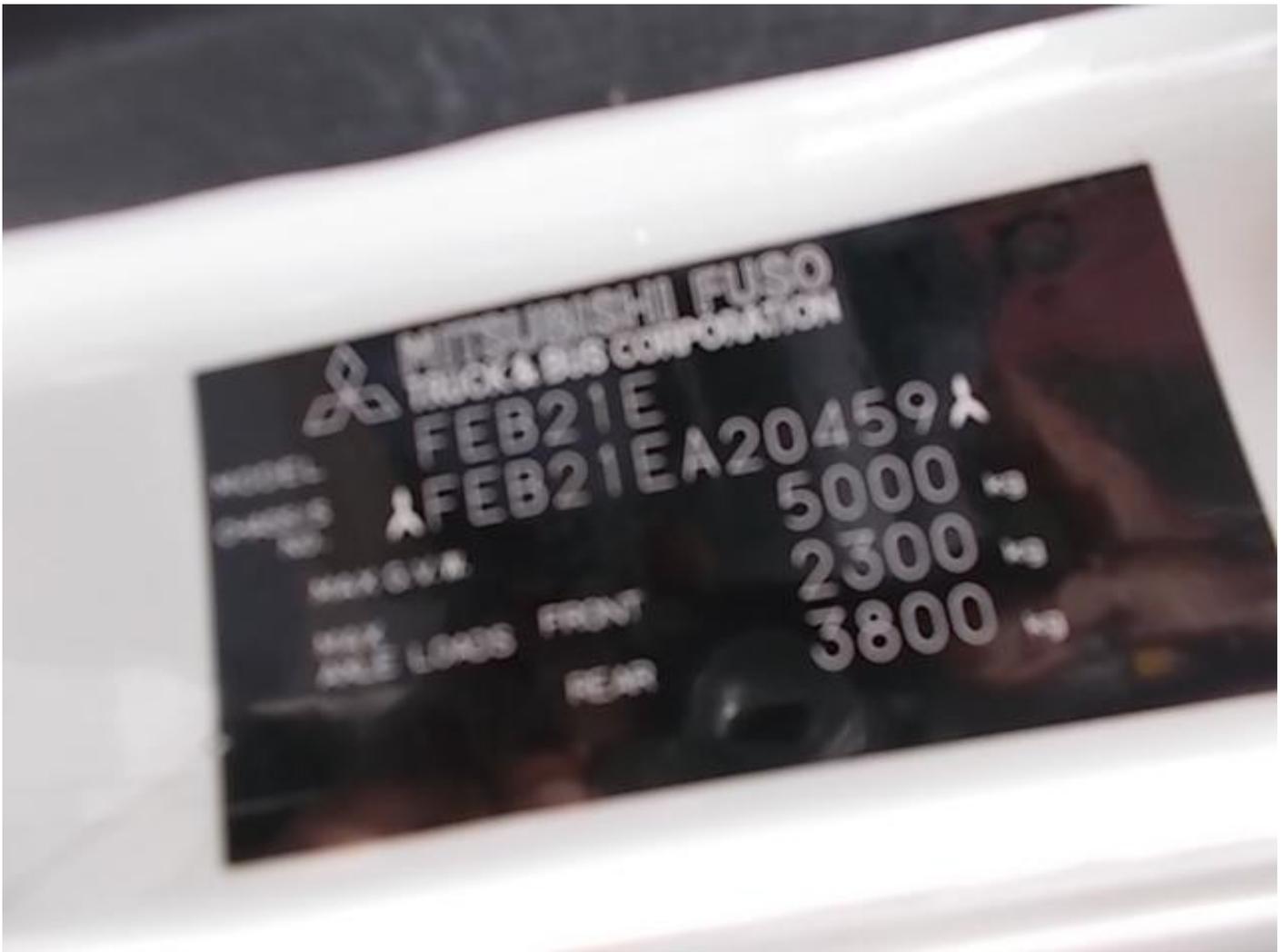
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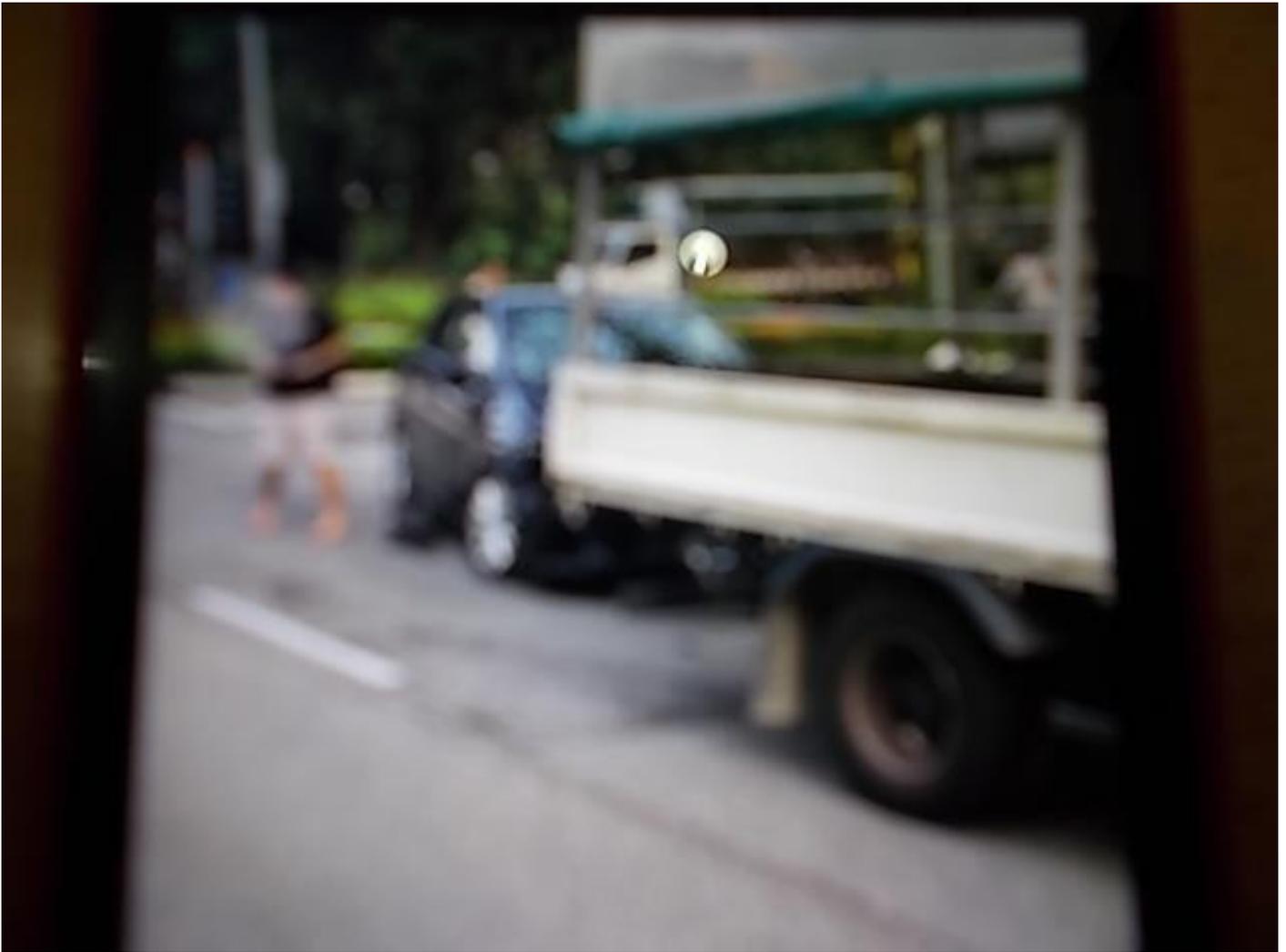
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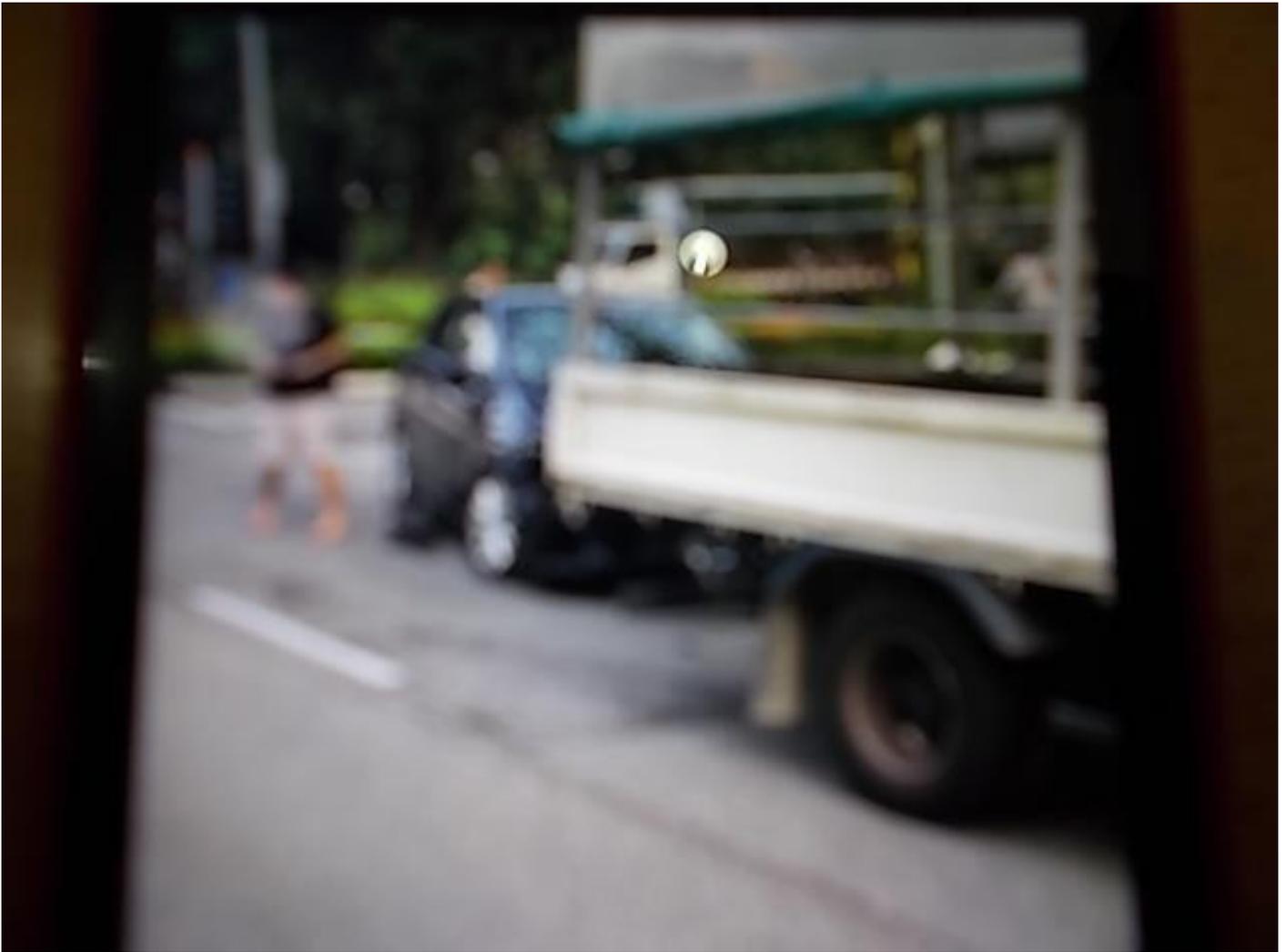
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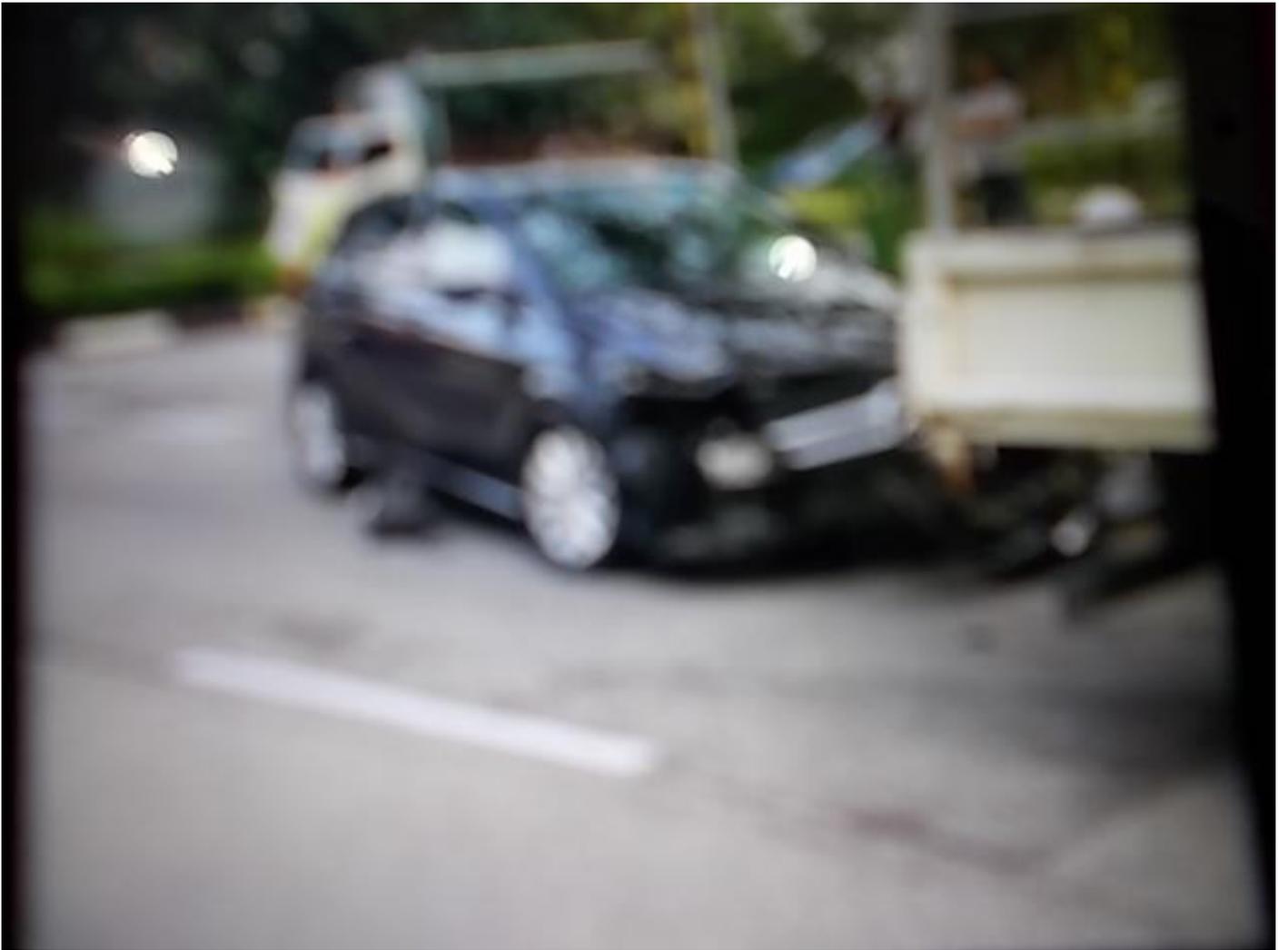
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