

## 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	26/01/2019 10:30
Date Of Accident	23/01/2019 15:00
Exact Location Of Accident	TUAS AVE 11
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1146X
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#### Insured/Policyholder

Name Of Registered Owner	MASINDO LOGISTIC PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68427228

#### Vehicle Particulars

Manufacturer	UD TRUCKS
Model	GKB5ELDHNT ESCOT V
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994545/100862846
Cover Note Number	-

#### Driver

Name of Driver	NATARAJAN VAIRAVANATHAN
NRIC No	G2513513Q
Date Of Birth	22/06/1989
Occupation	OUTDOOR
Date Of Driving Pass	16/03/2016
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82802901
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	186 BOON LAY AVE #09-128
Postcode	640186
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?	
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

MY LORRY WAS PARKED PARALLEL OUTSIDE 16 TUAS AVE 11, WHILE MOVING OUT FROM THE STATIONARY POSITION. SUDDENLY VEH B (BEARING NO GBG1288U) COME FROM BEHIND AND HIT ONTO MY LORRY RIGHT FRONT PORTION. AFTER THE INCIDENT, WE AGREE TO DO PRIVATE SETTLEMENT, PLEASE REFER TO ATTACHMENT.

#### 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	GBG1288U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PAPPU SAKTHIVEL
NRIC/Passport Number	S8165315A
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

16 Tuas Ave 11

Tuas Ave 11

A = XE 1146X  
B = G86 1288U

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

## DECLARATION

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

Policyholder's Signature  
Date & Time:

LOGISTIC PTE LTD



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

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



# PRIVATE SETTLEMENT

## 1. Details of accident occurring as follows:

a. Location : TUAS AVE 11  
b. Date/Time : 23/01/2019

## 2a. Motor-vehicle registration no.:

XE1146X  
Driven by: VAIRA (072513513Q) and owned by: MASINDO  
(Name & NRIC/Passport no) (Name & NRIC/Passport no)

## Motor-vehicle registration no.:

07B01288U  
Driven by: PAPPU SAKTHIVEL and owned by: MASTER MARINE  
(Name & NRIC/Passport no) (Name & NRIC/Passport no)  
(S8165315A)

## 3. There are no personal injuries or death involved.

## 4. The parties have agreed to settle this matter amicably as follows:

- a. Without admission of liability, VAIRA - MASINDO (party paying compensation) will pay to PAPPU SAKTHIVEL - MASTER MARINE (owner receiving compensation) a sum of S\$ 2705 being full and final settlement of all damages and costs suffered and incurred in respect of the damages caused to his/her motor-vehicle.
- b. PAPPU SAKTHIVEL (owner receiving compensation) undertakes not to, at any time, bring any action or claim on account of the loss or damaged to his/her motor-vehicle nor in respect of any direct or indirect damaged arising out of the accident.

## 5. Both parties have not and will not make a police report of this accident.

### PAYING PARTY

Name : NATARAJAN VAIRAVANATHAN  
NRIC/Passport No. : 072513513Q

Signature : [Signature]

### OWNER RECEIVING COMPENSATION

Name : PAPPU SAKTHIVEL  
NRIC/Passport No. : S8165315A



Signature : [Signature]

# DRIVING DOC

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G2513513Q**

Name: **NATARAJAN VAIRAVANATHAN**

Birth Date: **22 Jun 1989**

Issue Date: **18 Dec 2014**

Valid Till: **17 Dec 2019**

002377666H

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

Employer: **MASINDO LOGISTIC PTE. LTD.**

Name: **NATARAJAN VAIRAVANATHAN**

ID: **G2513513Q**

K1061099

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

Class	Vehicle Class	Effective Date
Class 2B	MOTOR CYCLES NOT EXCEEDING 200 CC	18 Dec 2014
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH EXCEEDS DOES NOT EXCEED 2000 KILOGRAMS	18 Dec 2014
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH EXCEEDS EXCEEDS 2000 KILOGRAMS	18 Dec 2014

S / No. 9000246028

License No: **G2513513Q**

**VISIT PASS**  
Immigration Regulations

Name: **NATARAJAN VAIRAVANATHAN**

ID: **G2513513Q**

Date of Birth: **22-06-1989**

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

Accident Photo





Accident Photo





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