

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 | 25/03/2019 17:13 |
| Date Of Accident | 24/03/2019 16:15 |
| Exact Location Of Accident | BLK 241 PASIR RIS DRIVE 6 (OPEN CARPARK) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------------|
| Vehicle Registration Number | GBC2996Z |
| Insured/Policyholder | |
| Name Of Registered Owner | GUTHRIE ENGINEERING (S) PTE LTD |
| Co Reg No | - |
| Email Address | GANAPATHI@GUTHRIE.COM.SG |
| Mobile Phone No | (LOCAL) +65-93854160 |
| Alternative Phone No | OFFICE-93854160 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | NISSAN |
| Model | - |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | B 29067134 MKF |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | MANI MUTHUGANAPATHI |
| Passport No/FIN | G7668965U |
| Date Of Birth | 15/04/1984 |
| Occupation | INDOOR |
| Date Of Driving Pass | 24/11/2014 |
| Driving Experience | 4 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93854160 |
| Fax Number | |
| Contact Number | OTHERS-93854160 |
| EEmail Address | GANAPATHI@GUTHRIE.COM.SG |

| | |
|---|---------------------------------|
| Address | GUTHRIE ENGINEERING (S) PTE LTD |
| 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 | COLLIDED INTO PARKED VEHICLE |
| 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 | 3 |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190325/2081

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 | SKZ9027Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SCZ6138A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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)

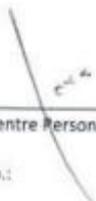
I understand, acknowledge, agree and consent that:

- (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:
 - (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:

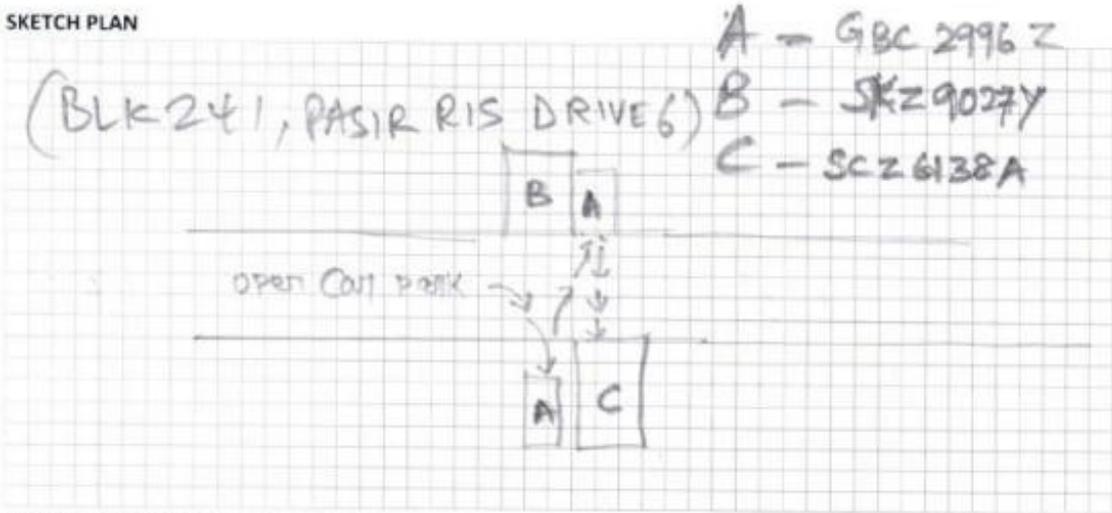



Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan #2

SKETCH PLAN



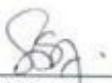
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

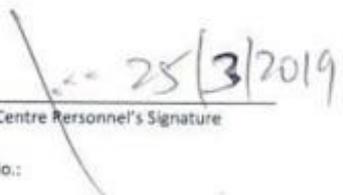
pls Refer to the Police Report
T/20190325/2081

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190325/2081

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190325/2081

CONTINUATION OF REPORT

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|--------|---|-------|-----------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SCZ6138A | Car | TOYOTA | HARRIER 2.0 ELEGANCE AT ABS D/AIRBAG 2WD | White | | 0 |
| SKZ9027Y | Car | BMW | 520I AT D/AB 2WD 4DR LED NAV | White | | 0 |

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,
I AM THE DRIVER OF (GBC2996Z) AT THE SAID LOCATION. I WAS DRIVING AND WANTED TO
PARKED MY LORRY VEHICLE. I SLOWLY REVERSED MY LORRY VEHICLE TO THIS EMPTY
PARKING SLOT, AND THEN MOVE FORWARD HEAD IN TO THE INFRONT OF THE PARKING SLOT.
WHILE I WAS MOVING FORWARD I SUDDENLY GRAZED ONTO THE VEHICLE OF (SKZ9027Y). SO I
REVERSE MY VEHICLE TO PARK PROPERLY BUT I WAS INFORMED BY THE OWNER OF
(SKZ9027Y), THAT I GOT HIT ONTO THE OTHER VEHICLE OF (SCZ6138A) FROM HIS VIDEO
FOOTAGE. AT THAT PART OF TIME, I DID NOT FEEL ANY IMPACT OR SOUNDS. THAT'S ALL.

Sketch Plan #4

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

Employer:
GUTHRIE ENGINEERING (S) PTE LTD

Name:
MANI MUTHUGANAPATHI

S Pass No.: **0 33142765** Sector: **CONSTRUCTION**

K0484356



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G7668965U**
Name: **MANI MUTHUGANAPATHI**

Birth Date: **15 Apr 1984**
Issue Date: **24 Nov 2014**
Valid Till: **23 Nov 2019**

002368717H



VISIT PASS
Immigration Regulations

Name:
MANI MUTHUGANAPATHI

Pass No.: **G7568965U**

Date of Birth: **15-04-1984** Sex: **M**

Nationality:
INDIAN

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status

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(S)

Class 3 Motor Cars <= 3500kg with: <= 7 passengers, exclusive of the driver; and other motor vehicles <= 3500kg

EFFECTIVE DATE: **24 Nov 2014**

NP 428A

Licence No: **G7668965U**



Sketch Plan #5

Handwritten signature



M. Muthu Ganapathi
Safety Co-ordinator
HP: ~~9403-3690~~ 93854160

GUTHRIE ENGINEERING (S) PTE LTD
(A Subsidiary of Guthrie GTS Limited)
6, Aljunied Avenue 3 #04-00, Singapore 389932
Fax: 6746 2300
Email: ganapath@guthrie.com.sg
Website: www.guthrie.com.sg



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



SINGAPORE
POLICE FORCE



T/20190325/2081

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190325/2081

CONTINUATION OF REPORT

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Police Report



SINGAPORE
POLICE FORCE



T/20190325/2081

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190325/2081

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| | |
|--|--|
| Signature Of Officer Recording The Report: TP / MUHAMMAD HAZIQ BIN SAIFUDDIN | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 25/03/2019 13:05 |
| Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902 | Classification Of Case: SINGAPORE POLICE FORCE |
| Authentication Stamp NP168 | Signature: |