

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	15/03/2019 18:05
Date Of Accident	14/03/2019 18:30
Exact Location Of Accident	ALONG PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL9903B
Insured/Policyholder	
Name Of Registered Owner	TIGER TRANS INTERNATIONAL PTE LTD
Co Reg No	-
Email Address	NASSER@TIGERTRANS.COM.SG
Mobile Phone No	(LOCAL) +65-86468167
Alternative Phone No	OFFICE-62755518

Vehicle Particulars

Manufacturer	UD TRUCKS
Model	BLUE
Exact Purpose for which vehicle was being used at time of accident	
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	B 27873571 TMV
Cover Note Number	

Driver

Name of Driver	THATTAYATH CHANDRAN
NRIC No	G5278631U
Date Of Birth	11/09/1985
Occupation	OUTDOOR
Date Of Driving Pass	19/05/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86468167
Fax Number	
Contact Number	OFFICE-62755518
Email Address	NASSER@TIGERTRANS.COM.SG

Address	100E PASIR PANJANG ROAD #05-05
Postcode	118521
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 - CHANGE/CROSS LANE
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

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

Vehicle Registration Number	SLM5747K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
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:

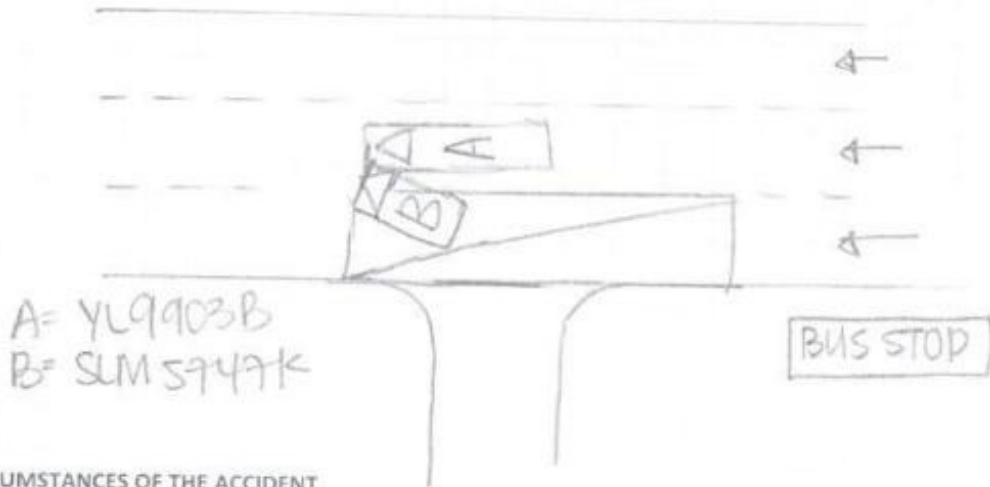
Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/03/19

Reporting Centre
Name: 15/03/2019
NRIC/FIN No.: [Signature]

Accident Sketch Plan

SKETCH PLAN

Along PASIR PANJANG ROAD.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: YL9903B	ACCIDENT DATE & TIME: 14/03/2019 @ 1820hrs
CONTACT NUMBER: 86468167	E-MAIL ADDRESS: nasser@tigertrans.com.sg
LOCATION: Along Pasir Panjang Road	
<p>Vehicles ahead started to move off slowly in front of me, along Pasir Panjang Road before Alexander Road. When suddenly, Veh B (SLM5747K) came from my left, cut into my lane and hit onto the front left portion of my vehicle. Nobody was reported with injuries at the accident scene. That's all.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only	

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:

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

ID

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

THATTAYATH CHANDRAN PRAKASAN

02000450

0551359

REPUBLIC OF SINGAPORE

License Number: **G5278631U**

THATTAYATH CHANDRAN PRAKASAN

Birth Date: 11 Sep 1985
Issue Date: 31 Oct 2017
Valid Till: 30/10/2022

002736828

VISIT PASS
Immigration Regulations

Name: THATTAYATH CHANDRAN PRAKASAN

Pass No: 05278631U

Date of Birth: 11-Sep-1985

Sex: M

Religion: Hindu

Multiple-Entry Visa Issued

FOR USE IN SUPPORT OF EMPLOYMENT WITH SINGAPORE AIR FORCE

05278631U

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 2B: Motorcycles <= 250 cc	18 Oct 2012
Class 3: Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver, and other motor vehicles with unladen weight <= 2500kg	18 Oct 2012
Class 4: Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	18 May 2019

Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7200kg

NP 429R



License No: G5278631U

Accident Photo



Accident Photo



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