

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	16/04/2019 10:43
Date Of Accident	15/04/2019 10:45
Exact Location Of Accident	PIE TOWARD CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD8097M
Insured/Policyholder	
Name Of Registered Owner	TRISAAI ENGINEERING PTE. LTD
Co Reg No	201410762R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81827275
Alternative Phone No	OFFICE-98806539

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FV51JJD4RDEA
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	NO
Policy Number	VCA/P2103083
Cover Note Number	

Driver

Name of Driver	SIVASAMY KARUPPAIYA
Passport No/FIN	G7249109U
Date Of Birth	10/04/1979
Occupation	OUTDOOR
Date Of Driving Pass	29/12/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84059319
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	25 KAKI BUKIT ROAD 4 #07-65 SYNERGY @ KB SINGAPORE
Postcode	417800
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	CHAIN COLLISION
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	3
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 15/04/2019 AROUND 1045 AM, I WAS DRIVING MY VEHICLE XD8097M ALONG PIE TOWARDS CHANGI. I WAS DRIVING INSIDE LANE 3. SUDDENLY FRONT VEHICLE GBC1396L STOP WITHOUT NOTICE AND I APPLY MY BRAKE IMMEDIATELY. I FELT THERE IS AN IMPACT FROM FRONT. I WENT DOWN AND FOUND MY FRONT VEHICLE PORTION DAMAGE. I ALSO FOUND MY FRONT VEHICLE GBC1396L HIT ON ANOTHER VEHICLE, YN768Z. THE ACCIDENT HAPPEN AFTER STEVEN ROAD EXIT.

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	GBC1396L
Vehicle Make/Model/Colour	TOYOTA / BLUE
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	SATHASIVAM SIVASUNDARAM
NRIC/Passport Number	G2344729R
Contact Number	93705992
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN768Z
Vehicle Make/Model/Colour	ISUZU / WHITE
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	CHAI POH FATT
NRIC/Passport Number	F8039783Q
Contact Number	98312098
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

Sketch Plan Pg. 1

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

PIE

VEH A: XD 8097M
VEH B: GBC 1396 L
VEH C: YN 768 Z



3

2

1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/4/19 around 1045, I was driving my vehicle XD8097M along PIE towards CHANGI. I was driving inside lane 3. Suddenly front vehicle, GBC 1396 L stop without notice and I apply my brake - immediately. I felt there is an impact from front. I went down and found my front ^{vehicle} portion damage. I also found my front vehicle, GBC 1396 L hit on another vehicle C, YN 768 Z. The accident happen after Steven Road exit.

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



Accident Photo



Accident Photo



XD8097M - Front View



XD8097M - Damage Portion



XD8097M - Damage Portion



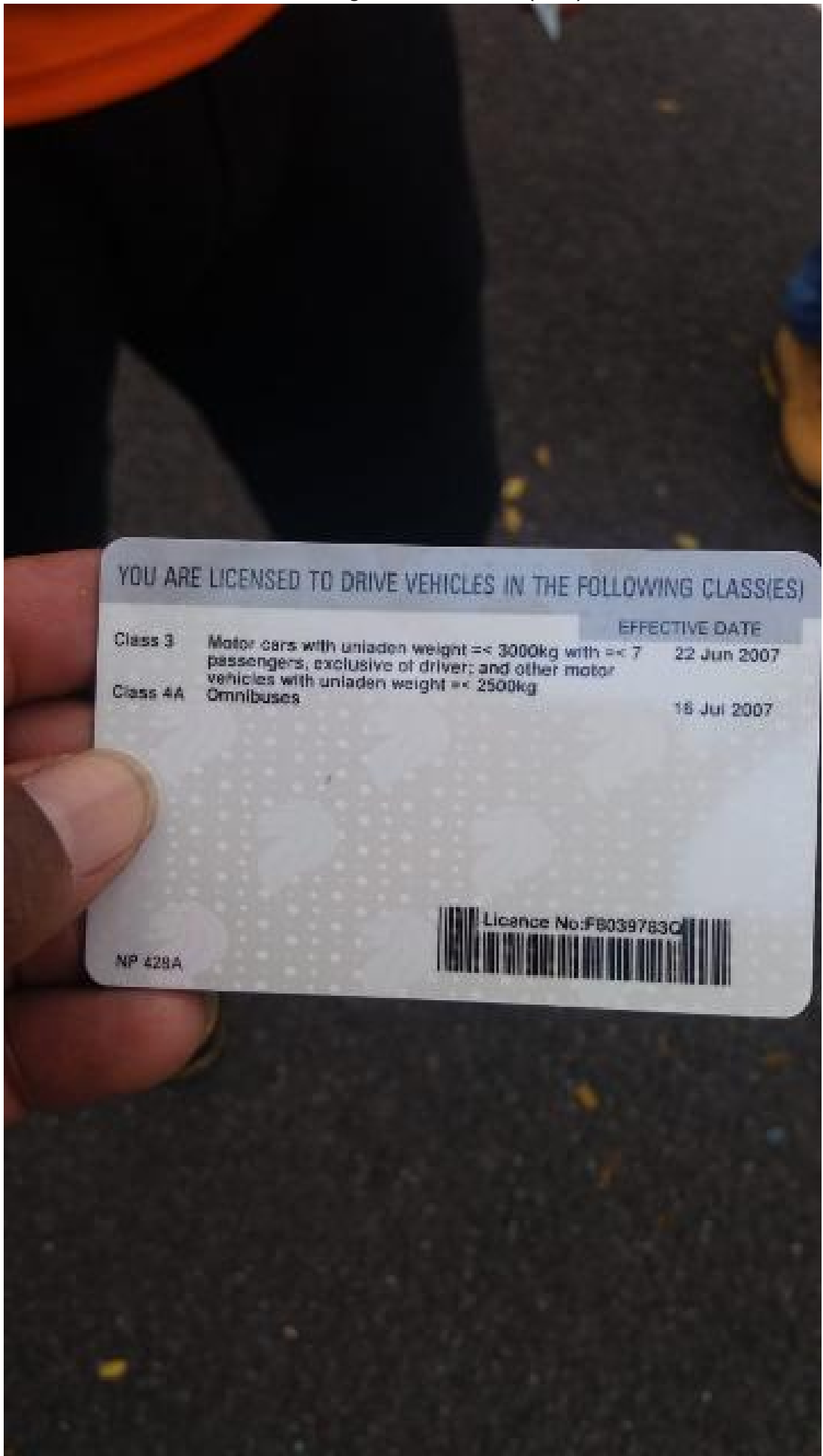
XD8097M - Rear View





Driver Driving License of YN768Z (Front)





Driver Driving License of GBC1396L (Front)



