

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	11/12/2019 16:21
Date Of Accident	10/12/2019 12:30
Exact Location Of Accident	TOA PAYOH LOR 6 TWDS TOA PAYOH INDUSTRIAL PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3803R
Insured/Policyholder	
Name Of Registered Owner	CARE ENVIRONMENTAL SERVICES
Co Reg No	53360447L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82225973

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D19MCV0005236
Cover Note Number	

Driver

Name of Driver	CHONG KOK YONG
NRIC No	S1239758E
Date Of Birth	17/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	27/02/1981
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82225973
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 128 GEYLANG EAST AVE 1 #07-119
Postcode	380128
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	RAINING
Road Surface	WET

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)	14
Passenger 1	NAME: : DHARMARAJ DESING RAJA GENDER: : MALE
Passenger 2	NAME: : MANICKAM RAJAPARAMASIVAM GENDER: : MALE
Passenger 3	NAME: : RENGAIYAN MURUGANANTHAM GENDER: : MALE
Passenger 4	NAME: : RENGASAMY VIGNESH GENDER: : MALE
Passenger 5	NAME: : KARUPPAIYAN MANIKANDAN GENDER: : MALE
Passenger 6	NAME: : KEK JUN QI DAVE GENDER: : MALE
Passenger 7	NAME: : PALANIVEL BALAMURUGAN GENDER: : MALE
Passenger 8	NAME: : KANESAN VIJAY GENDER: : MALE
Passenger 9	NAME: : MURUGESAN VINOTH GENDER: : MALE
Passenger 10	NAME: : GANESAN ARUN GENDER: : MALE

Passenger 11	NAME: : PANEERSELVAM MANIMARAN
	GENDER: : MALE
Passenger 12	NAME: : GOVINDAN VIJAY
	GENDER: : MALE
Passenger 13	NAME: : RENGAIYAN MURUGANANTHAM
	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

REFER TO STATEMENT.

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	SMK7431G
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)	

DETAILS OF INJURED PERSON 1

Name	DHARMARAJ DESING RAJA
Approximate Age	
Injuries Sustain	NECK N BACK
Injured person in which vehicle?	GBC3803R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MANICKAM RAJAPARAMASIVAM
Approximate Age	
Injuries Sustain	NECK N BACK
Injured person in which vehicle?	GBC3803R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	

Address

Postcode

DETAILS OF INJURED PERSON 3

Name RENGAIYAN MURUGANANTHAM

Approximate Age

Injuries Sustain NECK N BACK

Injured person in which vehicle? GBC3803R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 4

Name RENGASAMY VIGNESH

Approximate Age

Injuries Sustain NECK N BACK

Injured person in which vehicle? GBC3803R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 5

Name KARUPPAIYAN MANIKANDAN

Approximate Age

Injuries Sustain NECK N BACK

Injured person in which vehicle? GBC3803R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 6

Name KEK JUN QI DAVE

Approximate Age

Injuries Sustain NECK N BACK

Injured person in which vehicle? GBC3803R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 7

Name PALANIVEL BALAMURUGAN

Approximate Age

Injuries Sustain NECK N BACK

Injured person in which vehicle? GBC3803R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 8

Name KANESAN VIJAY

Approximate Age

Injuries Sustain NECK N BACK

Injured person in which vehicle? GBC3803R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 9

Name MURUGESAN VINOTH

Approximate Age

Injuries Sustain NECK N BACK

Injured person in which vehicle? GBC3803R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 10

Name GANESAN ARUN

Approximate Age

Injuries Sustain NECK N BACK

Injured person in which vehicle? GBC3803R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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 Authorized 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. 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:

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along TMY towards TMY Industrial Park. Vehicle in front of me slow down and stop. Hence I also follow suit to slow down and stop without any contact from the front car. Out of sudden, I felt a great impact from my vehicle rear portion. When I got down, I saw vehicle B collided onto me.

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.:

Other

<u>Injured person 1</u> Dharmaraj Desing Raja (Fin: G3362433L) Neck & back Not conveyed	<u>Injured person 2</u> Palanivel Balamurugan (Fin: G3385552X) Neck & back Not conveyed
<u>Injured person 3</u> Manickam Rajaparamasivam (Fin: G3825657U) Neck & back Not conveyed	<u>Injured person 4</u> Kanesan Vijay (Fin: G3409211M) Neck & back Not conveyed
<u>Injured person 5</u> Rengaiyan Muruganantham (Fin: G3409769R) Neck & back Not conveyed	<u>Injured person 6</u> Murugesan Vinoth (Fin: G3463874N) Neck & back Not conveyed
<u>Injured person 7</u> Rengaiyan Muruganantham (Fin: G3409769R) Neck & back Not conveyed	<u>Injured person 8</u> Ganesan Arun (Fin: G3826669T) Neck & back Not conveyed
<u>Injured person 9</u> Rengasamy Vignesh (Fin: G3352466N) Neck & back Not conveyed	<u>Injured person 10</u> Paneerselvam Manimaran (Fin: G3409889T) Neck & back Not conveyed
<u>Injured person 11</u> Karuppaiyan Manikandan (Fin: G3817138R) Neck & back Not conveyed	<u>Injured person 12</u> Govindan Vijay (Fin: G3882371Q) Neck & back Not conveyed
<u>Injured person 13</u> Kek Jun Qi Dave (Fin: S9606216H) Neck & back Not conveyed Seat belt worn	<u>Injured person 14</u> Chong Kok Yong (Fin: S1239758E) Neck & back Not conveyed Seat belt worn

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



