

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	01/03/2019 17:23
Date Of Accident	01/03/2019 14:40
Exact Location Of Accident	1031 EUNOS AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2307Y
-----------------------------	---------

Insured/Policyholder

Name Of Registered Owner	NGAI HONG IRON WORKS HARDWARE
Co Reg No	08013800D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96260692

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR75UH5A
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-002362
Cover Note Number	

Driver

Name of Driver	SIVANANTHAM VALLINATHAN
NRIC No	G8380195L
Date Of Birth	15/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	02/01/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98070053
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NIL
Postcode	
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?	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 at 1031 Eunos Avenue 6. I was on the left lane wanted to Turn Right". When I saw traffic clear I inched forward my vehicle and this vehicle SKZ9458L from my left side did not notice me and hit my left side of my vehicle. Damages to my vehicle were on the left front portion and my side mirror. 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	SKZ9458L
Vehicle Make/Model/Colour	NISSAN / SYLPHY / RED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAP KAH TECK
NRIC/Passport Number	S1552049C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. 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.
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.
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 my 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.
(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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

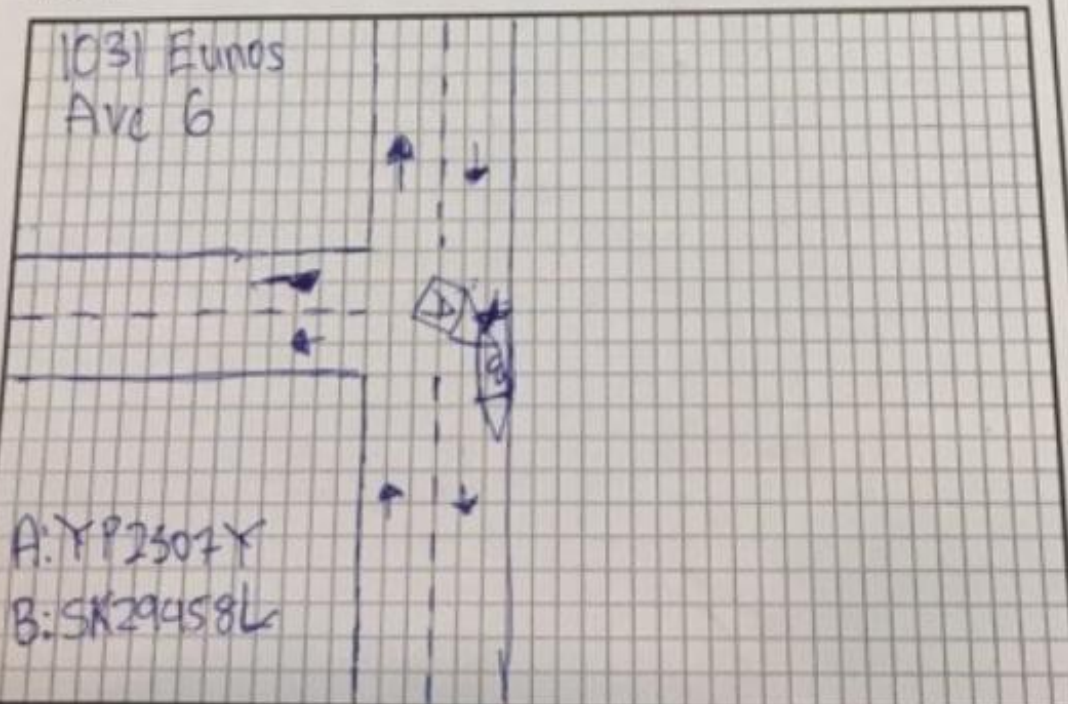
Muhammad Firza Bin Ideris

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personal

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was at 1031 Eunos Avenue 6. I was on the left lane wanted to Turn Right". When I saw traffic clear I inched foward my vehicle and this vehicle SKZ9458L from my left side did not notice me and hit my left side of my vehicle. Damages to my vehicle were on the left front portion and my side mirror. 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

1 March 2019 at 4:15 PM

Date/Time:

1 March 2019 at 4:15 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

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

Employer
NGA HONG PLYWOOD PTE LTD

Work Unit
MANUFACTURING

Name
SIVANANTHAM VALLINATHAN

Occupation
DRIVER

S Pass No.
D 3450377

Date of Application
27-07-2017

Date of Issue
15-08-2017

Date of Expiry
19-07-2019

L8219404



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **G8380195L**

Name
SIVANANTHAM VALLINATHAN

Birth Date **15 May 1988**

Issue Date **21 Mar 2014**

Valid Till **20 Mar 2019**

002286993A



Driving License

VISIT PASS
Immigration Regulations

Name: **SIVANANTHAN VALLINATHAN**

Date of Birth: **15-05-1968** Sex: **M** Nationality: **INDIAN**

Pin: **G6380195L** Date of issue: **15-08-2017** Date of Expiry: **19-07-2019**

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.



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

Class	VEHICLE CLASS	EFFECTIVE DATE
Class 2	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS	02-Aug-2016
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2000 KILOGRAMS	26-Aug-2016

NP 426A

S / No 9000251164

Licence No: G6380195L

