

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	18/02/2019 11:54
Date Of Accident	18/02/2019 07:30
Exact Location Of Accident	KJE TOWARDS TUAS BF EXIT 2 WEST SPRING PRI SCH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3611L
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92992587

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087422MFCV
Cover Note Number	

Driver

Name of Driver	RAJAN SIVAKUMAR
NRIC No	G3287631K
Date Of Birth	11/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	20/06/2017
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92992587
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	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

I was travelling KJE TOWARDS TUAS BF EXIT 2 NEAR WEST SPRING PRIMARY SCHOOL. The traffic was slow moving. I was from second lane from the right. Vehicle in front of me jammed braked and I managed to brake when this vehicle YN1944A braked and skidded and ended up collided my rear vehicle. Damages to my car were on the rear portion and back of the glass broken. No injuries were involved.

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	YN1944A
Vehicle Make/Model/Colour	MITSUBISHI/FE83BE6SRDEA/WHITE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	BOOMINATHAN KAMALAHASAN
NRIC/Passport Number	G2316830N
Contact Number	81827645
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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 making 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.
 - (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/are 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

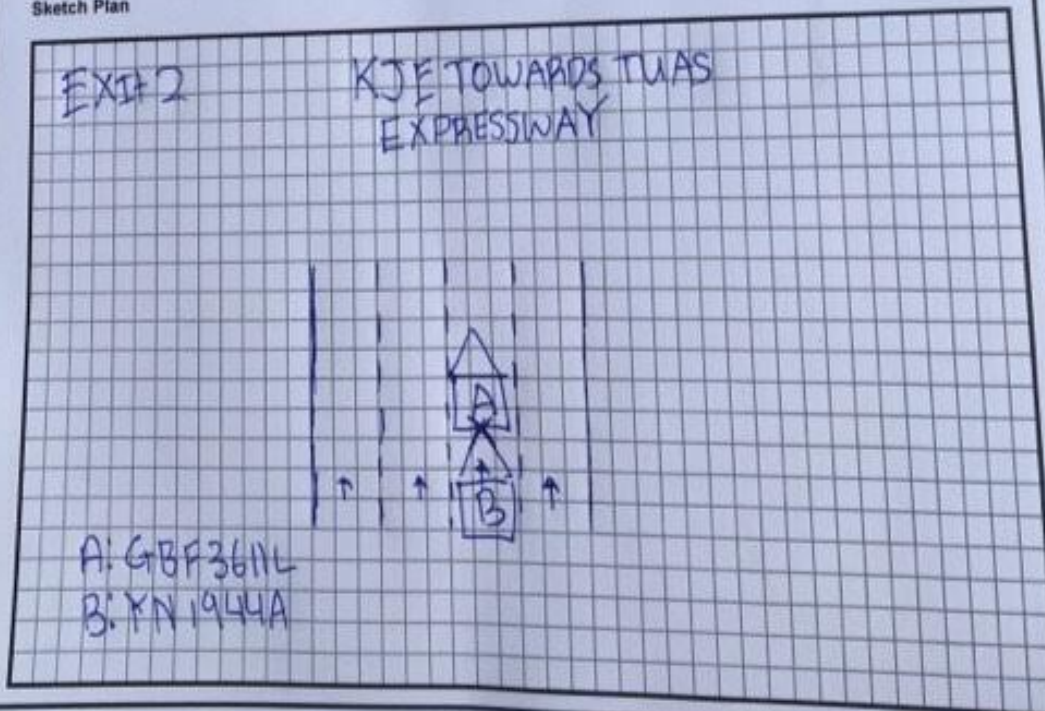
Muhammad Firza Bin Ideris

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was travelling KJE TOWARDS TUAS BF EXIT 2 NEAR WEST SPRING PRIMARY SCHOOL. The traffic was slow moving. I was from second lane from the right. Vehicle in front of me jammed braked and I managed to brake when this vehicle YN1944A braked and skidded and ended up collided my rear vehicle. Damages to my car were on the rear portion and back of the glass broken. No injuries were involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD FIRZA BIN IDERIS

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

18 February 2019 at 10:17 AM

Date/Time:

18 February 2019 at 10:17 AM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

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

Employer:
ATLAS COPCO (SOUTH-EAST ASIA) PTE. LTD.

Sector: **SERVICE**

Name:
RAJAN SIVAKUMAR

Occupation:
SENIOR SERVICE TECHNICIAN

S Pass No.:
Q 37215767

Date of Application:
08-05-2017

Date of Issue:
01-06-2017

Date of Expiry:
12-08-2020

L7987446



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G3287631K**

Name:
RAJAN SIVAKUMAR

Birth Date: **11 Jul 1986**

Issue Date: **24 Aug 2016**

Valid Till **23/08/2021**

002602216F



Identification Card

