





### 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 willful 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	26/04/2019 16:58
Date Of Accident	23/04/2019 19:50
Exact Location Of Accident	ALONG AYE TOWARDS CLEMENTI
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB7337Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VENTA ELECTRICAL CONTRACTOR
Co Reg No	309665000C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97372042
Alternative Phone No	OFFICE-98120597

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3000341901
Cover Note Number	

#### Driver

Name of Driver	AYYAMPILLAI ANAND
NRIC No	G6518582U
Date Of Birth	09/02/1983
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97372042
Fax Number	
Contact Number	OTHERS-98120597
Email Address	NOEMAIL

Address -  
 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 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) 2  
 Passenger 1 NAME: : SIVA  
 GENDER: : MALE

#### 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

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMH6488R  
 Vehicle Make/Model/Colour HONDA  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

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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:

*A. Arum*  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

*26/06/2018*  
Reporting Centre Personnel's Signature  
Name: *Bashir*  
NRIC/FIN No.: *9801 123456*

SKETCH PLAN

ALONG SIDE TOWARDS CHAMBER.



A) GBB 7337Z

B) SMH 6488R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned details, I was driving on left lane when vehicle ahead of me braked hence I followed when vehicle B couldn't stop in time & collided into my rear portion.

DECLARATION

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



Policyholder's Signature  
Date & Time:

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

26/04/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**ACCIDENT DATE & LOCATION**

Date & Time of Accident \* Date: 23/4/19 Time: 19:50 (24 hr format)  
 Exact Location of Accident \* Aye tawda Clementi

**INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE**

Vehicle Registration Number \* GBB 73372 Make & Type \*  
 Name of Registered Owner \* VENTA ELECTRICAL CONTRACTOR  
 NRIC / FIN / Passport / Co Regn No. \* 309650006  
 Contact Number \* 9737 2042 Email/Fax No:  
 Exact Purpose for which vehicle was being used at Time of Accident ☐ Private Usage / ☒ Commercial or Company's Usage  
 Are you claiming under your own insurance policy for repair to your vehicle? ☐ Yes / ☒ No If No, Please state action to be taken  
☒ Third Party Claim (SYH / Other workshop?) / ☐ Reporting Only

**INSURANCE COMPANY (OWN VEHICLE)**

Name of Insurance Company \* China EQ / Etiqa / MSIG / Tokio Marine / Great American  
 Type of Policy \* Comprehensive / Third Party / Third Party Fire & Theft  
 Policy No. (Certificate No.) / Cover Note No. DMCVSV3000541901

**DRIVER**

Name of Driver \* AYYAMPILLAI ANAND Gender \* ☒ Male / ☐ Female  
 NRIC / FIN / Passport Number \* G 65185824  
 Date of Birth \* 9/2/1983 (dd/mm/yyyy)  
 Occupation \* ☐ Indoor / ☒ Outdoor  
 Date of Driving Pass (Pass Date) \* 6/8/2018  
 Contact Number \* 9812 0597  
 Address  
 Email Address / Fax Number \* Email: Fax:

Relationship of the Driver with the Insured \* Owner / ☒ Employee / Spouse / Friend / Others:  
 Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company \*  
 Veh No: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
 Ins Co: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**GENERAL INFORMATION OF THE ACCIDENT**

Type of Collision Chain Collision / Side-Swipe / ☒ Front to Rear / Others:  
 Weather Conditions \* Clear / Raining / Others:  
 Road Surface \* Wet / ☒ Dry / Others:

**OTHER INFORMATION**

Was anybody injured in the accident? \* ☒ No / ☐ Yes (Police Report required)  
 Was any injured conveyed to hospital by ambulance? ☒ No / ☐ Yes  
 Was any foreign vehicle involved in this accident? \* ☒ No / ☐ Yes Veh No: Veh Category:  
 Number of vehicles involved in the accident ( 2 )  
 Was there any witness? ☒ No / ☐ Yes  
 Was any other VEHICLE / Property involve / damage? \* ☐ No / ☒ Yes  
 Was there any video captured by Car Camera? ☒ No / ☐ Yes

**DETAILS OF POLICE ACTION**

Was the Accident Reported to the Police? \* ☒ No / ☒ Yes If Yes, Please state which Police Station

Was Notice of Intended Prosecution given? \* ☒ No / ☐ Yes If Yes, against whom?

Number of Passengers (Including DRIVER)? ( 2 )

Passengers Name: S.a Name:  
 Gender: ☒ Male / ☐ Female Gender: Male / Female

Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / ☒ No

**DETAILS OF OTHER VEHICLE(S) / PROPERTIES**

Vehicle Registration Number *	1) SHH 6488R	2)
Vehicle Make / Model / Colour	Honda	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Insurance Company Name		
<b>DETAILS OF WITNESS</b>		
Name		
Contact No. / Email Address		



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

Employer:  
**VENTA ELECTRICAL PTE. LTD.**



Name:  
**AYYAMPILLAI ANAND**  
Work Permit No: **D 34778094** Sector:  
**CONSTRUCTION**



**K0169395**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Identification Number: **G 6518582U**

Name: **AYYAMPILLAI ANAND**

Date of Birth: **09 Feb 1983**

Issue Date: **06 Aug 2018**

Valid Till: **05/08/2023**



**0028321318**



VISIT PASS  
Immigration Regulations

06-02-2018

Name  
A Y Y A M P I L L A I A N A N D

File  
09518582U

Date of Birth Sex  
09-02-1983 M

Nationality  
INDIAN

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass  
App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	06 Aug 2018
Class 3C	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver.	06 Aug 2018

NP 428A



Licence No: 09518582U

# CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCV2N3000341901

Engine No.: 1KD1905536

Chassis No.: KDY2318003810

1. Index Mark and Registration  
Number of Vehicle

GBB73372

2. Name of Policy Holder

VENTA ELECTRICAL CONTRACTOR

3. Effective date of the Commencement of Insurance for  
the purposes of the Regulations, Ordinance or Enactment

7 JANUARY 2019

EXCESS SECT I ..... S\$500.00  
EX ON WINDSCREEN ..... S\$100.00

4. Date of Expiry of Insurance

6 JANUARY 2020

5. Persons or Classes of Persons entitled to drive \*

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR  
REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A  
COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: \*

- (1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE  
POLICYHOLDER'S BUSINESS.
- (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.  
THE POLICY DOES NOT COVER.
- (1) USE FOR HIRE OR REWARD OR RACING, FACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
- (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify**

that the policy to which this Certificate relates is issued in accordance with the  
provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the  
Road Transport Act, 1987 (Malaysia).

Please see reverse

ITRUST PTE LTD

52 FOCH ROAD

#03-02

SINGAPORE 209274

TEL: 6488 0883 FAX: 6286 0295

EMAIL: itrust@singnet.com.sg

Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory