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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	29/05/2019 17:20
Date Of Accident	28/05/2019 19:30
Exact Location Of Accident	JALAN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GY7684R
Insured/Policyholder	
Name Of Registered Owner	VAC-TECH ENGINEERING PTE LTD
Co Reg No	199504107W
Email Address	MAHENDRAN@VAC-TECH.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62689270
Vehicle Particulars	
Manufacturer	NISSAN
Model	P/UP D/CAB-2.7 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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MOMVC000007055-01-000
Cover Note Number	
Driver	
Name of Driver	UTHIRAPATHY MAHENDRAN

G7216072Q Passport No/FIN Date Of Birth 27/05/1975 Occupation **OUTDOOR Date Of Driving Pass** 24/04/2002

Driving Experience 17 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91338412

Fax Number Contact Number

EMail Address NOEMAIL Address SINGAPORE

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 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 1

Number of Passengers (Including Driver)

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 28/05/2019 at 1930Hrs I was at the junction of Jln Ahmad Ibrahim and Jln Boon Lay waiting to turn right to Jln Boon Lay. Ahead of me was vehicle B(SJY5702A). When the traffic light turned green, both our cars moved off. Unfortunately the front of my vehicle slightly touched the rear of vehicle B. At first I was unsure if there was even contact but I got off my vehicle just to be sure. I observed that there were no dents or scratches on the rear of vehicle B. I took pictures just in case and I exchanged contact numbers with the driver of vehicle B. This afternoon, the driver of vehicle B informed me that her bumper is damaged and sent me a picture of the damage. I did not notice this damage last night.

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 SJY5702A

Vehicle Make/Model/Colour

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

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 interested parties.
- 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:
 - 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:
 - 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.

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Policyholder's Signature Date & Time Do

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

CLAIMS

NRIC/FIN No.:

I am fully aware that my insurer may have a 14-day period for me to decide on filing an Own Damage Claim.

1745 hrs

Reporting Centre Personnel's Signature

Name

NRIC/FIN No .:

Driver's Signature

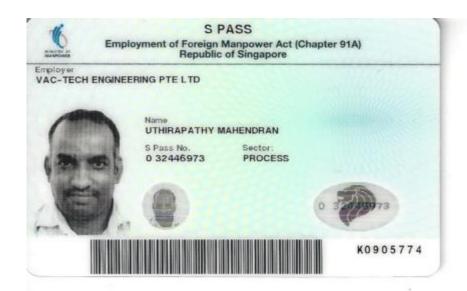
Date & Time:

(If driver is not the policyholder)

Policyholder's Signature

Date & Time:

Driving License





Identification Card

VISIT PASS Immigration Regulations

26-10-2018

UTHIRAPATHY MAHENDRAN



G7216072Q

INDIAN

Date of Birth 27-05-1975

Nationality

Download SGWorkPass App to check status



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(ES)

EFFECTIVE DATE

Class 3

24 Apr 2002

Class 4

13 Dec 2016

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg

Licence No:G7216072Q

NP 428A









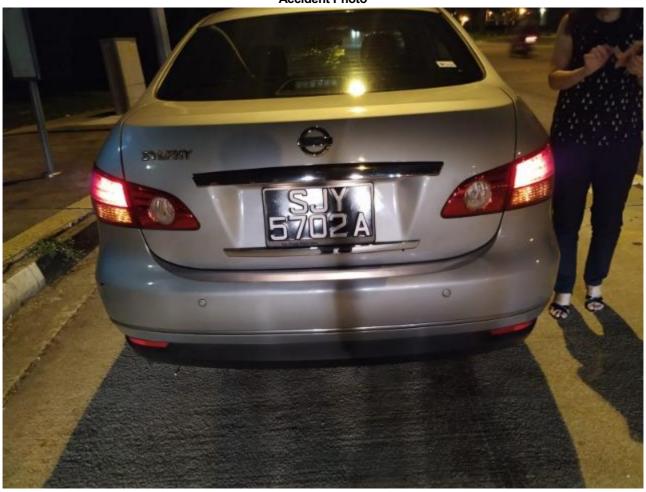
















Accident Photo

