

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	28/05/2019 15:21
Date Of Accident	28/05/2019 12:00
Exact Location Of Accident	CLEMENTI AVE 6 - AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9522X
Insured/Policyholder	
Name Of Registered Owner	GM ENGINERRING PTE LTD
Co Reg No	200411998Z
Email Address	ARANARANGU@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62950176

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCG19003697
Cover Note Number	

Driver

Name of Driver	VEERAIYAN ARANGANITHI
Passport No/FIN	G8157527X
Date Of Birth	22/06/1979
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82839726
Fax Number	
Contact Number	
EEmail Address	ARANARANGU@GMAIL.COM

Address	10 KAKI BT RD 2 #03-35 FIRST EAST CTR S417868
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?	
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)	4
Passenger 1	NAME: : PANDI GENDER: : MALE
Passenger 2	NAME: : RAJASEKAR GENDER: : MALE
Passenger 3	NAME: : SATHISH KUMAR 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

refer to attached report

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	SHC6930R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA

Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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.



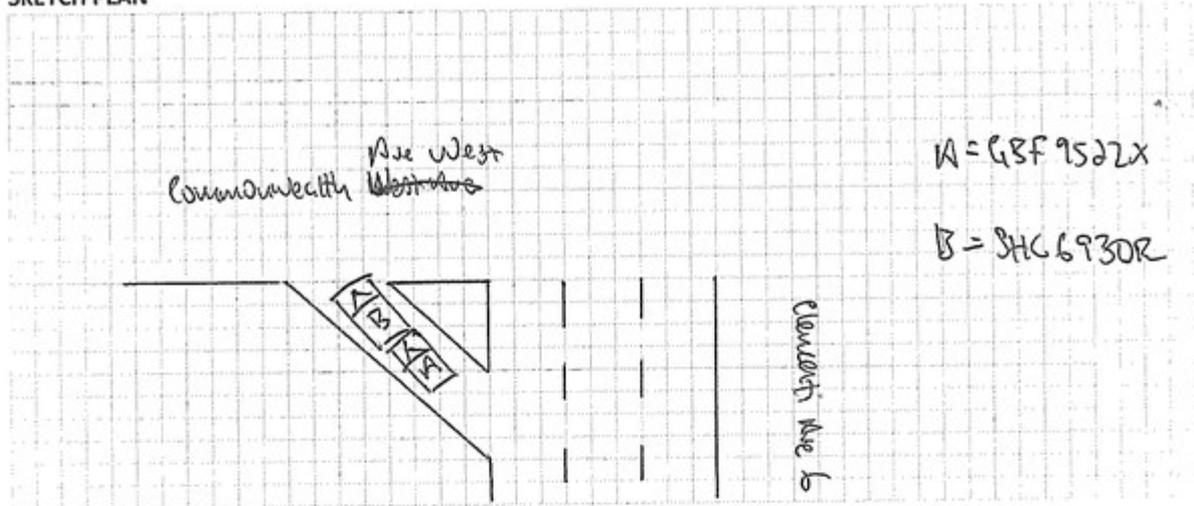
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)



Reporting Centre Personnel's Signature
Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting for the traffic to clear when car B start to
move, I also moved forward. But car B suddenly jammed
brake and I could not stop in time and collided into
the rear of car B

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



Handwritten signature



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

Employer:
GM ENGINEERING PTE. LTD.

Sector: **CONSTRUCTION**

Name:
VEERAIYAN ARANGANITH

Occupation:
CONSTRUCTION WORKER-CUM-DRIVER

Work Permit No. 0 3406038-	Date of Application 11-08-2015
	Date of Issue 12-08-2017
	Date of Expiry 11-08-2019

L8212361



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: **G8157527X**

Name:
VEERAIYAN ARANGANITH

ISS. DATE: **22 Jun 1979**

Exp. Date: **11 Jul 2014**

Valid till: **22 Jul 2019**

002324049D



VISIT PASS
Immigration Regulations

Name:
VEERAIYAN ARANGANITH

Date of Birth 22-06-1979	Sex M	Nationality INDIAN
PN G8157527X	Date of Issue 14-08-2017	Date of Expiry 11-08-2019

MULTIPLE JOURNEY VISA ISSUED

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(S)

Class 3 **Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg** **23 Jul 2009**

NP 428A

002324049D



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/Policy Number	: DMSG19003697		
Vehicle Registration Number	: GBF9522X		
Cover Type	: Comprehensive		
Policy Type	: Commercial Vehicle (Pte Use)		
Name of Policyholder/Insured	: GM ENGINEERING PTE LTD		
Commencement Date of Insurance	: 05/05/2019		
Expiry Date of Insurance	: 04/05/2020		
Excess	: EXCESS: (SECTION I).....	S\$	500.00
	EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)..	S\$	100.00
	YOUNG&INEXP DRIVERS(SECTION I)	S\$	2,500.00
Finance Company/Hire Purchase Owner	: HITACHI CAPITAL ASIA PACIFIC PTE. LTD.		

***Persons or Classes of Persons entitled to drive:**

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

*** Limitations as to Use:**

- 1) Use in connection with the Policyholder's business
- 2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- 3) Use for social domestic and pleasure purposes

This Policy does not cover :

- 1) Use for hire or reward, racing, pace-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 (*).

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)

For and on behalf of ERGO Insurance Pte. Ltd.
 Approved Insurer

Authorized Signature

A100003	CAR INSURANCE AGENCY PTE LTD	Contact Number: 63863322
Vehicle Chassis Number : KDH2010195816, Vehicle Engine Number : 1KD2610735		CP1, 08/04/2019 11:41

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

