

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	18/06/2019 17:06
Date Of Accident	17/06/2019 13:40
Exact Location Of Accident	91 DEFU LANE 10(MANDARIN STORAGE HUB CARPARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV5249J
Insured/Policyholder	
Name Of Registered Owner	CARING DE SERVICES
Co Reg No	53373420K
Email Address	ERICLIAN85@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92394423
Alternative Phone No	OFFICE-92394423

Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2018-00000548
Cover Note Number	

Driver

Name of Driver	LIAN WEISHUN
NRIC No	S8511974E
Date Of Birth	18/04/1985
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2006
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92394423
Fax Number	
Contact Number	
Email Address	ERICLIAN85@HOTMAIL.COM

Address	BLK 226B SUMANG LANE #13-224
Postcode	822226
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	0

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	GBA3648H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHAKKARAYARTHY SUNDARARAJU
NRIC/Passport Number	
Contact Number	90233940
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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;



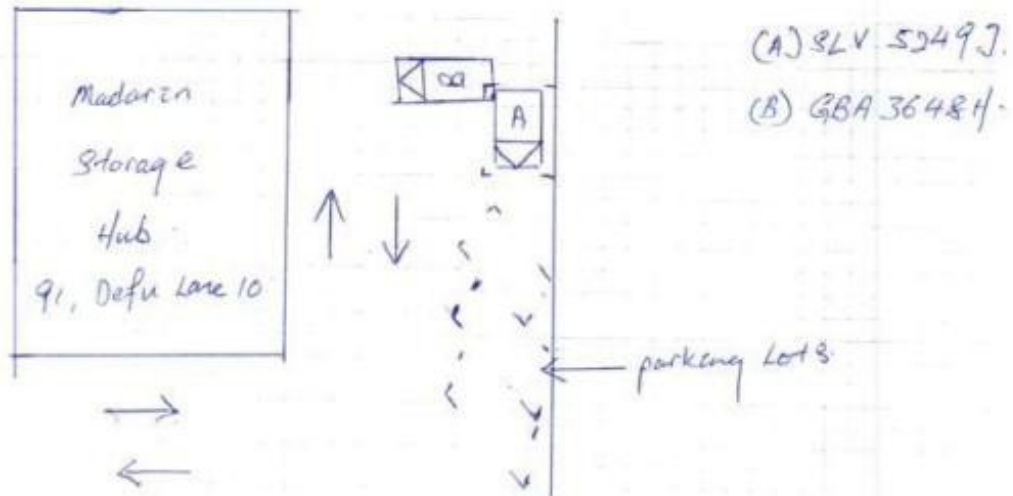
Policyholder's Signature
Date & Time:

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

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

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/06/19 at @0930hrs, I parked my vehicle (9LV 5249J) in the open carpark lot in 91, Defu Lane 10, (Madarin Storage Hub) and went to my office. At @1400 hrs, when I come back to pick up my car, I discovered damaged on my vehicle right rear side. I then went to the guard house to ask for the CCTV video footage. From the footage, at @1337hrs, a van (GBA 3648H) making a 3 point turn had collided onto my car. The security guard then told me that the van belong to one of the tenant in Madarin Storage Hub. The guard then bring me to the van's company to look for the boss. The boss then called the driver back to the office and wrote a note admitting that he has collided onto my car and agreed to report to insurance for claim.

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:

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHAKKARAVARTHY S6862082A.

SUNDARARAJU

BLK 18 HOUGANG AVE # 3

D.O.B 30/7/1968

04-179

INDIA (P.R) MALE.

S (S30018)

MISS DAVE.

HP 90233940

COMPANY NAME

CLEAN

6396616

CNTUC ~~###~~ INCOME) GBA 3648H.

SYSTEM

TECHNOLOGY

I, Sundararaju Chakkaravarty - S6862082A,
 GBA3648H COMPANY VAN FM (CLEAN SYSTEM TECHNOLOGY) 8-
 accidentally hit SLX 52493 at 1:37pm on 17/6/2019.

at Mandarin Orange Place. I will contact my
 insurer to handle the repair matters.

17-06-2019

REPUBLIC OF SINGAPORE

DRIVING LICENCE

38511974E

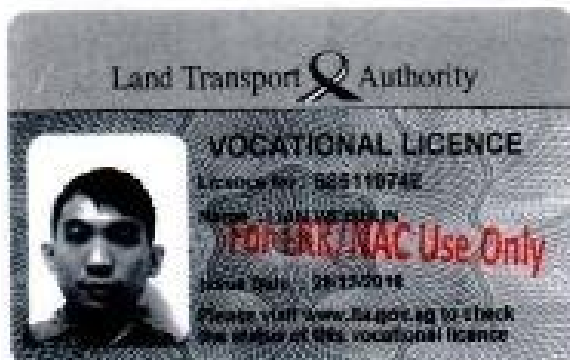
LEAH WEISHUN

Valid Until: 18 Apr 1995

Issue Date: 05-Oct-1988

0518843828

For LKK



H/P: 9239 4423.

erectoris @ gmail.com



Type	Description	Issue Date
02	TAXI VL	28/12/2016
01	BUS VL	01/07/2008
04	BUS ATTENDANT	01/07/2008

For LKK/NAC Use Only



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500209 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119079568 Vehicle Registration No: SLV5249J
Name (as shown in NRIC) : LIAN WEISHUN NRIC/FIN/Passport No : S8511974E
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 226B SUMANG LANE #13-224 Singapore (822226)
Contact (Tel) : _____ Mobile No. : 92394423
Email Address : _____
Date of Accident : 17/06/19 Time of Accident : 13:40
Place of Accident : 91 DEFU LANE 10 (MANDARIN STORAGE HUB C/PARK)
Insurance Company : FWD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND REGISTERED OWNER NAME

Policyholder / Driver's Signature
Date:

sfy 19/06/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: