

## 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	23/08/2019 11:04
Date Of Accident	22/08/2019 16:35
Exact Location Of Accident	JUNCTION OF WOODLANDS IND PK E4 & E5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6483E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DIGO CORPORATION PTE LTD
Co Reg No	200313006C
Email Address	VEHICLE@DIGO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67527477

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/18/VC00/102421
Cover Note Number	12/09/18 - 11/09/19

### Driver

Name of Driver	AMARAJI SUBRAMANI
Passport No/FIN	G2472950N
Date Of Birth	22/10/1993
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2018
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83011220
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	-
Postcode	
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 - CROSS JUNCTION
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

I was moving straight ahead toward infront cross junction. When I was at infront junction, a vehicle (SGN8754Z) came from Woodlands Ind Pk E5 did not stop at the stop line came forward and hit onto my vehicle front right side portion and cause my vehicle damage.

#### 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	SGN8754Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KIN SENG
NRIC/Passport Number	S0165495J
Contact Number	96378910
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: GAD 6AP3E  
INSURER : LONPAC  
DATE & TIME: 22/8/19 4:35 PM


### IMPORTANT NOTICE

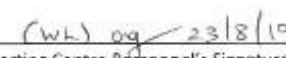
1. Please report **correctly** the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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.

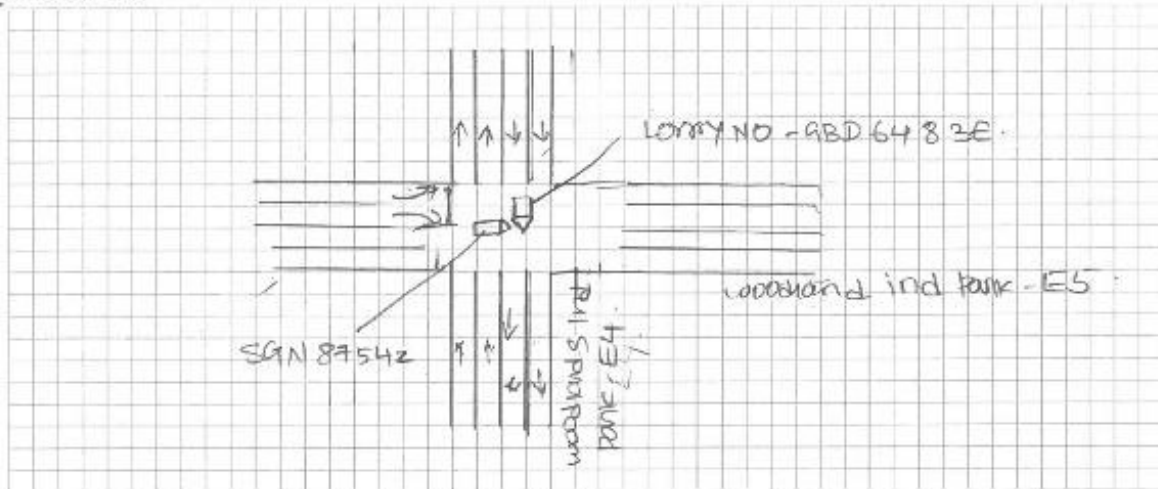
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 23/8/19

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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was moving straight ahead toward infront X junction. When I was at infront junction, a vehicle (SGN 87542) came from woodlands 1st PK E5 did not stop at the stop line came forward and hit onto my vehicle front right side portion and cause my vehicle damage.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

A. mans  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 23/8/19

(Wk) eng 23/8/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIARMC Sketch Plan Form V3 ( ) Claim Own Policy (✓) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )

Authorisation Letter

Date : 23/08/19

To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) Amaraji Subramani  
NRIC/FIN G2472950N, our employee / employee of Digo Corporation  
Pte Ltd to drive our m/vehicle no. GRD6483E  
and to file the accident report (Third Party claims/Own Damage Claims/Reporting  
Only) which occurred on (date) 22/08/19 @ (time) 4.35pm  
along (location) Junction of Woodlands Ind Pk E4 & E5.

\* Relationship between Insured and driver's company: -

Thank you.

Regards,

X L An



**\* SIGN & STAMP at the above \***

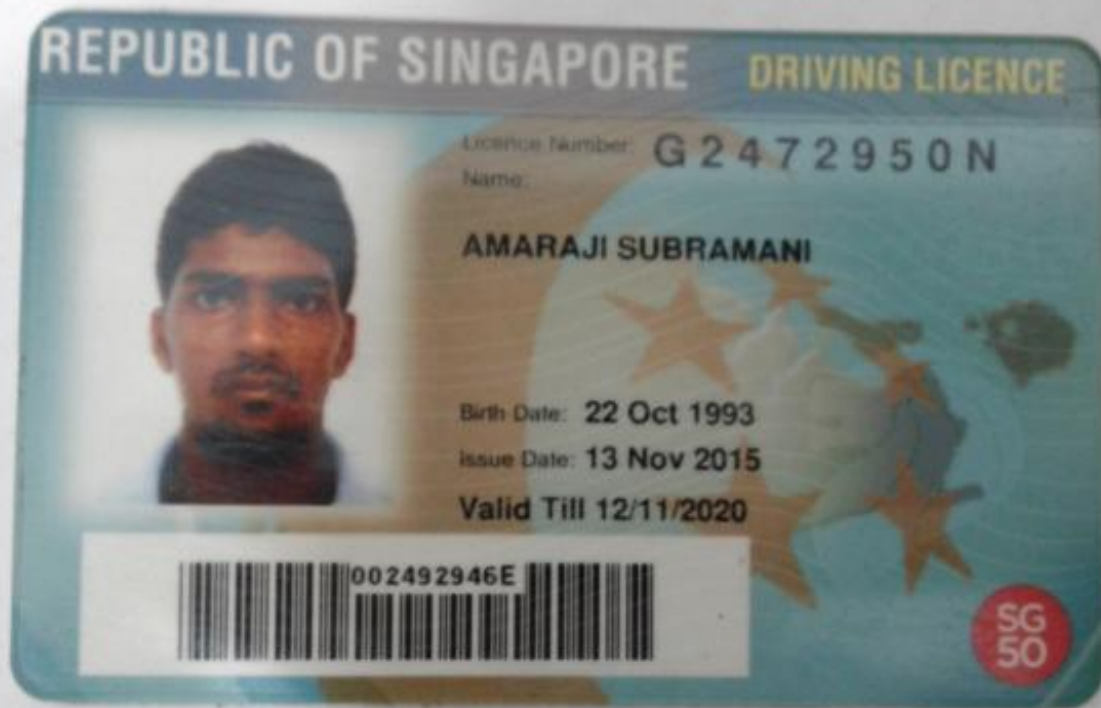
Name of Owner : Digo Corporation Pte Ltd

NRIC / ROC : 200313006C

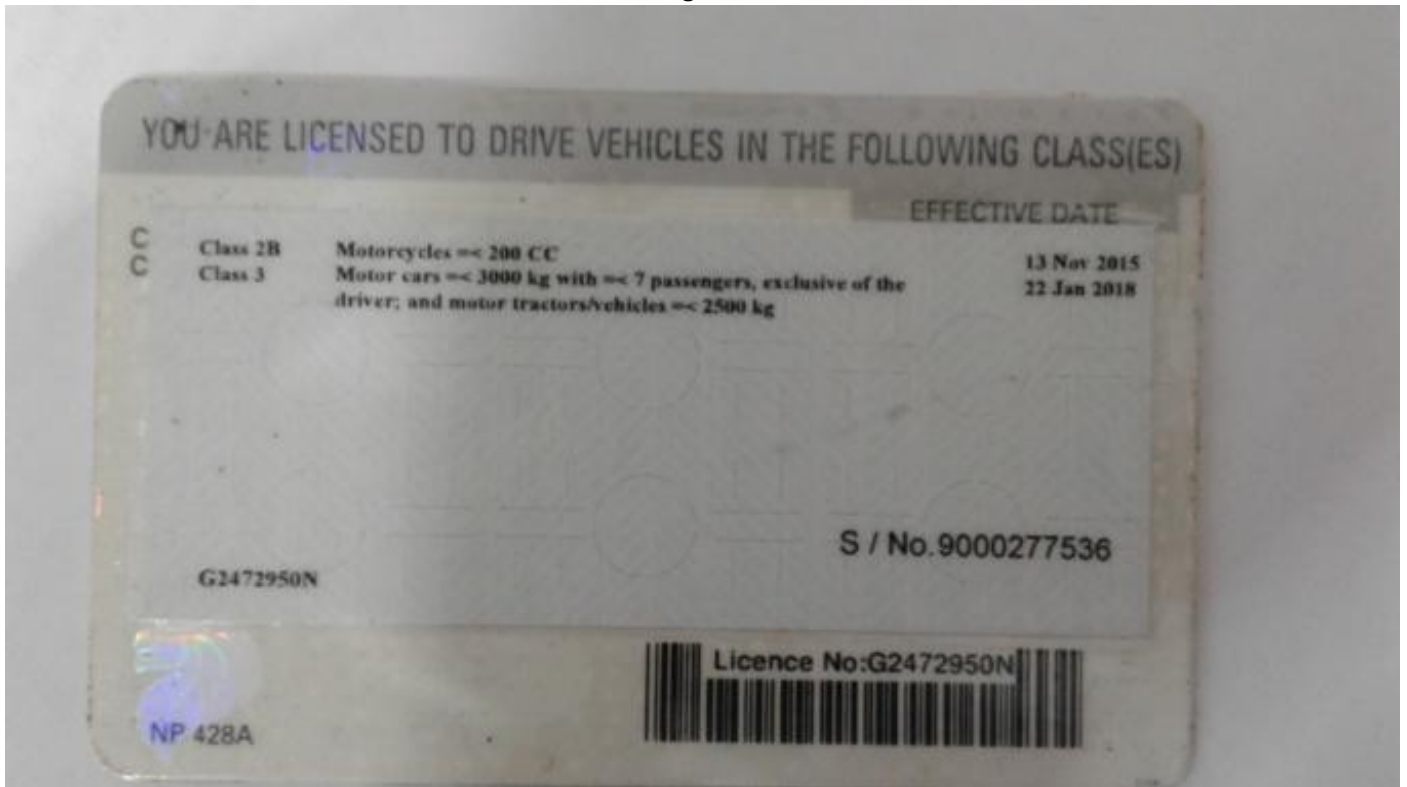
Contact No : 6752 7477

Email : Vehicle @ digo.com.sg


Driving License




## Driving License



## Work Permit


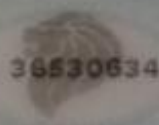
 **WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore


Employer  
**DIGO CORPORATION PTE. LTD.**

 Name  
**AMARAJI SUBRAMANI**

Work Permit No.  
**0 36530634**

Sector  
**CONSTRUCTION**

   
**0 36530634**

 **K0373036**



## Work Permit

**VISIT PASS**  
Immigration Regulations

11-05-2018

Name:  
**AMARAJI SUBRAMANI**

FIN  
**G2472950N**

Date of Birth  
**22-10-1993**

Sex  
**M**

Nationality  
**INDIAN**

**MULTIPLE JOURNEY VISA ISSUED**

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Scene Photo





Scene Photo

