

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	20/08/2019 10:40
Date Of Accident	19/08/2019 10:40
Exact Location Of Accident	TAI SENG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1809B
Insured/Policyholder	
Name Of Registered Owner	CITI CONSTRUCTION & ENGINEERING PTE LTD
Co Reg No	-
Email Address	CITI@CITICONSTRUCTION.COM.SG
Mobile Phone No	(LOCAL) +65-90262216
Alternative Phone No	OFFICE-62666266

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107328124
Cover Note Number	

Driver

Name of Driver	DEVARAJAN SENTHILKUMAR
NRIC No	G8021609U
Date Of Birth	04/03/1988
Occupation	OUTDOOR
Date Of Driving Pass	27/04/2018
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90262216
Fax Number	
Contact Number	
Email Address	CITI@CITICONSTRUCTION.COM.SG

Address	4 TUAS SOUTH STREET 5 SINGAPORE
Postcode	637789
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	SIDE SWIPE
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 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	SLW4723H
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

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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.

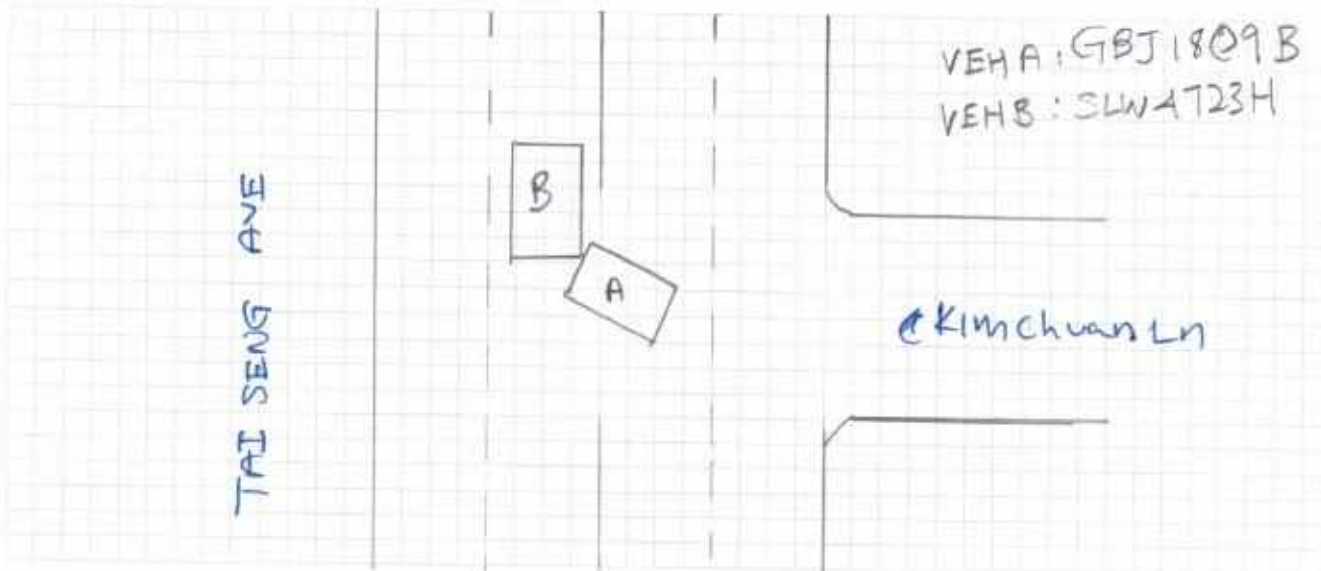


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS about to make a right turn from Kim chuan Ln. VEH B Suddenly appeared to my vision so I quickly brake but still knock into the veh B. knock into right rear door of veh B

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.:

Claim Handling

Accident MT/1058555

Policy No.	5317328124	Vehicle No.	GBJ18098	GST Registration No.	2005070100
Certificate No.					
Policyholder Name	GTH CONSTRUCTION & ENGINEERING PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	2005070100
Product Code	COMMERCIAL VEHICLE INSURAF	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NIL	Special Remark		Contact No.(Home)	
Email Address		TCA	- No Yes	eCode	No
KPK	- No Yes	RCD Entitlement(%)	0	eCode Reason	
NCB Protection	No			Private Hldg	No

Accident Details

Report Date	20/08/2019 13:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Motor Road
Date of Accident	19/08/2019	Time of Accident (mm:ss)	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAL SENG AVE (NON TRAFFIC LIGHT JUNCTION)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Not Applicable
DD Standard Excess	600.00	TP Standard Excess	0.00		
YED DD Excess		YED TP Excess			
Additional Excess					
Total DD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	19/01/2009
GST Registration No.	2005070100	GST Status Verified	Yes
Modification History	20/08/2019 13:26:03 System changed GST Registered from No to Yes 20/08/2019 13:26:03 System changed GST Registration No. from null to 2005070100 20/08/2019 13:25:03 System changed GST Registration Date from null to 19/01/2009		

Policyholder Mailing Address

Address 1	# 11A5 SOUTH STREET 5	Address 2	SINGAPORE 637789	Address 3	
Address 4		Address Type	Singapore address	Post Code	637789
Unit No.		Related Policy Number	511528230		

02 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Office)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own & Singapore registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Not at Fault	Insured Name	GTH CONSTRUCTION & ENGINEERING	Insured NRIC	2005070100
Repair No.	Yes	Repair Option	Preferred Workshop Name unknown	Contact No.	63706754	Contact No.	
Finalisation				OT		TP	
Date Registered				Vehicle Number	GBJ18098	Vehicle Number	SLW4723H
Report Taken By				GBJ18098 / SLW4723H ON 19 Aug 2019		Name of Preferred Workshop	
				Claim Date	21/08/2019 14:37	Date Received	21/08/2019 00:00
				Received	Received		

Print AR letter

Save Submit

Attachment

Accident No.	MT/1058555	Claim No.	002
Last Doc. Received	Yes No	Upload Date	21/08/2019 14:38
Path *		Category *	Confidential Urgency *
Choose File No file chosen		Release Select	NO Normal
Choose File No file chosen		Release Select	NO Normal
Choose File No file chosen		Release Select	NO Normal
Choose File No file chosen		Release Select	NO Normal
Choose File No file chosen		Release Select	NO Normal
Choose File No file chosen		Release Select	NO Normal
Choose File No file chosen		Release Select	NO Normal
Message Read		Release Select	NO Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 14:38		NRIC/Driving License	Normal	NRIC/Driving License 2019-B-21	
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 14:38		SAS	Normal	SAS 2019-B-21	
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 14:37		Photos	Normal	Photos 2019-B-21	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 14:37	Photos	Normal	Photos 2019-8-21	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 14:37	Photos	Normal	Photos 2019-8-21	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 14:37	Photos	Normal	Photos 2019-8-21	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 14:37	Photos	Normal	Photos 2019-8-21	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 14:37	Photos	Normal	Photos 2019-8-21	
Video List					
Uploaded By/Date	Folder Date	File Name		Source	Action
		03/8			
		Display in New Window		Scan and uploading	

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No: **G8021609U**

Name: **DEVARAJAN SENTHILKUMAR**

For LKK/NAC Use Only

Birth Date: **04 Mar 1988**
 Issue Date: **28 Jul 2015**
 Valid Till: **27/07/2020**

002456400J

SG 50

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

Employer:
CITI SCAFFOLDING PTE. LTD.

For LKK/NAC Use Only

Name:
DEVARAJAN SENTHILKUMAR

S Pass No:
0 33624561

Sector:
CONSTRUCTION

K0636048

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

		EFFECTIVE DATE
C	Class 2B	Motorcycles <= 200 CC
	Class 1	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor trailers/vehicles <= 2500 kg
		28 Jul 2015
		27 Apr 2018

For LKK/NAC Use Only

G8021609U S / No. 9000308625

NP 429A



VISIT PASS
 Immigration Regulations

27-07-2018

Name:
DEVARAJAN SENTHILKUMAR

For LKK/NAC Use Only

Pin:
G8021609U

Date of Birth: **04-03-1988** 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.

Download SG Work Pass App to check status

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5107328124

Cover : Comprehensive

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : To Be Advised |
| Chassis Number | : VSKYBAM20U0174761 |
| 2. Name of Policyholder | : CITI CONSTRUCTION & ENGINEERING PTE LTD |
| 3. Effective Date of Insurance | : 31 Jan 2019 |
| 4. Expiry Date of Insurance | : 30 Jan 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under the headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ONE LINK INSURANCE AGENCY PTE. LTD. (00000573391)
Date of Issue : 30 Jan 2019 13:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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 : MNA419109150 Vehicle Registration No: GBJ1809B
Name (as shown in NRIC) : DEVARAJAN SETHIKUMAR NRIC/FIN/Passport No : 98021609U
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : 4 TUAS SOUTH STREET 5 SINGAPORE Singapore (637789)
Contact (Tel) : - Mobile No. : 90262216
Email Address : citi@citiconstruction.com.sg
Date of Accident : 19/08/2019 Time of Accident : 10:10
Place of Accident : Tai Seng Ave
Insurance Company : NTUC

(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:

error in vehicle number.

Policyholder / Driver's Signature
Date:



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