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	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

887C WOODLANDS DR 50 #09-605 Address

Postcode

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 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

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

PRIVATE CAR Vehicle Category

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

SELVARAJU SUBRAMANIAM Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode SJK6370R

YES

NO

SKETCH PLAN

- Please report conveils the details of the accident to speed up the claims process.
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By the lodgment of this report to the imment, you havely consent to the archiving of this report at the centre and to copies of

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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(SJK 6370R) along clement Ave b towards ATE (Twos) I was stopped my victicle and check theffic claim the vehicle B suddenly

1 was

On 36/03/7019 at about 08:00 Am I was about you we hicle A

Clement Ave

hitted outs my vehicle mor poution

interested parties.

- 8. Consent under the Personal Data Protection Act (POPA) the report being made available aforesaid.
- Lunderstand, acknowledge, agree and consons that:
- We insure, my workshop and the General Insurance Association of Singapora ("Gat," miss/per parellated to collect, use, dischore and/or process of personal shall plant and single personal shall present the formation provided by make or personal shall present the formation provided by make or personal or my future (beletively the "Personal Information") and disc do and transfer out and reader out of the personal Information and Insurance (as when the reserved vehicle (a) improved in this cadded not distill surance), who have travered vehicle (a) improved in this cadded in this cadded in this cadded not all the collectively referred to a the "Personal terms"). It is insured to Asymptotic Rims, the Associative Asymptotic Rims, the Associative Asymptotic Rims, the state of the personal state of the personal
- (i) processing, handling and/or dealing with my dains including the settlement of the claims and any necessary investigations relating to the dains;

(ii) investigating the addicent and/or my claims;

(iii) carrying out and/or doaing with my instructions or responding to any enquiries by me;

(b) administering my disins (Industry the maling of correspondence, statements, imposes, reports or not ces to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as we I as no the external cower of envelopes/mail packages); and/or

(v) complete with applicable law in administrating processing, handling and for dealing with my dained (collectively the "Purposes")

all insurery) who have insured webbiology involved in this accident and the insurers' lawyers, leaviering, may like permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Propose; and

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my Personal Information may fan be disclosed by any of the Insures and/or GIA to their third party works provides or agent (lectading that havyers/hav firms), which may be steed outside of Supapore, for one or more of the above Pragoses. my Personal Information will also be collected and used to compile dains libbory for the purpose of fraud detection, stigation and transgoment in present and all future c pima.

the infom ation so collected upder (d) above may be shared / disdosed:

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(6) to all insuress and/or any other third purious that assist in evaluating, investigating, controlling or managing trans, regulations, hav enforcement and government agentics as repsensibly required for the purposes source, or

(iii) for complying with requirements under any regulations, laws or sourt orders.

Reporting Centre Personnel's Signatura

Policybolder's Signature Dute & Time: I/We declare the foregoing particulars are true DECLARATION Off driver is not the palicyholider) Reported Centre Supposed 8 Signature

LA PRINCIPAL WALLES PRINCIPALIST

SERVICE CONTRACTOR AND ADDRESS OF THE PARTY AN

MEG/HIN No.:



SELVARAJU SUBRAMANIAN a Greaupeg-MALAYEIA



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A PRIVATE CAR

中国太平保险(新加坡)有限公司

CERTIFICATE OF INSURANCE

Motor Weitler, Third-Prely Rada, and Comportantical) And (Chapter 198)

Motor Weitler, (Third-Perly Rada and Componentical) Acide, 1990

Motor Weitler, (Third-Perly 1997 (all equils)

Motor Weitler, (Third-Perry Holas) Rules, 1995 (Malaysia)

CONTRACTOR OF THE REAL PROPERTY AND THE REAL PROPERTY OF THE REAL PROPER SULUBIANE

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Profess Mark and Registration Number of Vetucio

ZRIESCATENO.

Name of Policy Holder

Effective (size of the Commonweal of Insurance for purposes of the Regulations, Ordnance or Enactment

Persons or Classes of Pursons entitled to drive "

Date of Expay of Ir surseco

STAC NEGOTACK ST. (FEBORA 1677)

NE SELVENDOUS STREET, SELVENDOUS SEL

EX EXCT. I - AND 0-25 (1977)

EX EXCT. I - AND 0-25 (1977) .00.000,000

(A) THE POLICEMENTS.

(B) ANY OTHER PERSON NOTE S RECYCLE ON THE POLICEMENTS S ORDER OF STEER REC PRINTEDION.

PROVIDED THAT THE RESIGN WEITZEE IS RECUTEVED IN ACCOUNTER WITH THE LICENSIAN OR OTHER LANS OR
REPORTANTIONS TO SETTE THE MOTOR VEHICLES OR RESIDENCE WITH HEAT DESIGNATIVED AT ORDER OF A
RECORD OF LAN OR WE REASON OF ANY EINCEDENT OR REMODALIZED IN THAT BEHAVE THE DESIGNATIVED HE MOTOR FREECHS.

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TRIAL, SPERN-THESTERS, THE COMMISSION OCCUS OTHER THAN SANCES IN COMPOSITION WITH ANY TRADE OR SMEDITED
OR THE POR ARE EMPROSE IN COMMISSION WITH THE NORTH TRADE.

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STAU CUICDAY CO. : SV CHEAT PTE LID AS 32 OWNER

"Landadisas rendered impersion by Vacalan 2 of the Marke Vishalos (Thind-Twe) filts a soil Charges sustain Act (Chapter 188) and Section DC of the Road Transport Act, 1991 (Malayada), we not to be Activided under those haudings.

We horeby Certify and re-policy to which this Conflicted relates in listened in accordance with the provisions of the Accordance (Third-Part Parts and Compensation). And in the Conflicted Conflicted

Authorised Officer

1896 BENCODIEN STREET \$84.02, THE MENODERN \$882A/CATE 188640 \$882A/CATE 188640 Tel: 0310-4125 Fac: 6304-6255

MANNAM

Authorised Signatory

3 Annain Read #16-00 Springhauf Town Skyapore CT1909 Tel: 6389 E111 Fax: 6225 5592 Webster www.sp.celic.phgurum

Accident Photo









Accident Photo

