

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	01/04/2019 14:51
Date Of Accident	01/04/2019 07:50
Exact Location Of Accident	CTE TWDS CITY EXIT PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8827M
Insured/Policyholder	
Name Of Registered Owner	S & P SYSTEM SERVICES PTE LTD
Co Reg No	200711293N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92382759
Alternative Phone No	OFFICE-92382759

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AVCPSB0093781800
Cover Note Number	

Driver

Name of Driver	ARUNACHALAM AYYAPPAN
Passport No/FIN	G6852772X
Date Of Birth	07/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	21/12/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92382759
Fax Number	
Contact Number	OTHERS-92382759
EEmail Address	NOEMAIL

Address	27 , WOODLANDS SECTOR 1, (WOODLANDS DORMITORY) LEVEL 6 (S 738252)
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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)	7
Passenger 1	NAME: : PARAMASIVAM MURUGESAN GENDER: : MALE
Passenger 2	NAME: : RANA MOHAMMAD SOHEL GENDER: : MALE
Passenger 3	NAME: : JAYAPPAKASH MAREMUTHU GENDER: : MALE
Passenger 4	NAME: : RENGIAH VINOTH GENDER: : MALE
Passenger 5	NAME: : PALANIVEL PRABAHARAN GENDER: : MALE
Passenger 6	NAME: : MURUGA PANDIYAN AGILAN GENDER: : MALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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 GBF6889H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 ARUNACHALAM AYYAPPAN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GBH8827M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name PARAMASIVAM MURUGESAN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GBH8827M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 3

Name RANA MOHAMMAD SOHEL
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GBH8827M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 4

Name JAYAPPAKASH MAREMUTHU
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GBH8827M
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 5

Name RENGALIAH VINOTH

Approximate Age

Injuries Sustain SIGHT

Injured person in which vehicle? GBH8827M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 6

Name PALANIVEL PRABAHARAN

Approximate Age

Injuries Sustain SIGHT

Injured person in which vehicle? GBH8827M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 7

Name MURUGA PANIYAN AGILAN

Approximate Age

Injuries Sustain SIGHT

Injured person in which vehicle? GBH8827M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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.

x *Chuan*



Policyholder's Signature
Date & Time:

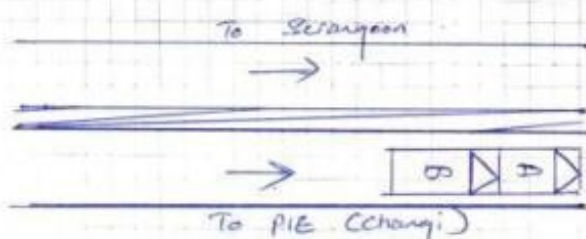
A. Anwar

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

01/4/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



CTE towards City exit A12 towards Changi

(A) GABH 8827M

(B) GBF 6889H.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/04/19 at @ 0730hrs, I was travelling in my company lorry (GBH 8897M) along CTE towards City exit onto P12 towards Changi direction. I slow down and stopped due to traffic jammed ahead. Suddenly, a lorry (GBF 6889H) from behind collided onto the rear portion of my lorry.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

X Amu
Policyholder's Signature
Date & Time:

A. Ayub
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

01/4/2019

Sketch Plan #3

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G6852772X**

Name: **ARUNACHALAM AYYAPPAN**

Birth Date: **07 Mar 1990**
Issue Date: **21 Dec 2015**
Valid Till: **20/12/2020**

002505391H

SG 50

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

Employee:
GAP SYSTEM SERVICES PTE. LTD.

Name:
ARUNACHALAM AYYAPPAN

S Pass No:
0 25220402

Industry:
CONSTRUCTION

002505391H

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE: 21 Dec 2015

Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg

Licence No: G6852772X

NP 425A

VISIT PASS
Immigration Regulations

Name:
ARUNACHALAM AYYAPPAN

Pass No:
G6852772X

Date of Birth: **07-03-1990** Sex: **M**

Nationality:
INDIAN

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

Download SGWorkPass App to check status

01 Jan 2016

Accident Photo



Accident Photo



Accident Photo



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