#### 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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	08/04/2019 14:11
Date Of Accident	05/04/2019 11:15
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT TWDS SCOTT RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKF9429B
Insured/Policyholder	
Name Of Registered Owner	MR KITNASAMY S/O MARUDAPAN
NRIC No	S1203909C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96612331
Alternative Phone No	OFFICE-96612331
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	DMPCSN3024591804
Cover Note Number	-
Driver	
Name of Driver	KALAIVANEE D/O KUPPUSAMY
NRIC No	S1822213B
Date Of Birth	16/09/1967

NRIC No S1822213B

Date Of Birth 16/09/1967

Occupation INDOOR

Date Of Driving Pass 03/10/2011

Driving Experience 7 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92324022

Fax Number
Contact Number

EMail Address NOEMAIL

Address 253 SUNRISE TERRACE

Postcode 805327

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

#### **General Information of the Accident**

Type Of Accident COLLISION - CHANGE/CROSS LANE

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?

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

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#### **Circumstances of Accident**

#### PLEASE REFER TO 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 SMH5875M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver MUHAMMAD HAZWAN BIN HAMZAH SURATTEE

NRIC/Passport Number S8614907I Contact Number 91128712

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

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- 2 Consent under the Personal Data Protection Act (PDPA)

understand, an nowledge, agree and consent that:

- Adv Insured, now workshop and the General Insurer of Association of Singapore "GIA" I may are permitted to collect, use standard and or process my personal data between information set out in this [form] and any other personal information provided by me or processed by my insurer (or liestively the "Personal Information") and disclose and transfer such Personal information to all insurers who have insured retailed in this accident (all insurers) who have insured whicher in this accident (all insurers) who have insured whicher in the resident set the final be collectively referred to as the "Insurers", the resident set were less that indicates a function of Chiparonia and any relevant government agency authority such as the collect, for the purpose in
  - ill prometring, handling shofor dealing with my dalms including the settlement of the dalms and any necessary by extractions matring to the claims:
  - (III) investigating the entitions proving my define:
  - All particles out sea on Seeling with my introctions or responding to say enquiries by the
  - (IV) administering my claims (including the mailing of correspondence statements, involves, reports or notices to me, which rould involve disclosure of certain personal data about me to bring about delivery of the same as well at on the spread cover of envelopes/mail packages read/or.
  - (v) complying with applicable, aw in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (c) all Incurers) who have incured vehicle(s) involved in this accident and the Incurers' lawyers/law firms, may/erepermitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Fersonal information may/can be disclosed by any of the insurers and/or disk to their third party service providers or a penticipation of their hydren from from a may be tited outside of Singapore. For one or more of the above Purposes.
- by Parising Antomatics, will also be collected and specify complete the loss matters for the compose of first ordered to miserograph and management in present those of forces habits.
- Hall of procedure of interpretation (a) of above mey be marked in displace.
  - to all insurance and/or any other third parties that exeldeting, investigating, controlling or metaging have regulated, in wants resement and government agencies as reasonably required for the curposes stated, in

(f) for completing with regularments under any regulations, laws or court orders.

Podcyholder's Signature

Date & Time:

Driver's Signisture

(If driver is not the policyholder)

Date & Time:

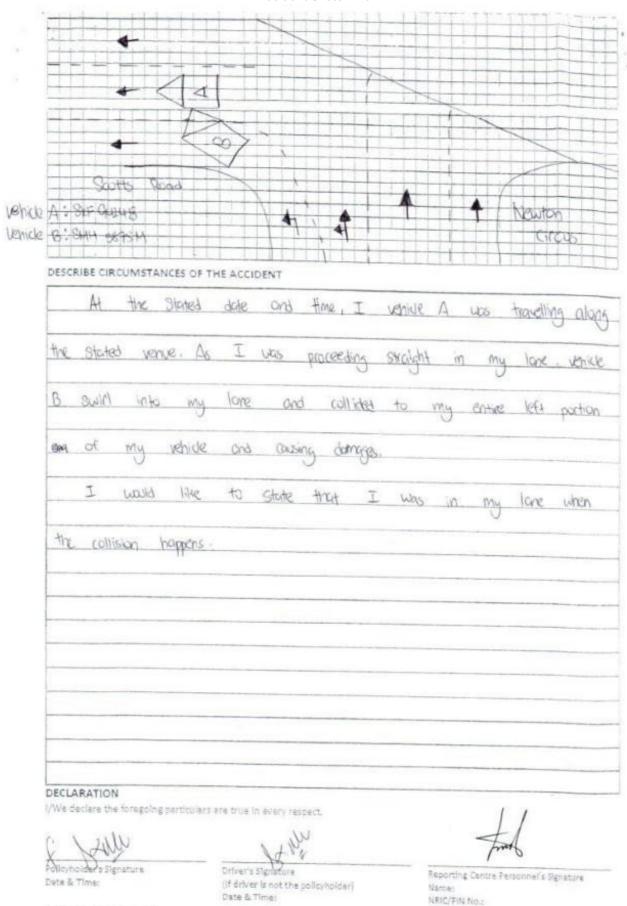
Reporting Centre Personner's Minsture

Name:

NRIC/FIN No.:

SARIAS SIND DEMONSTRATE VE

#### **Accident Sketch Plan**



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#### **DRIVING DOC**

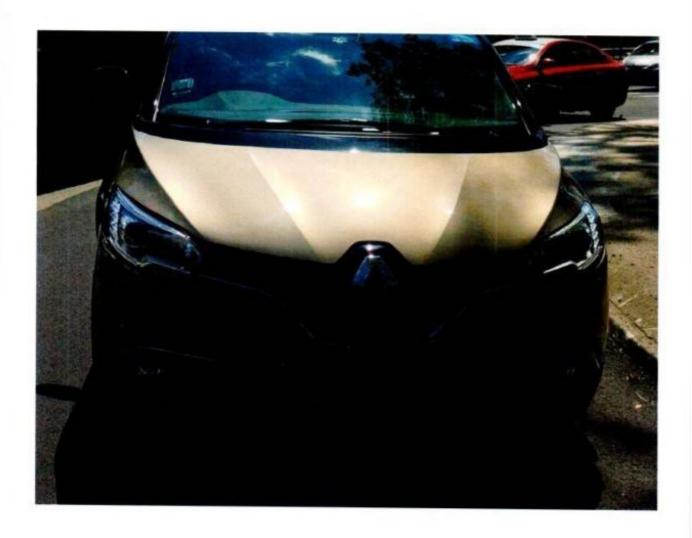




#### **DRIVING DOC**



# **SCENE PHOTO**



# **SCENE PHOTO**

























