SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> 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.

aloresalu.			
	ACCIDENT STATEMENT		
Date Of Report	09/07/2019 16:47		
Date Of Accident	08/07/2019 10:45		
Exact Location Of Accident	7 GAMBAS CRESCENT AT LEVEL 1		
Country/State of Loss	SINGAPORE		
D	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBA2563A		
Insured/Policyholder			
Name Of Registered Owner	MG PAINTING SERVICES PTE LTD		
Co Reg No	201211600M		
Email Address	INFO@MGPAINTSANDTRADING.COM		
Mobile Phone No			
Alternative Phone No	OFFICE-68750249		
Vehicle Particulars			
Manufacturer	TOYOTA		
Model	DYNA 150 MANUAL		
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE		
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.		
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT		
Fleet Policy	NO		
Policy Number	DMCVSN3048181800		
Cover Note Number	02/08/18 - 01/08/19		
Driver			
Name of Driver	KATHIRVEL SUDHAKAR		
NRIC No	G6773872T		
Date Of Birth	17/04/1989		
Occupation	OUTDOOR		
Date Of Driving Pass	01/02/2018		
Driving Experience	1 YEAR AND 5 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-87801521		
Fax Number			
Contact Number			

NOEMAIL

Address C/O 7 GAMBAS CRESCENT #01-08 ARK@GAMBAS

Postcode 757087

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 - MAJOR/MINOR RD

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?

YES

Was any other material or property damaged?

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

REFER TO ATTACH.

Attachment(s)

Are accident photos available for attachment?

YES NO

Was there any video captured by Car Camera?

. . .

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD6594Y

Vehicle Make/Model/Colour BLUE COMFORT

Details Of Properties

Vehicle Category TAXI

Name of Driver NAH WHEE TIONG

NRIC/Passport Number S7144760Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 12

Sketch Plan

SKETCH PLAN

VEHICLE NO .: GBA 2563 A
INSURER : China
DATE & TIME: 08/7/19 @ 10-45an

IMPORTANT NOTICE

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- The 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.
- 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.

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.:

Page 3 of 12

Sketch Plan #2

SKETCH PLAN				
7 Gambas				
Crescont at			K= 6	8A>563A
Level 1				10 65944
Lavel				
			Blue	Comfort tax
			Nah	Whee Tiona
				447602
	(B) ← -		3-11	74-7-7-6
	AA Office			
	office			
DESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT	г		
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			1200	
grazad muto	the left	year of	the earl	taxi.
J		d d		
		-		
	52000			
VENEZIA PARAMANIA PARAMANIA				
Note : Please note th	at your insurer may have	ve 14days Time Fram	e for you to submit a	an Own Damage Claim
	n comprehensive policy	 Please check with y 	our policy for more	nformation.
DECLARATION	particulars are true in eve	ev enemact		1
CERVICES	particulars are dide in eve	ny respect.		1/1/4
S CON NO. NO.	0			12 09/7/11
Z 5012/160x 5	K.Col	Je aus	Demanding Com	An Darennay's Signature
Policyholder Signature Date & Time:	Driver's Signa (If driver is no	ture t the policyholder)	Reporting Cent Name:	fe Personnel's Signature (YS)
	Date & Time:		NRIC/FIN No.:	S-15/
SIARMC SketchPlan+nim_VS	() Claim Own Policy () Claim OD/TP at other	() Claim Third Party workshop ((√) Reporting Only	2

FWPOL363e - Notification Letter - Issue (Reporting)



01 Jul 2019

KATHIRVEL SUDHAKAR
MG PAINTING SERVICES (PTE. U
7 GAMBAS CRESCENT
#01-08 ARK@GAMBAS
SINGAPORE 757087



Card Registration Completed:
Please show your emblayer this letter.
We will deliver your gets to the purhoused recipiont(s) 4 to 5 working days later.
They will get the delivery details via SMS the day before.



FP: 0 /9/2019

035135596210519

Izza

09.07.19

For Immigration Use (To clear by FIN)

You need to make an appointment for Card Registration

Dear KATHIRVEL SUDHAKAR

We have received a request to issue your work permit on 01 Jul 2019. Now you need to come to the MOM Services Centre – Hall C by **08 Jul 2019** for card registration.

Please go to https://services.mom.gov.sg/appointment to make an appointment for Work Pass Card Registration. At registration, we will check your documents (listed on page 2), register your fingerprints and take your photograph. We can only deliver your work permit card to the authorised recipient(s) 4 working days after you have successfully registered. An SMS / email with the delivery details will be sent to your authorised recipient(s) at least 1 working day before the delivery.

This Notification Letter allows you to work and stay in Singapore until you get your card. It is valid from 01 Jul 2019 till 31 Jul 2019.

Yours sincerely

Mdm Chow Choon Yen for Controller of Work Passes

KATHIRVEL SUDHAKAR

FIN

G6773872T

WORK PERMIT NO

0 35135596

DATE OF APPLICATION

21 May 2019

01 JUL 2019

WORK PERMIT EXPRIS DATE

06 Jun 2021

DATE OF BIRTH

17 Apr 1989 -

11 Whi 130:

MALE .

NATIONALITY

INDIAN '

TRAVEL DOCUMENT NO

S3819395 ·

TRAVEL DOCUMENT EXPIRY DATE

15 Mar 2028 .

YOUR EMPLOYER'S NAME

MG PAINTING SERVICES (PTE.

LTD.) .

SECTOR

CONSTRUCTION

OCCUPATION

CONSTRUCTION WORKER-CUM-

DRIVER

A IMPORTANT

 If you fail to report to the MOM Services Centre – Hall C for card registration, your work permit may be cancelled.

 You must keep this Notification Letter with you until you get your card. If you need to leave I enter Singapore, you will have to show this letter at the Immigration Checkpoints.

Ministry of Manpower Work Pass Division

V/m http://www.mom.gov.sg

Compact the hetgo//www.morn.gov.sig/contact

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