

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	03/04/2019 13:29
Date Of Accident	01/04/2019 17:00
Exact Location Of Accident	JUNCTION WHITLEY RD & BUKIT TIMAH RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC6320Z
Insured/Policyholder	
Name Of Registered Owner	MRM ENGINEERING PTE LTD
Co Reg No	201408475K
Email Address	MRM_CONTACT@YAHOO.COM
Mobile Phone No	(LOCAL) +65-94352038
Alternative Phone No	OFFICE-94352038

Vehicle Particulars

Manufacturer	ISUZU
Model	CHY52S-15.7 D (M)
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	GOODS VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	VSX/P1947925
Cover Note Number	

Driver

Name of Driver	SELVAM PAZHANIRAJAN
Work Permit No	G2271773T
Date Of Birth	10/06/1994
Occupation	OUTDOOR
Date Of Driving Pass	31/08/2018
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98649533
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	183, JLN PELIKAT #01-25 THE PROMENADE@PELIKAT SINGAPORE
Postcode	537643
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - MRM CONSTRUCTION PTE LTD
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?	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

ON 01/04/2019 AROUND 1700 PM, I WAS DRIVING MY LORRY, WC6320Z FROM WHITLEY ROAD TO BUKIT TIMAH ROAD. I STOP MY LORRY AT LANE 2 WHEN I REACH THE TRAFFIC LIGHT. I CONTINUE DRIVING WHEN TRAFFIC LIGHT TURN GREEN. SUDDENLY I FELT IMPACT FROM MY RIGHT REAR PORTION. I STOP THE LORRY AND GO DOWN. I FOUND VEHICLE, SHC6365Y (FROM INNER LANE) FRONT LEFT HIT MY LORRY RIGHT REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6365Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	90149893
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

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

Sketch Plan #2 Pg. 1

SKETCH PLAN

STEVENS
ROAD

BUKIT
TIMAH
ROAD

WHITLEY
ROAD

VEHA: WC6320 Z
VEH B: SHC 6365 Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/4/19 around 1700 pm, I was driving my lorry, WC 6320 Z from Whitley Road to Bukit Timah Rd. I stop my lorry at lane 2 when I reach the traffic light. I continue driving when traffic light turn green. Suddenly I felt impact from my right rear portion. I stop the lorry and go down. I found vehicle, SHC 6365 Y (from at inner lane) front left portion hit my lorry right rear portion.

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.:

Accident Photo



Accident Photo



VEHICLE DETAIL

Vehicle Regn No	: WC 6320 Z		
Vin Number	: JALCYH52587000315		
Speed Limiter Type	: SPEED LIMITATION ON-		
	BOARD SYSTEM		
	(ECM CONTROLLED)		
Set Speed	:	60	Km/h
Calibration	:	EX-FACTORY JAPAN	
Tires Size Front	:	295-80R22-5 (S)x2	
Rear	:	295-80R22-5 (D)x2	

BACK REAR



DAMAGE AREA

