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	26/04/2019 14:28
Date Of Accident	26/04/2019 12:05
Exact Location Of Accident	LOR 37 GEYLANG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC6439Z
Insured/Policyholder	
Name Of Registered Owner	RENAL CHARTER SERVICES
Co Reg No	53227235L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91857513
Alternative Phone No	OFFICE-91857513
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE 3.0 DX A WHEEL CHAIR LIFER
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094802057-01
Cover Note Number	
Driver	
Name of Driver	KATHIRVEL S/O BALASUBRAMANIAM
NRIC No	S8637569I
Date Of Birth	14/12/1986
Occupation	OUTDOOR
Date Of Driving Pass	15/07/2009
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91857513
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 163B RIVERVALE CRESCENT #03-250
Postcode	542163
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	RAINING
Road Surface	WET

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: : AFANDI 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

ON THE 26.04.2019 AT ABOUT 12:05HR. I WAS TRAVELLING ALONG THE STATED LOCATION. I WAS IN THE MIDDLE LANE OF 3 LANE ROAD. A VEHICLE OF SLV5626D FROM MY RIGHT SIDE TURN OUT FROM SMALL ROAD AND COLLIDE AT MY RIGHT REAR PORTION.

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	SLV5626D
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SWEE HWA
NRIC/Passport Number	S1193007G
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

RENAL CHARTER SERVICES
UEN: 53227235L
Tel: (65) 9185 7513
Email: renal.cs@hotmail.com

Policyholder's Signature
Date & Time:

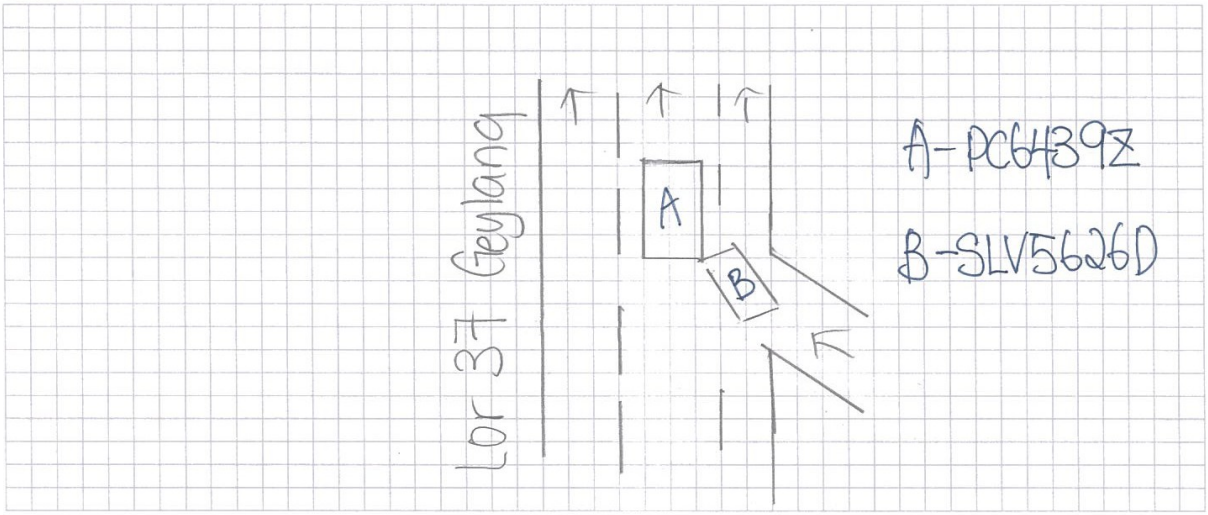
26/04/19 1430

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

Think One Autocare Pte Ltd
18 Defu Lane Avenue 2
Singapore 539522
Tel: 6844 3300 Fax: 6842 4988

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 26.04.2019 at about 12.05hr I was travelling along the stated location. I was in the middle of 3 lane Road. A vehicle of SLV5626D from my right side turn out from small Road and collide at my right rear portion.

DECLARATION

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

RENAL CHARTER SERVICES
UEN: 53227235L
Tel: (65) 9185 7513
Email: renal.cs@hotmail.com

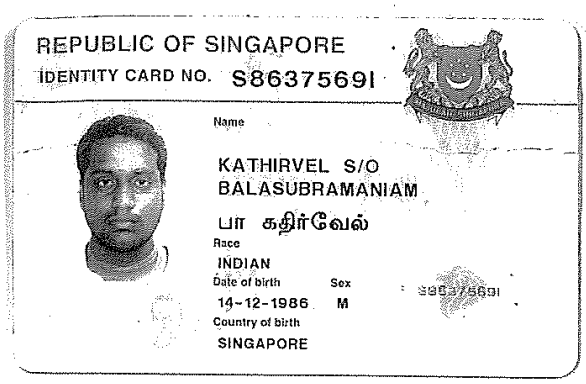
Policyholder's Signature
Date & Time:

26/04/19 1430

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

Think One Autocare Pte Ltd
18 Defu Lane Avenue 2
Singapore 539522
Tel: 6844 3300 Fax: 6842 4988

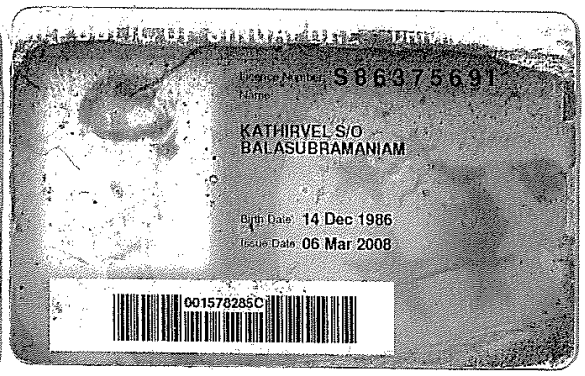
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



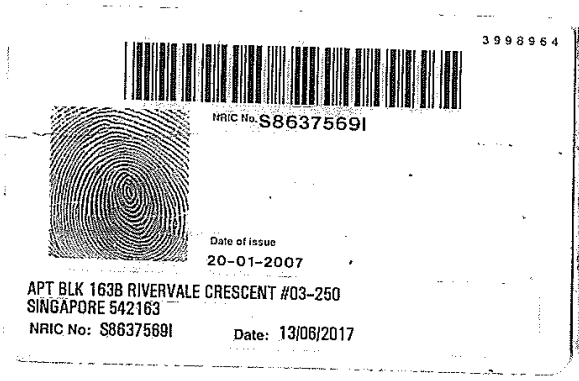
REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8637569I

Name
KATHIRVEL S/O
BALASUBRAMANIAM
பா கதிர்வேல்
Race
INDIAN
Date of birth
14-12-1986
Sex
M
Country of birth
SINGAPORE

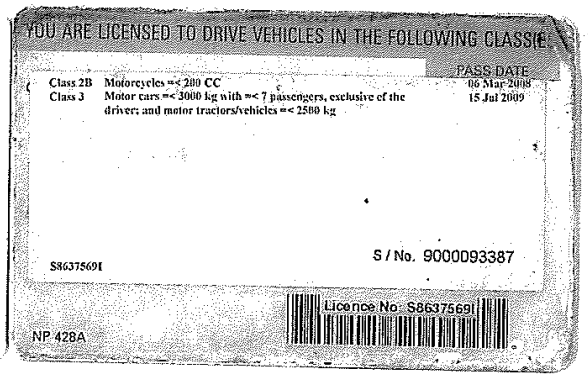
S8637569I



Singapore Number S8637569I
Name
KATHIRVEL S/O
BALASUBRAMANIAM
Birth Date 14 Dec 1986
Issue Date 06 Mar 2008
001578285C



3998964
NRIC No S8637569I
Date of issue
20-01-2007
APT BLK 163B RIVERVALE CRESCENT #03-250
SINGAPORE 542163
NRIC No: S8637569I Date: 13/06/2017



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

		PASS DATE
Class 2B	Motorcycles =< 200 CC	06 Mar 2008
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	15 Jul 2009

S8637569I
S / No. 9000093387
Licence No S8637569I
NP 428A

Accident Photo

Accident Photo

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