Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 24/04/2019 20:07

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 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.

ACCIDENT STATEMENT	
Date Of Report	24/04/2019 17:18
Date Of Accident	01/03/2019 18:40
Exact Location Of Accident	ALONG EAST COAST PARKWAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	WC4358D
Insured/Policyholder	
Name Of Registered Owner	TSS CONSTRUCTION AND TRANSPORT PTE LTD
Co Reg No	201409501H
Email Address	TSSSELVAM1@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-87009661
Vehicle Particulars	
Manufacturer	ISUZU
Model	CYH52S-15.7 D (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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1977681
Cover Note Number	
Driver	
Name of Driver	KRISHNAMOORTHY CHOLARAJAN
Passport No/FIN	G7982645L
Date Of Birth	30/07/1984
Occupation	INDOOR
Date Of Driving Pass	12/07/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98878659
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	C/O 75 WHAMPOA DRIVE #15-364
Postcode	320075
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	NO 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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	YES
If Yes,Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 11 KAMPONG KAPOR ROAD , **POSTCODE:** 208678 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2949999 - **FAX NO**: 63918583
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

SKETCH PLAN

IMPORTANT NOTICE

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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.

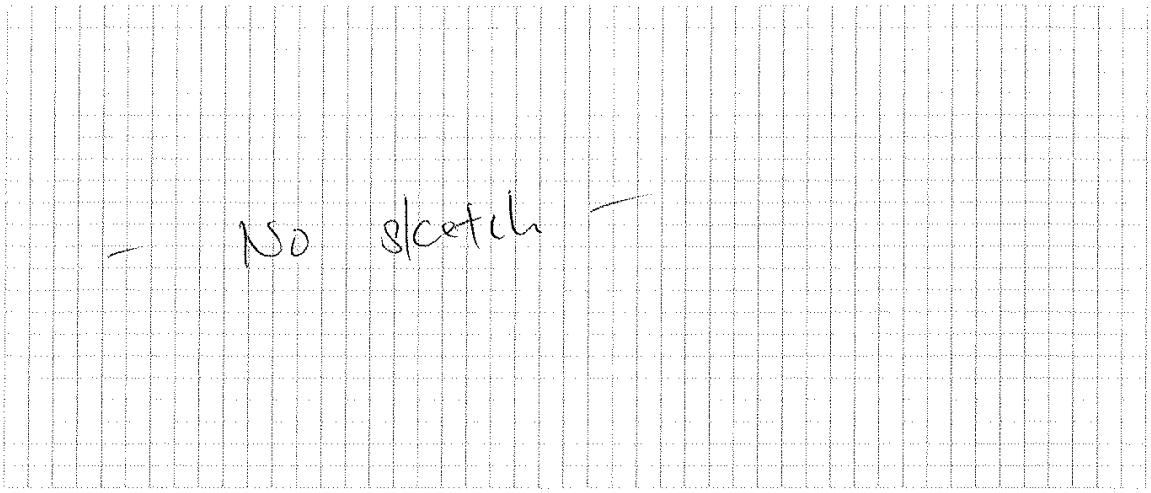
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 24/4/19 12:12	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer Police Report

DECLARATION

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

Selvam 24/4/19 12:12	24/4/19 12:12	
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
Company Chop (if applicable)	Date & Time:	NRIC/FIN No.:

SINGAPORE POLICE FORCE

T/20190326/2195

Report No. T/20190326/2195

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
26/03/2019 21:54		144

Informant's Particulars

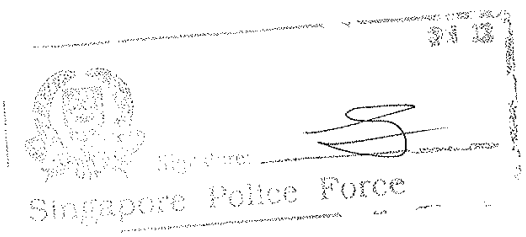
Name of Informant: KRISHNAMOORTHY CHOLARAJAN			Address: APT BLK 3014 UBI ROAD 1 #03-330 SINGAPORE 408702	
ID Type / ID No.: FIN NO / G7982645L			Contact No.: Home/Office: Mobile: 98878659	
Nationality: INDIAN			Email:	
Sex: Male	Age: 34	Date of Birth: 30/07/1984	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: construction worker			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/03/2019 18:40	Type of Location:
Location: Along Road 1 EAST COAST PARKWAY				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
WC4358D	cement mixer				No Damage	1



SINGAPORE POLICE FORCE

T/20190326/2195

Report No. T/20190326/2195

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE 208678
Tel No: 1800-2949999

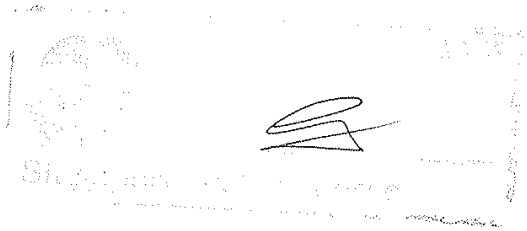
CONTINUATION OF REPORT

Brief Details.

I am lodging this report because I received a letter from Traffic Police regarding Ref: TP/IP/15143/2019 claiming that there is a case of traffic accident involving me and the vehicle I was driving (WC4358D). However, I do not recall being in any accident as this is a shared vehicle owned by my company ~~and many workers drive the same vehicle on the day~~. Also, I checked the vehicle and there is no visible damages and that nobody asked me for my particulars. The letter I received indicated that the accident happened along east coast parkway on 1 March 2019 at 1840hrs. I also cannot recall whether I was even driving this particular vehicle at this time since it was too long ago. I have already contacted the IO Irman Bin Mohamad Said and he advised me to lodge a police report for record purposes.

↳ However, I am the only driver that drove the said vehicle on the said day. on 01/03/2019.

Rochor Neighbourhood Police Centre
11 Kampong Kapor Road
Singapore 208678
Tel: 1800-294 9999



SINGAPORE POLICE FORCE

T/20190326/2195

Report No. T/20190326/2195

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE 208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: A / Insp CALVIN TAY KAI JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/03/2019 21:54
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP168

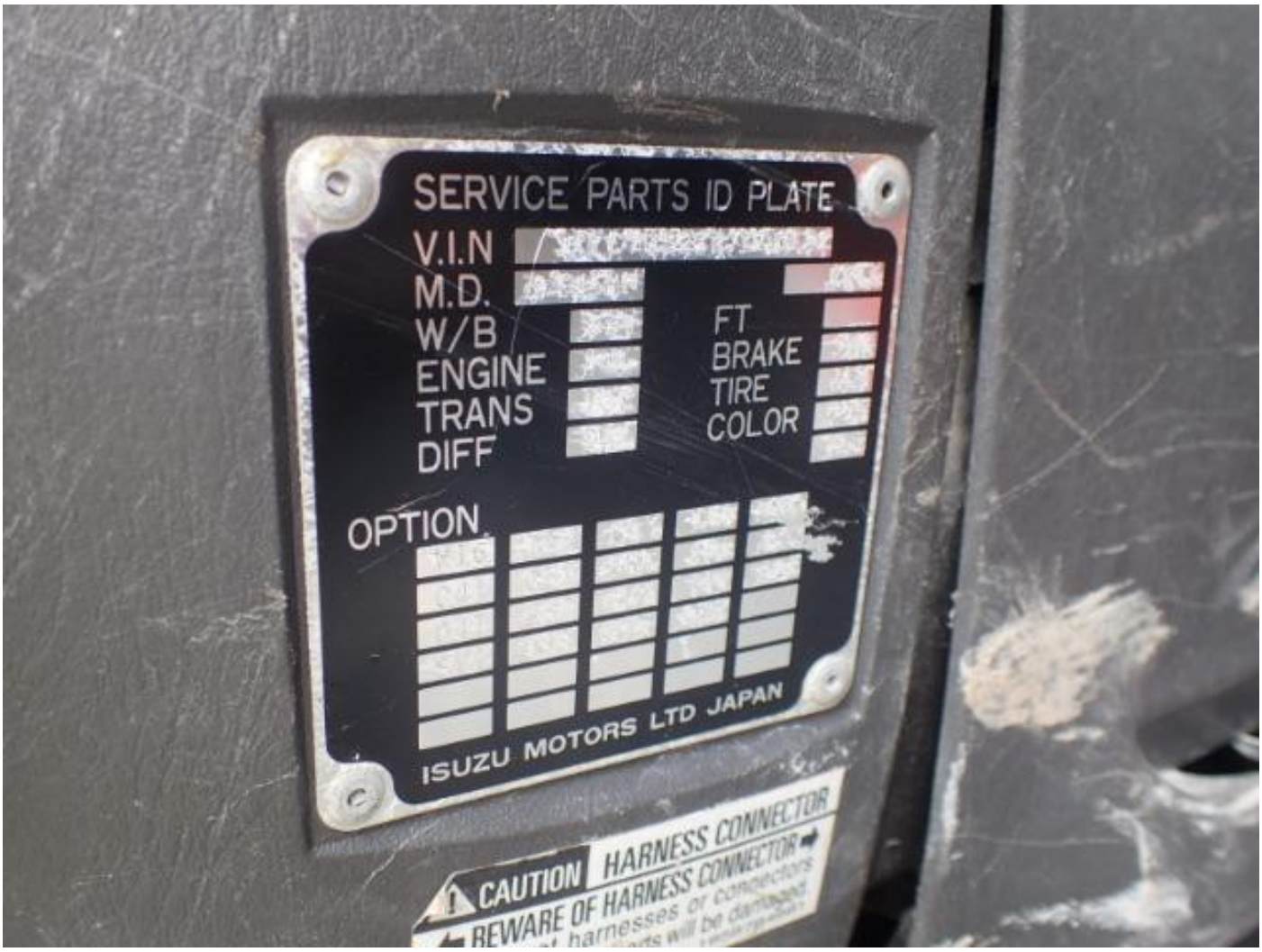
Singapore Police Force

Accident Photo

Accident Photo

Accident Photo

Accident Photo



Accident Photo

Accident Photo

Accident Photo