

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	05/04/2019 18:39
Date Of Accident	03/04/2019 08:45
Exact Location Of Accident	BLK 4001 DEPOT LANE CARPARK LOT NO:126
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1940E
Insured/Policyholder	
Name Of Registered Owner	MAC-SYSTEM ENTERPRISE PTE LTD
Co Reg No	199401466N
Email Address	MACGLOBAL@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96846355
Alternative Phone No	OFFICE-83009348

Vehicle Particulars

Manufacturer	KIA
Model	K2500 6M/T
Exact Purpose for which vehicle was being used at time of accident	LORRY WAS PARKED
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MCV0001838
Cover Note Number	

Driver

Name of Driver	MANIVEL SURESH
Passport No/FIN	G2373670K
Date Of Birth	10/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	19/05/2015
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	+65-96846355
Fax Number	
Contact Number	OFFICE-83009348
EEmail Address	MACGLOBAL@SINGNET.COM.SG

Address	BLK 4001 DEPOT LANE #04-12
Postcode	109755
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE 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	YL1530X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	THNG SING WOON
NRIC/Passport Number	S0692098E
Contact Number	90521747
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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. The 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 lodgment 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.

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.



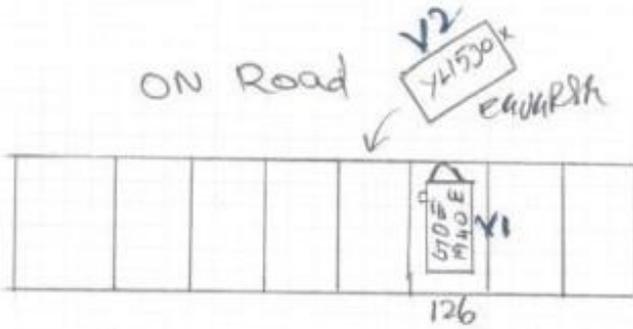
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



4001 BLK
 DEPT LANE #04-12 CARPARK LOT 126

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On The 03/04/2019 at 8:45 am, V1 was parked reverse in stationary inside BLK 4001 Depot Lane #04-12 Carpark Lot no. 126. V2 tried to park to the left side of V1 by reversing in and collided to the front left of V1.

No person injured, no pedestrian or cyclist involved, no government property damaged. Both parties exchanged particulars.

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.:

05/04/2019
 [Signature]

POLICE REPORT

Annex D

NOTICE OF REPORTING

This is to confirm that Manivel Suresh (FIN: G2373670K, Blk 4001 Depot Lane #04-12, HP: 83009348), has reported to the Police a non-injury traffic accident which

occurred at Blk 4001 Depot Lane carpark lot no.126 on 03/04/2019 at 8.45am involving the following vehicles:

V1) GBE1940E (Lorry, blue colour)
V2) YL1530X (Lorry, white and yellow, Thng Sing Woon, NRIC: S0692098E, HP: 90521747)

On the 03/04/2019 at 8.45am, V1 was parked reverse in stationary inside Blk 4001 Depot Lane #04-12 carpark lot no.126. V2 tried to park to the left side of V1 by reversing in and collided to the front left of V1.

No person injured, no pedestrian or cyclist involved, no government property damaged. Both parties exchanged particulars.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT T140385 Ong Jing Wei Wayne

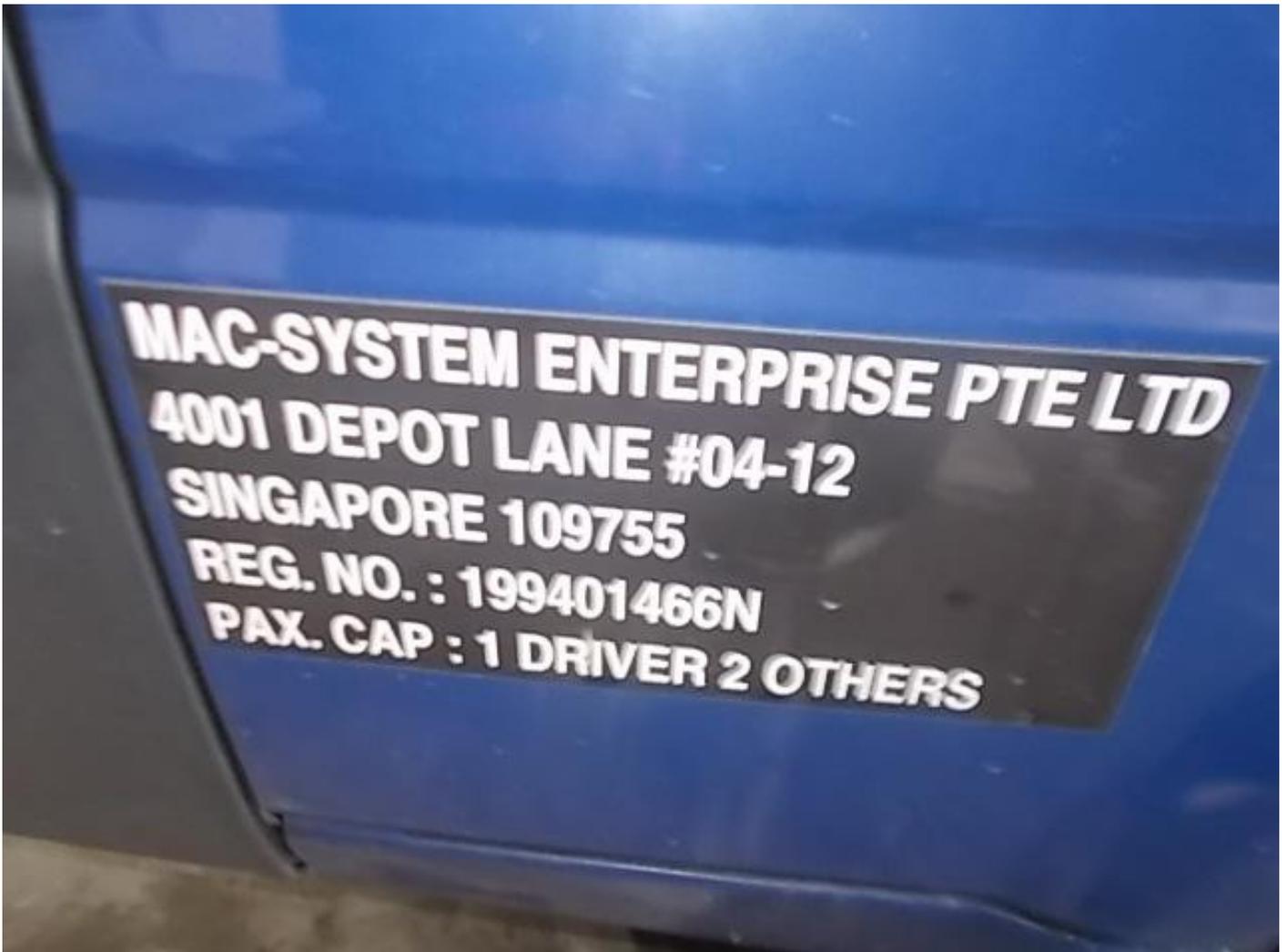
Date: 04/04/2019 Time: 1826hrs

S/D Ref: 110

Police Post/Unit : Bukit Merah West NPC

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

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

Employer:
MAC-SYSTEM ENTERPRISES PTE LTD

Name: **MANVEL SURESH**
Work Permit No: **Q 000007** Sector: **CONSTRUCTION**

4030013



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G2373670K**

Name: **MANVEL SURESH**

DOB: **10 May 1988**
Valid From: **18 May 2016**
Valid To: **10/05/2020**

002450000P




VISIT PASS
Immigration Regulations

Name: **MANVEL SURESH**

IC No: **00070078**

Date of Birth: **10-05-1988** Sex: **M**

Nationality: **INDIAN**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO Surrender this card when it is CANCELLED or has EXPIRED. A new card is issued to you.

00070078



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

EFFECTIVE DATE

Class 20: Motorcycles up to 250 cc 18 May 2016
Class 3: Motor Cars up to 3000kg with not more than 7 passengers, exclusive of the driver, and other motor vehicles up to 2500kg 18 May 2016

787 120A



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No.: M400017731

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA19040688 Vehicle Registration No: GBE 1940E
Name (as shown in NRIC) : Maximilien Suresit NRIC/FIN/Passport No : 9257367K
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96846351
Email Address : _____
Date of Accident : 02/04/2019 Time of Accident : 08:45
Place of Accident : BK 401 DART LAKE COOPER LOT NO. 126
Insurance Company : TUWA ML

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT SHOULD BE 02/04/2019

Policyholder / Driver's Signature
Date:

06/05/2019
Reporting Centre Person's Signature
Name: Poh Hwa
NRIC/FIN No.:
Date:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No: M400017731

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA19040688 Vehicle Registration No: GBE 1940E
Name (as shown in NRIC) : Maximilien Suresit NRIC/FIN/Passport No : 9257367K
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96846351
Email Address : _____
Date of Accident : 02/04/2019 Time of Accident : 08:45
Place of Accident : BK 401 DART LAKE COOPER LOT NO. 126
Insurance Company : TUWA ML

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT SHOULD BE 02/04/2019

Policyholder / Driver's Signature _____
Date: _____

06/05/2019
Reporting Centre Person's Signature
Name: Poh Hwa
NRIC/FIN No.: _____
Date: _____