

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	25/01/2019 10:36
Date Of Accident	24/01/2019 09:50
Exact Location Of Accident	THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE2710K
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Insured/Policyholder

Name Of Registered Owner	CHAN & CHAN ENGINEERING PTE LTD
Co Reg No	200407814Z
Email Address	CABCHUA.CCE@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-63634289

Vehicle Particulars

Manufacturer	ISUZU
Model	CYZ52K
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	DMCVSN1804331800
Cover Note Number	

Driver

Name of Driver	KARUPPIAN MALAYAPPAN
Passport No/FIN	F8077952Q
Date Of Birth	05/06/1970
Occupation	OUTDOOR
Date Of Driving Pass	21/10/1997
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	+65-82345449
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	25 MANDAI ESTATE, INNOVATION PLACE, TOWER 1
Postcode	729930
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	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	
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)	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

WHEN I EXITING THE PETROL STATION , I STOPPED AT THE STOPLINE BEFORE YELLOW BOX TO GIVE WAY TO THE MAIN ROAD BEFORE TURNING OUT TO THOMSON ROAD , AFTER THE TRAFFIC ARE CLEARED , THAN I TURNING OUT TO THOMSON ROAD BUT SUDDENLY A VEHICLE B :SHD7105U DRIVING FAST AND TURNING OUT TOGETHER WITH MY VEHICLE , IT CAUSED MY VEHICLE HAD A COLLISION WITH VEHICLE B ,NO ONE WAS INJURED,

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	SHD7105U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	POON KAR KIONG
NRIC/Passport Number	S0137581D
Contact Number	94002391
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:

[Signature]

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

10:00 AM
25/1/2019

[Signature]



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

Accident Sketch Plan

SKETCH PLAN



DOA: 24/1/2019
A: XE 2710K
B: SHD 7105U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I exiting the petrol station, I stopped at the ~~before~~ stop line before yellow box to give way to the main road before turning out to Thomson road, ^{than} After the traffic are cleared, I turning out to Thomson road but suddenly a vehicle B: SHD 7105U driving fast and turning out together with my vehicle, it caused my vehicle had a collision with vehicle B, no one was injured.

DECLARATION

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

Policyholder's Signature
Date & Time:



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

K. Mahan

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

Signature of Reporting Centre Personnel



Identification Card

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

Employer:
CHAN & CHAN ENGINEERING PTE. LTD.

 Name:
KARUPPIAH MALAYAPPAN

S Pass No.
0 31600359

Sector:
CONSTRUCTION







 **K0876884**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

 Licence Number: **F8077952Q**

Name:
KARUPPIAH MALAYAPPAN

Birth Date: **05 Jun 1970**

Issue Date: **04 Jun 2018**

Valid Till: **06/07/2023**

 **002809359G**

Driving Licence

VISIT PASS
Immigration Regulations

16-10-2018

Name
KARUPPIAH MALAYAPPAN

FIN
F8077952Q

Date of Birth
05-06-1970

Sex
M

Nationality
INDIAN

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status



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




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

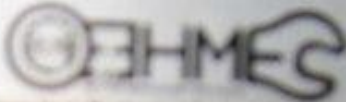
		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	21 Oct 1997
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	12 Oct 1998

NP 428A

Licence No: F8077952Q



Accident Photo


Heavy Duty Mechanical Engineering Pte Ltd
11, Sungei Kadut Dr # 4 Singapore 720041
Tel: +65 6546 7446 Fax: +65 6566 8027

Chassis Number
JALC YZ52KH7000005

Unladen Weight
12120 Kg

Max Laden Weight
28000 Kg

Passenger Capacity
1 Driver 2 Others

Tyre Size
F295 x 80 x 22.5 (S)
R295 x 80 x 22.5 (D) / 2

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: N400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MJAS 17011971 Vehicle Registration No: XEZT 10K
Name (as shown in NRIC) : Karupppan Mahappan NRIC/FIN/Passport No : P8077952Q
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : 25 Mandai Estate, Innovation place, Tower 1 Singapore (729130)
Contact (Tel) : _____ Mobile No.: 82345449
Email Address : Cabchua.cce@gmail.com
Date of Accident : 24/01/2019 Time of Accident: 0950 hrs
Place of Accident : Thomson Road
Insurance Company: China Taiping Insurance (S) Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Reattach I c & Driving licence

Policyholder / Driver's Signature
Date:


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