

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	13/07/2019 11:48
Date Of Accident	16/06/2019 20:55
Exact Location Of Accident	JUNCTION OF DESKER ROAD TOWARDS SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GM3434K
Insured/Policyholder	
Name Of Registered Owner	GIS HEALTHCARE COURIERS PTE LTD
Co Reg No	200306279D
Email Address	AS.ZOOM_MOTORS@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98211739
Alternative Phone No	OFFICE-93365194

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104517067
Cover Note Number	

Driver

Name of Driver	RAMAKRISHNAN SENTHILKUMAR
Passport No/FIN	G5046498P
Date Of Birth	09/07/1982
Occupation	OUTDOOR
Date Of Driving Pass	20/05/2014
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98211739
Fax Number	
Contact Number	OTHERS-93365194
EMail Address	AS.ZOOM_MOTORS@YAHOO.COM.SG

Address	269C QUEEN STREET #07-277
Postcode	183269
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

PLEASE REFER TO SKETCH PLAN

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	SHC848K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	90508388
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

GIS HEALTHCARE COURIERS PTE. LTD
BLK 123 BUKIT MERAH LANE 1
#03-70 SINGAPORE 150123
Email: couriergic@yahoo.com

Policyholder's Signature

Date & Time: 12/07/19
17.00pm.

Driver's Signature

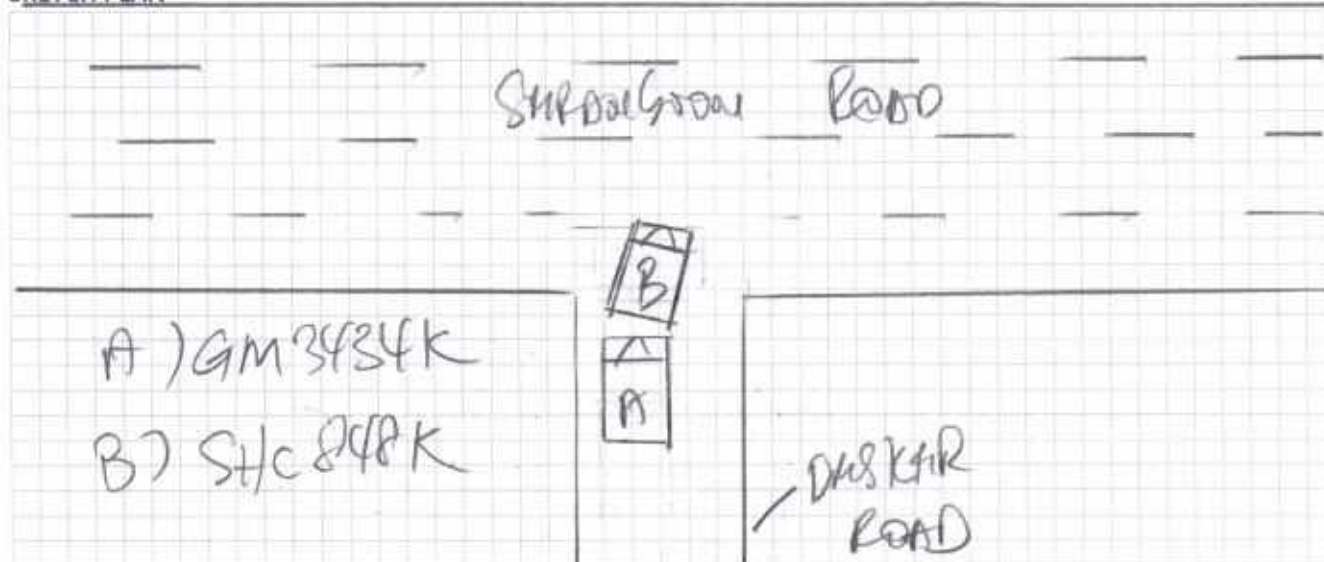
(If driver is not the policyholder)
Date & Time: 12/7/109

17.00

Reporting Centre Personnel's Signature

Name: 13/07/2019
NRIC/FIN No.: [Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 16062019 AT ABOUT 20:56 HRS. I WAS AT DESKER ROAD AND WANTED TO TURN RIGHT INTO SERANGOON ROAD. IN FRONT OF ME WAS A TAXI SHC 848K. WHEN AT THE JUNCTION THE TAXI START TO MOVE SO DO I, SUDDENLY THE TAXI STOP & I COULD NOT BRAKE OR 'HOLD' MY VAN. GM 3434K JUST A ~~SLIP~~ SLOPE BUMP ON THE TAXI. WE ACCIDENTALLY AGREED TO COMPENSATE EITEN MASSAGAGE AND THE AGREED TOTAL ALL.

DECLARATION

GIS HEALTHCARE COURIERS PTE. LTD.
We declare the foregoing particulars are true in every respect.
BLK 123 BUKIT MERAH
#03-70 SINGAPORE 150123
Email: couriergin@yahoo.com

Policyholder's Signature

Date & Time: 12/07/19
17:00pm

R. Lye

Driver's Signature

(If driver is not the policyholder)
Date & Time: 12/7/19
17:00

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

R. Lye
Real Works

Claim Handling

Accident MT/1050552

Policy No.	S104517067	Vehicle No.	GM3434K	GST Registration No.
Certificate No.				
Policyholder Name	GIS HEALTHCARE COURIERS PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	25/06/2019 17:46	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/06/2019	Time of Accident hh:mm	20:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	DESKER RD X SERANGGON RD			

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/08/201
GST Registration No.	200306279D	GST Status Verified	Yes
Modification History	25/06/2019 17:47:16 System changed GST Registration Date from 01/01/2015 to 01/08/2010 25/06/2019 17:47:16 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 638B #03-455	Address 2	PUNGGOL DRIVE	Address 3
Address 4	SINGAPORE 822638	Address Type	Singapore address	Post Code
Unit No.	#03-455	Related Policy Number	5108612429	

▼ OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	GIS HEAL
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	GM3434K
Claim Description	GM3434K / SHC848K ON 16 Jun 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	13/07/2019 11:44
			ROSLI WAHAB

✓ Print AX letter

Save

Submit

Attachment

ACCIDENT STATEMENT

ACCIDENT DATE: 16/06/19 (DD/MM/YYYY), TIME: 8.56pm (HH:MM)

LOCATION: Deseronto Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GM 3434K
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 104517067
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Hiace
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: GIS Healthcare Services P. L. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 200306279D CONTACT: 98311739
 c) ADDRESS: 618 6388, Punggol Drive, #03-455
S(822638) 00

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: RAMAKRISHNANI SETHILKUMAR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 9504619EP CONTACT: 93365194
 c) ADDRESS: 269 C QUEEN STREET
#07-277 SINGAPORE 183269

* d) DATE OF BIRTH: 09/07/1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20/05/2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 848K MODEL: Taxi
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 90508388

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = as.zoom.motors@yahoo.com.sg

VIDEO

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employed by
GIS HEALTHCARE COURIERS PTE. LTD.

For LKK/NAC Use Only

Name
RAMAKRISHNAN SENTHIL KUMAR

S Pass No.
G 35158022

Sector
SERVICE

K0421213

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **G5046498P**

For LKK/NAC Use Only

Name
RAMAKRISHNAN SENTHIL KUMAR

Birth Date **09 Jul 1982**

Issue Date **09 May 2019**

Valid Till **19 05/2024**

002932035P

VISIT PASS
Immigration Regulations

For LKK/NAC Use Only

Name
RAMAKRISHNAN SENTHIL KUMAR

FIN
G5046498P

Date of Birth **09-07-1982** Sex **M**

Nationality
INDIAN

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.

G1S
G5046498P
GM 3434 K
93365194

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 cc	20 May 2014
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	20 May 2014
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	04 Jan 2018
	Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	

For LKK/NAC Use Only

G1S
G5046498P
93365194

Licence No: **G5046498P**

NP 428A

Hello, NAC_BUKIT_MERAH_800676

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="16/06/2019 16:55"/>							
Vehicle No.(For Motor)	<input type="text" value="GM3434K"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5104517067		GIS HEALTHCARE COURIERS PTE LTD	200306279D	GCV	Preferred Workshop Plan	GM3434K	GM3434K	08/10/2018	07/10/2019
<input type="button" value="Continue"/>										