

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 10:58
Date Of Accident	01/04/2019 07:30
Exact Location Of Accident	CANTONMENT ROAD BESIDE CANTONMENT POLICE COMPLEX
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8255J
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Insured/Policyholder

Name Of Registered Owner	METAL MASTER & ALUMINIUM PTE LTD
Co Reg No	200517297H
Email Address	ANDY@METALMASTER.SG
Mobile Phone No	(LOCAL) +65-90997967
Alternative Phone No	OFFICE-67022868

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEB21ER3SDEB (M)

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? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3068131800
Cover Note Number	

Driver

Name of Driver	SUBBAIYAN PRADU
Passport No/FIN	G7008493M
Date Of Birth	07/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	01/04/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98829972
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	N/A
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	DRIZZLING
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 AT AROUND 0730HRS, I WAS TRAVELLING ALONG CANTONMENT ROAD. WHILE DRIVING NEAR THE POLICE CANTONMENT COMPLEX SUDDENLY VEHICLE B JAMMED HIS BRAKE AND I APPLY MY BRAKE AND SWERVE TO RIGHT TO AVOID THE COLLISION BUT I STILL COULD NOT AVOID IT AND CAUSED MY FRONT LEFT PORTION DAMAGE. I WENT DOWN TO SEE AND NOTICES THAT VEHICLE C CAUSED THIS ACCIDENT WHEN HE SUDDEN STOPPED HIS VEHICLE AT THE ROADSIDE AND CAUSE VEHICLE B JAMMED BRAKE.

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	SHB228Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE CHIN NGEE
NRIC/Passport Number	S7416337H
Contact Number	96793930
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:

S. Prah

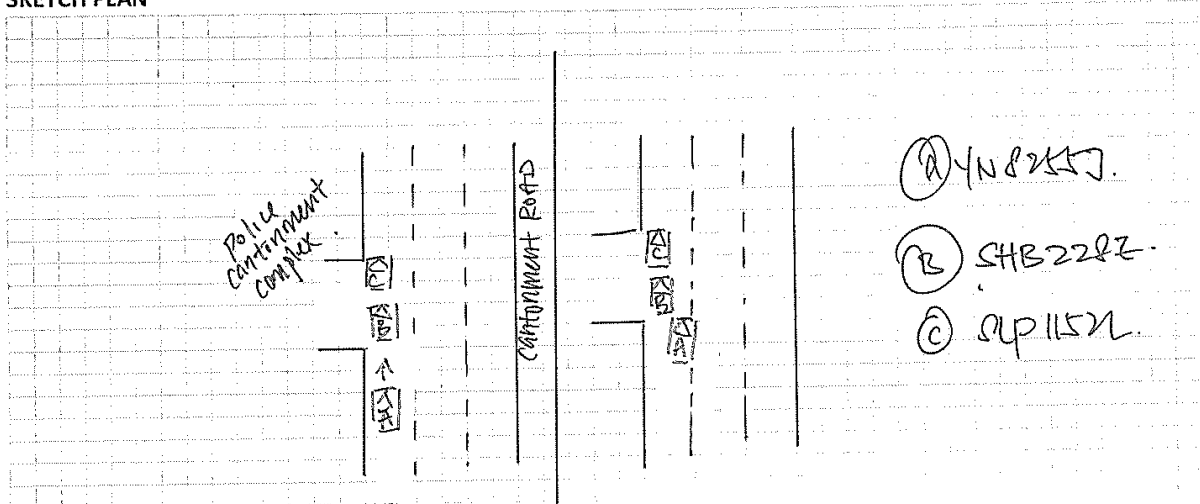
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]

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

I AM AWARED THAT MY INSURER MAY HAVE A **14 DAYS TIMEFRAME** FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Accident Circumstances.

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC Sketch Plan Form V3

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

Claim own policy

- ☐ Claim third party
☒ Claim ~~TP~~ TP at other works hop
☐ For record purpose

Policy No. DMCVN 3068/21 PDD
Insurer China Veh. No. 4N8255J

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



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

3 Anson Road #15-00 Springleaf Tower Singapore 079909
Tel: 6382 6111 Fax: 6222 1033
Website www.sg.ctaiping.com
C. Reg No 200208364E

ORIGINAL

THE SCHEDULE

Agency	AN0650A	Class of Policy	MOTOR COMMERCIAL VEHICLE	Policy Number DMCVEN3068131800
Account	AN0650A	Issued on 22/10/2018 in SINGAPORE		
Client	3234670	Acceptance Date	22/10/2018		

Period of insurance from 0949 hours on 22/10/2018 to 2400 hours on 21/10/2019

Insured's Name....	METAL MASTER & ALUMINIUM PTE. LTD.
Address.	BLK 8 KAKI BUKIT AVENUE 4 #04-53 PREMIER @ KAKI BUKIT SINGAPORE 415875

Business/Occupn... GENERAL CONTRACTORS
Financial interest GOLDBELL FINANCIAL SERVICES PTE. LTD. AS HP

Premium	Base Annual Premium.....	S\$1,843.75		
	Less 20% Autosafe Scheme.....	S\$368.75-		
	No Claim Discount	S\$0.00		
	Windscreen @ \$2,000.-	S\$100.00		
	Total Annual Premium	S\$1,575.00	Premium Due	S\$1,575.00
			Premium GST	S\$110.25
			Total Due	S\$1,685.25

Risk No. 001	MOTOR COMMERCIAL VEHICLE			
	ORIGINAL REGISTRATION DATE: 29-05-2015			
1. Registration	YN8255J	Make/Model ..	mitsubishi	FEB21ER3SDEB WITH HOOD
Type of Cover	Comprehensive	No. of seats	2	Body Type LORRY
Engine No. ..	4P10B65169	Capacity cc's	0	Yr of Manuf/Regn 2015/2015
Chassis No...	FEB21EA10147			
	Tonnage	2.46		Certificate Ref. MZ300/C
Sum Insured..	Market value at the time of loss			
Excess Sect I		S\$450.00		
EX ON WINDSCREEN		S\$100.00		

The following clauses and endorsements apply to this policy

Subject to Endts. 2, Y, 25, 57, 72 & W(\$2,000/-).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of S\$2,000.00 shall apply for accident loss or damage for any unnamed authorised driver who is 66 years old and above (Age as at Date of Accident).

Once this S\$2,000.00 Excess is applied, other Excess(es) applicable under different Endorsement(s) of this Policy shall not be applicable.

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REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G7008493M**


Name: **SUBBAIYAN PRABU**

Birth Date: **07 Apr 1981**

Issue Date: **17 Aug 2018**

Valid Till: **16/08/2023**

002835919K




WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **METAL MASTER & ALUMINIUM PTE. LTD.**

Name: **SUBBAIYAN PRABU**

Work Permit No. **0 32243800** Sector: **CONSTRUCTION**

K0708593



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg 01 Apr 2008

NP 428A



VISIT PASS
Immigration Regulations

21-03-2018

Name
SUBBAIYAN PRABU

FIN
G7008493M

Date of Birth Sex
07-04-1981 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



Accident Photo



Accident Photo



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