

50/50

Prham 9/ Mgruthapah
PP 201802 - 000042
AD 1909036 - 280919
EXCEN P2.5
TP Number: 1st C9P

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	30/09/2019 17:25
Date Of Accident	28/09/2019 14:30
Exact Location Of Accident	CHANGI SOUTH ST 2 (IN FRT OF MEDTRONIC)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2172T
Insured/Policyholder	
Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No	201511635R
Email Address	EFFICIENTLOYANG@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62840827

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D (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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	18-MJ001454-R00
Cover Note Number	

Driver

Name of Driver	S KARTHIK S/O SOWOSAISMUTHU
NRIC No	S9523045H
Date Of Birth	28/06/1995
Occupation	OUTDOOR
Date Of Driving Pass	22/08/2016
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87499878
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 108A CANBERRA ST #12-405
Postcode	751108
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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?	
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 PARKED IN THE VEHICLE LOT. I CHECKED MY MIRROR AND ROAD WAS CLEAR, I OPEN MY DOOR, SWITCH OFF MY ENGINE, TOOK MY THINGS TO LEAVE THAT'S WHEN SHA927B TAXI SIDE MIRROR HIT ON TO MY DOOR. MY DOOR WAS LEFT OPEN FOR 20 SECONDS PRIOR TO ACCIDENT. THE TAXI MANAGED TO AVOID A TRAILER WHICH WAS PARKED BEHIND ME THEN HE SWERVED INTO MY DOOR. YM7145E DRIVER SAW THE WHOLE INCIDENT. TAXI SHA927B SIDE MIRROR WAS THE ONLY DAMAGE CASUED BY THE INCIDENT. TAXI DRIVER CLAIMED THE DAMAGE OF THE TWO DENTS ON THE BONNET IN HIS VEHICLE WAS FROM PREVIOUS ACCIDENT.

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 Witness 1

Name	PREMKUMAR
Phone Number	87766550
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA927B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANG GEOK SOON
NRIC/Passport Number	S0171171G

Contact Number

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.



Policyholder's Signature
Date & Time:

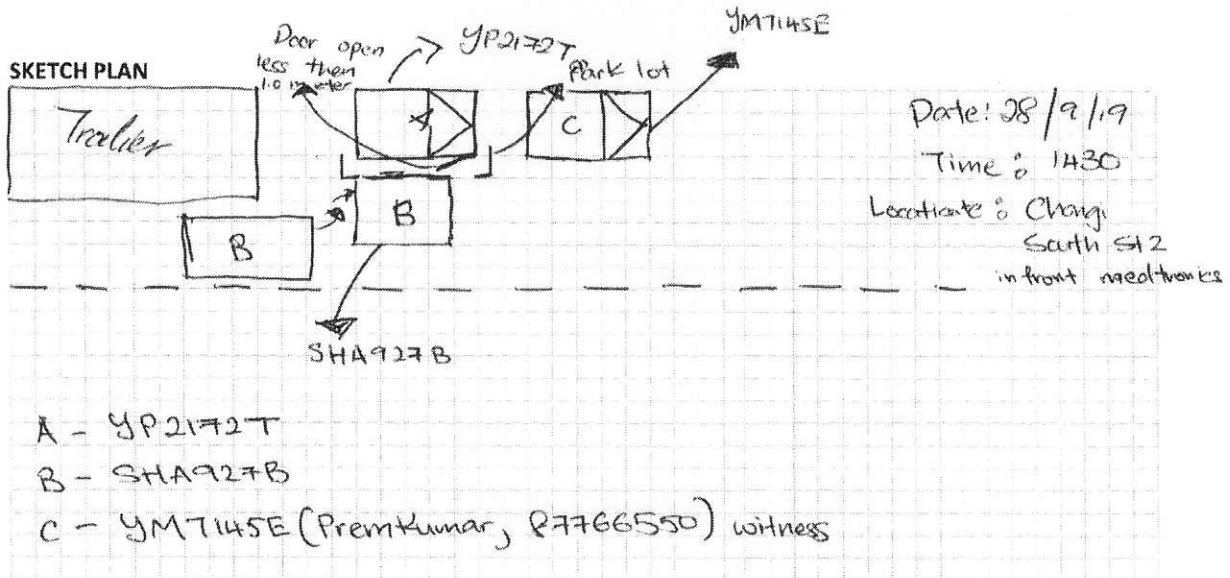
[Signature]

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



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

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was parked in the vehical lot. I checked my mirror and road was clear I open my door switch off my engine took my things to leave thats when SHA927B taxi side mirror hit on to my door. My door was left open for 20 second prior to accident. The taxi driver manage avied a ~~thunder~~ he swerved into my door trailer which was park behind me. YM7145E Driver saw the whole ~~incident~~ incident. Taxi SHA927B side mirror was the only damage. cause by the incident. Taxi driver claim on the ~~bonnet~~ bonnet the damage of the two dents in his vehical was previous accident.

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: 28/9/19

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