

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	12/06/2019 16:35
Date Of Accident	11/06/2019 10:40
Exact Location Of Accident	EAST COAST PARKWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4400L
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Co Reg No	-
Email Address	JENNY@HALEX.COM.SG
Mobile Phone No	(LOCAL) +65-96147697
Alternative Phone No	OFFICE-96147697

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-19093232MFCV/23
Cover Note Number	

Driver

Name of Driver	SELVARAJ IDHAYARAJA
Passport No/FIN	G2785765K
Date Of Birth	07/05/1986
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2006
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96147697
Fax Number	
Contact Number	OTHERS-96147697
Email Address	JENNY@HALEX.COM.SG

Address	HALEX CONSTRUCTION PTE LTD
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)	1

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLA5159X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DARREN TEO YIAN HUI (DARRAN ZHANG YANHUI)
NRIC/Passport Number	S7632220A
Contact Number	82284334
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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)
Date & Time:

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

12/6/2019

Sketch Plan #2

SKETCH PLAN

East Coast Parkway.

A - GBN4400L

A

A

→

B - SLA5159X

→

B → suddenly stop the

van.

A → try to stop the

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Attached

DECLARATION

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

Policyholder's Signature
Date & Time:



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

[Signature]

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

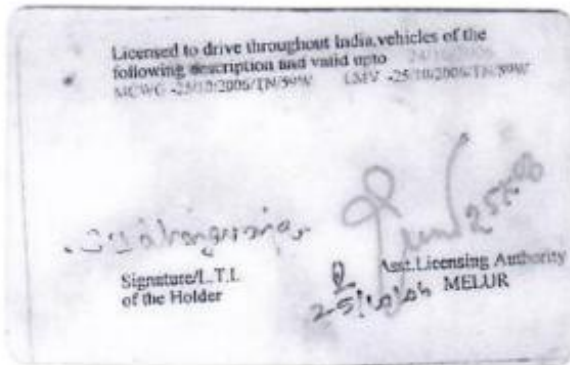
12/6/2019

Summary,

Incident having time 3LA 5159X - Hyundai-V
Car suddenly stop at road (never slow). So,
I try to stop my lorry GSW 0000L but
cannot stop bit a hit front side Hyundai.
After I collect Mr. Darren Geo Yian Hu
(S7632220A) driving license & contact
number. otherwise any people no injuries.
Vehicle A damages was slightly damages at
the front portions.

Signature
SELVARAJ IDHAYARAJA
12/06/2019.

Sketch Plan #4



Sketch Plan #5

FIWPS111Eb_W2 - IPA Work Permit 0 37088110 / 13 MAY 2019

EMPLOYEE'S COPY



SELVARAJ IDHAYARAJA
C/O
HALEX CONSTRUCTION PTE. LTD.
204 HOUGANG STREET 21
#03-105
SINGAPORE 530204

13 May 2019

Your application is approved

உங்கள் விண்ணப்பம் ஏற்றுக்கொள்ளப்பட்டது

Dear SELVARAJ IDHAYARAJA

Your application for a Work Permit has been approved in principle. This letter is proof of this and you can:

- Use it as a visa to enter Singapore.
- Start work on the second day of your arrival.

If you do not enter Singapore by 11 Aug 2019, this approval will expire.

வேலை அனுமதிச்சீட்டுக்கான உங்கள் விண்ணப்பம் கொள்கை அளவில் ஏற்றுக்கொள்ளப்பட்டுள்ளது. அதற்கான சான்றே இந்தக் கடிதமாகும். மேலும், நீங்கள்:

- இதை சிங்கப்பூருக்குள் நுழைவதற்கான ஒரு விசாவாகப் பயன்படுத்த முடியும்
- சிங்கப்பூருக்கு வந்திறங்கிய மறுநாள் வேலையைத் தொடங்க முடியும்

நீங்கள் சிங்கப்பூருக்குள் 11 Aug 2019 -க்குள் நுழையவில்லை எனில், இந்த அனுமதி காலாவதியாகிவிடும்.

Yours sincerely

Penny Han (Mrs)
Controller of Work Passes

NAME OF FOREIGN WORKER
SELVARAJ IDHAYARAJA
WORK PERMIT NO.
0 37088110

Before you leave home
நீங்கள் தாய்நாட்டிலிருந்து
புறப்படுவதற்கு முன்னர்

Check your employment details on
page 2.

பக்கம் 2-இல், ஈழங்கப்பட்டுள்ள
உங்கள் வேலைவாய்ப்பு
விவரங்களைச் சரிபார்க்கவும்.

Within 14 days of your arrival
நீங்கள் வந்துசேர்ந்த 14
நாட்களுக்குள்

The steps to receive your Work
Permit card must be completed.

உங்களின் அசல் கல்வித்
சான்றிதழ்கள் அல்லது
திறன்களின் சான்றிதழ்கள்
அனைத்தையும் கொண்டு
வாருங்கள்

▲ IMPORTANT

Make sure this approval is still valid using www.mom.gov.sg > search for 'validity check' > click 'Work Permit Validity Check via Work Permit Online (Non-login)'.

இந்த ஒப்புதல் இன்னமும் செல்லுபடியாகிறதா என்பதை அறிய, www.mom.gov.sg > என்ற இணையதளத்தில் 'validity check' என்பதைத் தேடிக்கண்டறிந்து, 'Work Permit Validity Check via Work Permit Online (Non-login)' என்பதைக் கிளிக் செய்யவும்.

Ministry of Manpower Work Pass Division

Web: <http://www.mom.gov.sg>

Contact Us: <http://www.mom.gov.sg/contact>

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Sketch Plan #6

FWPS111Eb_W2 - IPA Work Permit 0 37088110 / 13 MAY 2019

EMPLOYEE'S COPY



SB Transmission Ref No 8976867

Check your employment details

If you find a problem, please contact your employer or employment agent.

உங்களுடைய வேலைவாய்ப்பு விவரங்களைச் சரிபார்க்கவும்

நீங்கள் ஒரு பிரச்சனையைக் கண்டறிந்தால், உங்களுடைய முதலாளியை அல்லது வேலைவாய்ப்பு நிறுவனத்தைத் தொடர்புகொள்ளுங்கள்.

YOUR NAME உங்கள் பெயர் SEI, VARAJ IDHAYARAJA PASSPORT NUMBER பாஸ்போர்ட் எண் N4466725 NAME OF EMPLOYER (முதலாளியின் பெயர்) HALEX CONSTRUCTION PTE. LTD. BASIC MONTHLY SALARY அடிப்படை மாத சம்பளம் S\$ 595 MONTHLY HOUSING, AMENITIES AND SERVICES DEDUCTIONS மாதந்திரக் குடியிருப்பு வசதிகள் மற்றும் சேவைகளுக்கான பிடித்தங்கள் S\$ 0 HOUSING PROVIDED வீட்டுவசதி வழங்கப்பட்டுள்ளது YES	DATE OF BIRTH / SEX பிறந்த தேதி / பாலினம் 07 MAY 1986 / MALE WORK PERMIT NUMBER / FIN வேலை அனுமதி எண் / FIN 0 37088110 / G2785765K INDUSTRY தொழில்துறை RECLAMATION FIXED MONTHLY ALLOWANCES தொடர்ச்சியான மாதந்திர ரூபியல்கள் S\$ 0 MONTHLY DEDUCTION FOR OTHERS பிற மாதந்திரப் பிடித்தங்கள் S\$ 0 SPORE EMPLOYMENT AGENCY (EA) சிங்கப்பூர் வேலைவாய்ப்பு முகவர் N.A.	NATIONALITY தேசிய இனம் INDIAN DATE OF APPLICATION விண்ணப்ப தேதி 13 MAY 2019 OCCUPATION தொழில் RECLAMATION WORKER FIXED MONTHLY SALARY தொடர்ச்சியான மாதச் சம்பளம் S\$ 595 MONTHLY SALARY AFTER TAKING INTO ACCOUNT FIXED MONTHLY ALLOWANCES AND DEDUCTIONS தொடர்ச்சியான மாதந்திர ரூபியல் மற்றும் பிடித்தங்களைக் கணக்கில் எடுத்துக் கொண்ட பிறகுள்ள மாதச் சம்பளம் S\$ 595 AGENCY FEE TO BE PAID TO SPORE EA (EXCLUDE FEES FOR OVERSEAS EXPENSES) சிங்கப்பூர் வேலைவாய்ப்பு முகவருக்கான ஏஜன்சி கட்டணம் (ஐசியரால் செலுத்தப்படும் (பெய்ரிடாடு செலவுகளுக்கான கட்டணங்கள் நீங்கலாக) N.A.
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IMPORTANT

Get a copy of your employment contract. It should state your job scope, working days and hours, basic monthly salary and terms such as deductions and leave entitlements.

உங்கள் வேலைவாய்ப்பு ஒப்பந்தத்தின் நகல் ஒன்றைப் பெற்றுக்கொள்ளுங்கள். அதில் உங்கள் வேலையின் வரையறை, வேலைநாட்கள் மற்றும் மணிநேரங்கள், அடிப்படை மாதந்திர ஊதியம் மற்றும் கழிப்பத்தொகைகள் மற்றும் விடுமுறைக்கான உரிமைகள் போன்ற நிபந்தனைகள் குறிப்பிடப்பட்டிருக்க வேண்டும்.

Do not pay any fees for the \$5000 security bond, levy, work permit application or renewal or cancellation, medical insurance or examinations, training courses and the cost of your journey home. These fees are to be paid by your employer.

\$5000 பிணைப் பத்திரம், தீர்வை, வேலை அனுமதிச்சீட்டு விண்ணப்பம் அல்லது புதுப்பித்தல் அல்லது இரத்து, மருத்துவக் காப்பீடு அல்லது பரிசோதனைகள், பயிற்சி வகுப்புகள் மற்றும் நீங்கள் தாய்நாட்டிற்குச் செல்வதற்கான பயணக் கட்டணம் ஆகியவற்றுக்காக நீங்கள் எந்தக் கட்டணங்களையும் செலுத்த வேண்டாம். இவ்வுகட்டணங்கள் உங்களுடைய முதலாளியின் பொறுப்பில் செலுத்தப்பட வேண்டும்.

Ministry of Manpower Work Pass Division

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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Accident Photo



Accident Photo

