

MSME19123586 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 18/09/2019 11:21
 SUBMITTED BY: Chia Pei Ying

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	18/09/2019 11:21
Date Of Accident	17/09/2019 07:30
Exact Location Of Accident	MACTAGGART RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ6728T
Insured/Policyholder	
Name Of Registered Owner	CYCLE AIRE (S) PTE LTD
Co Reg No	199104899C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67443933

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	THIRD PARTY
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	5110828740
Cover Note Number	

Driver

Name of Driver	MOHAN RAMASAMY
NRIC No	G8284248P
Date Of Birth	19/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	18/09/2014
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85546922
Fax Number	
Contact Number	
E Mail 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 - CHANGE/CROSS LANE
 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? YES
 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) 10
 Passenger 1
 NAME: : SUBBIAH RAJA
 GENDER: : MALE
 Passenger 2
 NAME: : MUTHUSAMY MARIAPPAN
 GENDER: : MALE
 Passenger 3
 NAME: : VEERAN RADHA KRISHNAN
 GENDER: : MALE
 Passenger 4
 NAME: : PANNEERSELVAM ARAVINTHAN
 GENDER: : MALE
 Passenger 5
 NAME: : TAMILAVASAN VEERAMANI
 GENDER: : MALE
 Passenger 6
 NAME: : VASU KALAISELVAN
 GENDER: : MALE
 Passenger 7
 NAME: : NAGARAJ SEDHURAMALINGAM
 GENDER: : MALE
 Passenger 8
 NAME: : MURUGESAN MARTHIK
 GENDER: : MALE
 Passenger 9
 NAME: : CHINNATHAMBI VEERAMANI
 GENDER: : MALE

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 TRAVELLING STRAIGHT ALONG MACTAGGART ROAD ON THE EXTREME RIGHT LANE OUT OF 2 LANES. SUDDENLY, VEHICLE B FROM MY LEFT MADE A RIGHT TURN AND COLLIDED ONTO THE WHOLE LEFT PORTION OF MY VEHICLE AND CAUSED DAMAGES. AFTER THE ACCIDENT, I SUFFERED PAIN AND INJURY ON MY HAND AND WRIST.

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 SJT3087G
Vehicle Make/Model/Colour
Details Of Properties VEHICLE B
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)

DETAILS OF INJURED PERSON 1

Name MOHAN RAMASAMY
Approximate Age
Injuries Sustain
Injured person in which vehicle? GBJ6728T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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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:

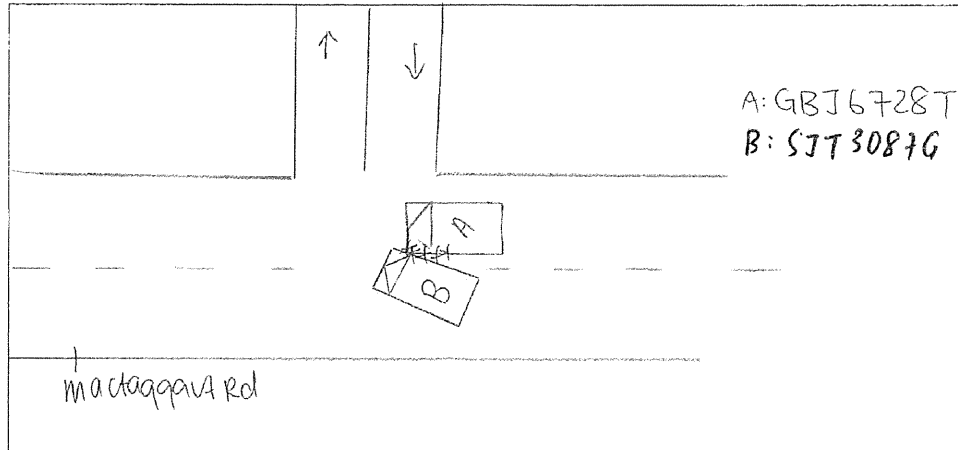
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

STARMS SketchPlanForm v3

NEW FOR 2019

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Mactaggart Road on the extreme right lane out of two lanes.

Suddenly, vehicle "B" from my left - made a right turn and collided onto the whole left portion of my vehicle and caused damages.

After the accident, I suffered pain and injury on my hand and wrist.

POX

1. Subbiah Raja - (m)

6. Vasu Kalaiselvan - (m)

2. Muthusamy Mariappan - (m)

7. Nagaraj sedhutamalingam - (m)

3. Veeran Radha Krishnan - (m)

8. Murgesan Karthik - (m)


4. Panneerselvam Aravinthan - (m)


9. Chinna Thambi Veeramani - (m)

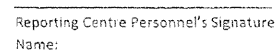
5. Tamilarasan Veeramani - (m)

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.: