

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	26/02/2019 14:41
Date Of Accident	25/02/2019 11:40
Exact Location Of Accident	#02-01,18 TAMPINES INDUSTRIAL CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD7115B
Insured/Policyholder	
Name Of Registered Owner	HUP TAT TRANSPORT PTE LTD
Co Reg No	-
Email Address	JAMESLOW@SINGNET.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96833388

Vehicle Particulars

Manufacturer	VOLVO
Model	-
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVC000000204-02-000
Cover Note Number	

Driver

Name of Driver	RAMALINGAM AYILRAJ
Passport No/FIN	G2248864W
Date Of Birth	27/05/1977
Occupation	OUTDOOR
Date Of Driving Pass	01/03/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98855032
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	73 UBI RD 1 #09-58 BIZHUB OXLEY
Postcode	408731
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	COLLIDED INTO PROPERTY
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	1
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 WANTED TO PARK MY CONTENA AT UNIT NO #02-01, 18 TAMPINES INDUSTRIAL CRESCENT. BEFORE I REACH THE PLACE TO PARKED MY CONTENA, MY VEH HAD HIT ONTO THE SPRINKLER HEAD DUE TO THE SPRINKLER HEAD TOO LOW THAN THE WATER CAME OUT FROM THE PIPE BUT WHEN MY VEH PASSED BY AT 1ST FLOOR THERE WAS NO PROBLEM.

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	
Details Of Properties	SPRINKLER HEAD
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
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.



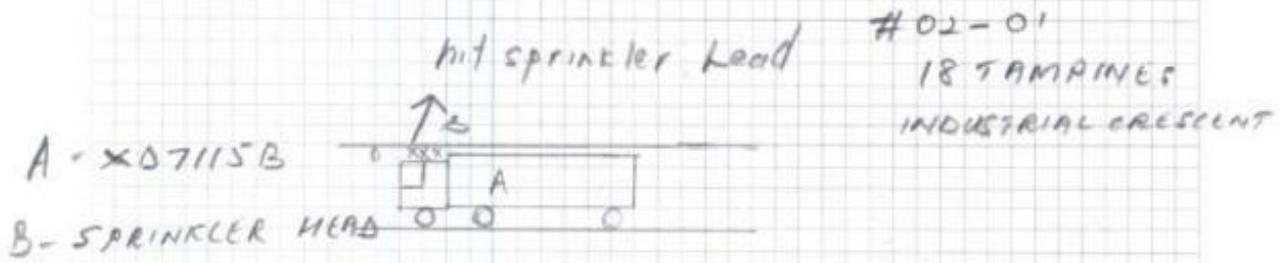
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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



Policyholder's Signature
Date & Time:

Signature

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

Signature 26/02/19

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Vehicle Description	Expiry Date
Class 1	Motor Vehicle (Category A)	15 Oct 2018
Class 2	Motor Vehicle (Category B)	15 Oct 2018
Class 3	Motor Vehicle (Category C)	15 Oct 2018
Class 4	Motor Vehicle (Category D)	15 Oct 2018

License No: G2248864W



VISIT PASS
Immigration Regulations

Name: RAMALINGAM AYLAJ

Date of Birth	Sex	Nationality
27-05-1977	M	INDIAN
File	Date of Issue	Date of Expiry
G2248864W	18-08-2017	18-10-2018

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO Surrender THIS CARD WITH IT RE-CANCELLED ON THE EXPIRE. DO NOT A NEW CARD IS ISSUED TO YOU



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: G2248864W

Name: RAMALINGAM AYLAJ

Date of Birth: 27 May 1977

Issue Date: 07 Oct 2016

Valid Till: 05 Oct 2019



E PASS
Employment of Foreign Manpower Act (Section 11A)
Republic of Singapore

Employer: SRI JAY TRANSPORT PTE.LTD.

Service: SERVICE

Name: RAMALINGAM AYLAJ

Occupation: DRIVER, TRUCK DRIVER

E Pass No:	Date of Application
G15665187	18-08-2017
Date of Issue	Date of Expiry
18-10-2017	18-10-2018

