

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	26/03/2019 11:18
Date Of Accident	26/03/2019 08:00
Exact Location Of Accident	CLEMENTI AVE 6 (PANDAN FLYOVER) TOWARDS AYE (TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6370R
Insured/Policyholder	
Name Of Registered Owner	SELVARAJU SUBRAMANIAM
NRIC No	S7189286G
Email Address	SUBRAMANIMSELVARJU@GAMAIL.COM
Mobile Phone No	(LOCAL) +65-91715538
Alternative Phone No	OFFICE-91715538

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 (A)

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 PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3073801800
Cover Note Number	

Driver

Name of Driver	SELVARAJU SUBRAMANIAM
NRIC No	S7189286G
Date Of Birth	27/05/1971
Occupation	INDOOR
Date Of Driving Pass	04/02/2000
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91715538
Fax Number	
Contact Number	OFFICE-91715538
Email Address	SUBRAMANIMSELVARJU@GAMAIL.COM

Address	887C WOODLANDS DR 50 #09-605
Postcode	733887
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	YES
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

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	SMG7723K
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 INJURED PERSON 1

Name	SELVARAJU SUBRAMANIAM
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Approximate Age

Injuries Sustain

Injured person in which vehicle? SJK6370R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN

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4. The issue and acceptance of this Form by Insurer or 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. The report will be forwarded by the Insurers of the Old Periods Management Centre established by the General Insurance Association of Singapore (GIAS) to 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 afterwards.
8. Consent under the Personal Data Protection Act (PDPA)

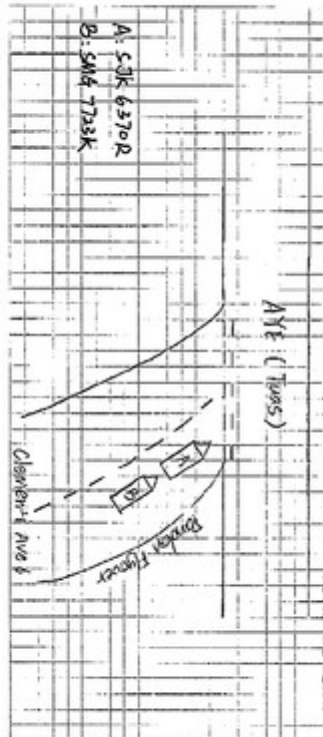
I understand, acknowledge, agree and consent that:

(a) Any Insurer, my workshop and the General Insurance Association of Singapore ("GIAS") 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 assumed by my Insurer (collectively the "Personal Information") and disseminate and transfer such personal information to all Insurers who have insured vehicle(s) involved in this accident (all Insurers) who have insured vehicle(s) involved in this accident and be collectively referred to as the "Insurers". The Insurer/Insurers/Firm, the Motor Vehicle 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 obligations or responding to any enquiries by me;
 - (iv) administering my claim (including the making of correspondence, statements, 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 correspondence) post(s) 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 Insurer/Insurer(s) who have permitted to collect, use, disclose and/or process my personal information (for one or more of the above Purposes), and
- (c) any Personal Information may/are be disclosed by any of the Insurers and/or GIAS to their third party service providers or agents (including their lawyers/other firms), who may be also outside of Singapore, for one or more of the above Purposes.
- (d) any 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, conducting or managing fraud, regulation, 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 Selvaraj Date & Time: _____
 Driver's Signature Selvaraj (if driver is not the policyholder) Date & Time: _____
 Reporting Centre Personnel's Signature [Signature] Name: _____
 Reporting No.: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/03/2019 at about 08:00AM I was driving my vehicle A (SJK 6370R) along Clementi Ave 6 towards AIE (Turas). I was stopped my vehicle and check traffic clear the vehicle B suddenly hit my vehicle near position.

DECLARATION

I/We declare the foregoing particulars are true to my/our company.

Policyholder's Signature Selvaraj Date & Time: _____
 Driver's Signature Selvaraj (if driver is not the policyholder) Date & Time: _____
 Reporting Centre Personnel's Signature [Signature] Name: _____
 Reporting No.: _____

Accident Photo



Accident Photo



Accident Photo



Accident Photo

