

## 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	08/07/2019 12:54
Date Of Accident	07/07/2019 11:55
Exact Location Of Accident	CTE TOWARDS BALESTIER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ2882M
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#### Insured/Policyholder

Name Of Registered Owner	TOTAL CARE EMPLOYMENT SERVICES
Co Reg No	52257277K
Email Address	TOTALCARE96@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-63334133

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.5 (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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	GA173615
Cover Note Number	

#### Driver

Name of Driver	DHIVAGAR S/O SUBRAMANIAN
NRIC No	S8318256C
Date Of Birth	15/06/1983
Occupation	INDOOR
Date Of Driving Pass	07/12/2018
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91994241
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 77 LORONG LIMAU #12-45 SINGAPORE
Postcode	320077
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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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	SMG7228Z
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

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.:

TOTAL CARE TRANSPORT SERVICE
REG. NO: 53257277K

8/7/19
12:30pm

TOTAL CARE TRANSPORT SERVICE
REG. NO: 53257277K

Sketch Plan #2

SKETCH PLAN

	<p><b>Vehicle</b>                  A - GZ 2882 M                  B - Smg 722 8Z</p> <p><b>Legend</b></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">   <small>Vehicle</small> </div> <div style="text-align: center;">   <small>Motorcycle</small> </div> </div>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened along CTE towards balesbier, while I was driving the front car jerking and continuously braking when he suddenly braked and I too had to brake suddenly when my vehicle collided on to his vehicle at the rear at around 1155 am yesterday 07/07/19.

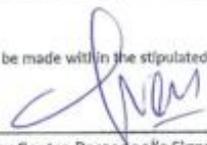
I am working for Total care Employment services and using the vehicle is after work.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

  
 Policyholder's Signature  
 Date & Time:

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

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

**TOTAL CARE TRANSPORT SERVICE**  
 REG.NO: 53257277K

11:30 PM  
 8/7/19

Common Statement

**ACCIDENT STATEMENT (Part I)**

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident: 7/7/19 Time: 11:55 2 Exact location of accident: CTE towards Balestier

3 Injuries even if slight: No  Yes

4 Material damage: To vehicles other than vehicles A and B: No  Yes  To objects other than vehicles: No  Yes

5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B): \_\_\_\_\_ Vehicle Video: No  Yes  Camera Available: No  Yes

Registration No. (VEHICLE A) GZD882M

6 Insured / policyholder (see insurance cert.)  
Name: Total Care Employment Services  
Address: \_\_\_\_\_  
NRIC / Passport no. 53257278  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP 633 34133

7 Vehicle: Toyota Hiace Manual 2.5  
Make, type \_\_\_\_\_

8 Insurance company: AXIA  C  TPFT  TPO  
Does the policy cover damage to vehicle A? No  Yes   
Policy No. GAI 73615

9 Driver:  Same as Owner  
Name: Dhivagar S/o Subramanian  
NRIC / Passport no. S8318256C  
Class of licence \_\_\_\_\_  
HP 91994241  
Gender: Male  Female

12 CIRCUMSTANCES  
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicyclist
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightening
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

State TOTAL number of boxes marked with a cross: \_\_\_\_\_

Registration No. (VEHICLE B) SMG7208

6 Insured / policyholder (see insurance cert.)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
NRIC / Passport no. \_\_\_\_\_  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP \_\_\_\_\_

7 Vehicle: \_\_\_\_\_  
Make, type \_\_\_\_\_

8 Insurance company:  C  TPFT  TPO  
Does the policy cover damage to vehicle B? No  Yes   
Policy No. (if available) \_\_\_\_\_

9 Driver (See driving licence) (if different from insured B above)  
Name: \_\_\_\_\_  
NRIC / Passport no. \_\_\_\_\_  
Class of licence \_\_\_\_\_  
HP \_\_\_\_\_  
Gender: Male  Female

10 Indicate the point of initial impact with an arrow (→)

13 Sketch of accident when impact occurred  
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

14 My remarks

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

B \_\_\_\_\_

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf. Do not alter anything in the statement after signing. Subsequently, each driver should take one copy. For insured's Individual Statement (Part II) see overleaf →

**Individual Statement**

<b>INDIVIDUAL STATEMENT (Part II)</b> <small>To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)</small>		<small>Own Workshop email / fax (if any)</small> Email: <u>Totalcare96@hotmail.com</u>													
<b>Insured</b>	1 Occupation (if more than one, state all) _____														
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	2 Vehicle registration no. _____ C.C. _____	If commercial vehicle, state permissible carrying capacity _____													
3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <u>Employer</u> state the vehicle number and name of driver of driver's own vehicle (where applicable) _____	4 Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____														
5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken: <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)														
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth: <u>15/6/83</u>	Occupation: <u>Indoor</u> / <u>Outdoor</u>	Date of license pass: <u>27/12/2018</u>												
8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____		9 Full details of all driving convictions including pending prosecutions in the last 36 months													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Date</th> <th style="width: 60%;">Offence</th> <th style="width: 20%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Date	Offence	Penalty										Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Date	Offence	Penalty													
Was driver an employee of the insured's company? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		10 Name(s), address(es) and approximate age(s) _____													
Injured persons		Injuries sustained _____	If vehicle occupants, state in which vehicle _____												
Damage to property & vehicles (other than vehicles A and B)		11 Name(s) and address(es) of owner(s) _____	Vehicle registration no. or details of property _____												
12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____		Were seat belts being worn? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____		14 Weather conditions: Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____	15 Road surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____												
16 Speed of vehicles: A _____ km/hr B _____ km/hr		17 What warnings were given by driver or other party? _____													
18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>		19 What lights were displayed on your vehicle/the other vehicle(s)? _____													
20 If your vehicle is commercial, state weight of load carried at time of accident _____		21 State how accident happened, width of roads, speed limits, etc (Refer to attached) _____													
22 State number of Passengers (including Driver) <u>1</u>		Declaration: I/We declare the foregoing particulars are true in every respect.													
Policyholder's signature: <u>[Signature]</u> Date: _____		Driver's signature (if driver is not the policyholder): <u>[Signature]</u> Date: _____													

DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8318256C



Name  
DHIVAGAR S/O SUBRAMANIAN

சு திவாகர்

Race  
INDIAN

Date of birth  
15-06-1983

Country/Place of birth  
SINGAPORE

Sex  
M

S8318256C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
S8318256C

Name  
DHIVAGAR S/O SUBRAMANIAN

Birth Date 15 Jun 1983

Issue Date 27 Dec 2018

002885822J

5183578



NRIC No S8318256C



Date of issue  
18-06-2013

Address  
APT BLK 77 LORONG LIMAU  
#12-45  
SINGAPORE 320077

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	27 Dec 2018

NP 428A

Licence No: S8318256C



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NO: JTFHS02P60-0040095  
U.W. : 1740KG  
M.L.W. : 2800KG  
PASS.CAP. : 02  
TYRE SIZE : F195R/15C/8PR  
              : R195R/15C/8PR

Accident Photo

