#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	02/03/2019 13:06
Date Of Accident	28/02/2019 07:35
Exact Location Of Accident	EXIT FROM EUNOS INTO PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YQ9992S
Insured/Policyholder	
Name Of Registered Owner	WATERTECH PLUMBING & CONSTRUCTION PTE LTD
Co Reg No	200101848M
Email Address	WATERTECHHR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90030466
Alternative Phone No	OFFICE-64446855
Vehicle Particulars	
Manufacturer	HINO
Model	XZU710R-4.0 D 14FT WIDE CAB 5T (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AVCPSB0091701800
Cover Note Number	

#### Driver

Name of Driver KANDHASAMY SATHIYARAJ

Passport No/FIN G2738092T
Date Of Birth 06/01/2017
Occupation OUTDOOR
Date Of Driving Pass 04/07/2017

Driving Experience 1 YEAR AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90030466

Fax Number

Contact Number OFFICE-64446855

EMail Address WATERTECHHR@GMAIL.COM

30 KAKI BUKIT ROAD 3 Address

#04-02 EMPIRE TECHNOCENTRE

Postcode 417819

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

2

NO

NO

8

**General Information of the Accident** 

SIDE SWIPE Type Of Accident 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?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: COLLEGUE

GENDER: : MALE

Passenger 2 NAME: : COLLEGUE

> GENDER: : MALE

Passenger 3 NAME: : COLLEGUE

> GENDER: : MALE

Passenger 4 NAME: : COLLEGUE

> GENDER: : MALE

Passenger 5 NAME: : COLLEGUE

> GENDER: : MALE

Passenger 6 NAME: : COLLEGUE

> : MALE GENDER:

Passenger 7 NAME: : COLLEGUE

> GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO SKETCH PLAN

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**

98970143

Vehicle Registration Number GBH4071C Vehicle Make/Model/Colour TOYOTA

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver CHEN HAONAN NRIC/Passport Number G2983233T

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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#### **Accident Sketch Plan**

#### SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- The 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.
- By the lodgment 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.
- 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:
  - 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:
  - 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

02.03.19

(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:

## **Accident Sketch Plan**

SKETCH PLAN	EXIT FROM	EUNIO?	1H10	618(	TUAS)
A) Y 1299925 B) GBH 40710	1		7/		
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especially +					
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lane.					3
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abss breaks					
and saw 1	the van le	It mirror	collid	es 1	my lorry's
right rear.	I proceed	lead to 3	top my	rehicl	e onel
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the van's	Dancycel	right six	e mirro	r. After	enchange
o <del>l</del>	porticulars, i	re went	our seq	parale	ways.
DECLARATION I/We declare the foregoin	I E	4.2	14		erlos/socs
X VIII	NONLINES 14.5	N 02.03	-17	pl	0105170
Policyholder's Signature Date & Time:	Driver's Sign (If driver is a Date & Time	not the policyholder)	N	eporting Centre ame: RIC/FIN No.:	Personners signature for

#### LTA LETTER



10 Sin Ming Drive Singapore 575701 www.lta.gov.sg

03 Oct 2018

Our ref 0310180203N057022329

WATERTECH PLUMBING & CONSTRUCTION PTE LTD 30 KAKI BUKIT ROAD 3 #04-02 EMPIRE TECHNOCENTRE SINGAPORE 417819

## կ-լեգ**վելելելել**կելվել

Dear Sir/Madam

# NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. YP8645G WITH VEHICLE REGISTRATION NO. YQ9992S

You may be pleased to know that your application of 03 Oct 2018 for replacement of registration number is approved.

The details of the vehicle after the transaction are as follows:

Vehicle Registration No. : YQ9992S (Previously YP8645G)

Vehicle Make : HINO

Vehicle Model : XZU710R 14FT WIDE CAB 5T

Chassis No. : JHHUCV3H00K025179 Engine No./ Motor No. : N04CVV10161 / -

- 3. Please change the number plates on your existing vehicle (ie. Chassis No.: JHHUCV3H00K025179, Engine No./ Motor No.: N04CVV10161 / -) to display the new/replacement registration number, YQ9992S by 06 Oct 2018. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than \$1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than \$2,000 or imprisonment of not more than 6 months.
- Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions. You can either quote the Business Transaction Reference No. 20181003155637616499 or the vehicle registration number when making your enquiry.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE SERVICES GROUP
LAND TRANSPORT AUTHORITY

[This is a computer-generated notice that requires no signature.]



























