

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	21/12/2019 12:10
Date Of Accident	20/12/2019 10:20
Exact Location Of Accident	UBI AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6155C
Insured/Policyholder	
Name Of Registered Owner	GLOBAL TAP PTE LTD
Co Reg No	2XXXXX164M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96811805

Vehicle Particulars

Manufacturer	HYUNDAI
Model	H-1
Exact Purpose for which vehicle was being used at time of accident	WORK
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3030741901
Cover Note Number	

Driver

Name of Driver	RAVICHANDRAN SABAREESH
Passport No/FIN	GXXXX248L
Date Of Birth	17/01/1994
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86478863
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	62 UBI ROAD 1 #11-05 OXLEY BIZHUB 2
Postcode	408734
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?	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

WHEN I WAS TRAVELLING ALONG UBI AVE 4, THE FRONT VEHICLE B DRIVE VERY SLOW NEAR TO LEFT SIDE ROAD SHOULDER, AND DIDN'T TURN ON ITS INDICATOR TO TURN RIGHT. THEREFORE, I CHECKED THAT THERE WAS NO ONCOMING VEHICLES FROM OPPOSITE DIRECTION AND I OVERTOOK VEHICLE B. SUDDENLY VEHICLE B TURNED RIGHT AND HIT ONTO THE LEFT REAR PORTION OF MY VEHICLE. VEHICLE B DRIVEN BY DRIVEN SCHOOL STUDENT. NO ONE WAS INJURED.

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	SJV2117A
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

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:

02/01/2020

10:50 am

GIA/RC Sketch Plan Form_V2


DRIVER'S SIGNATURE

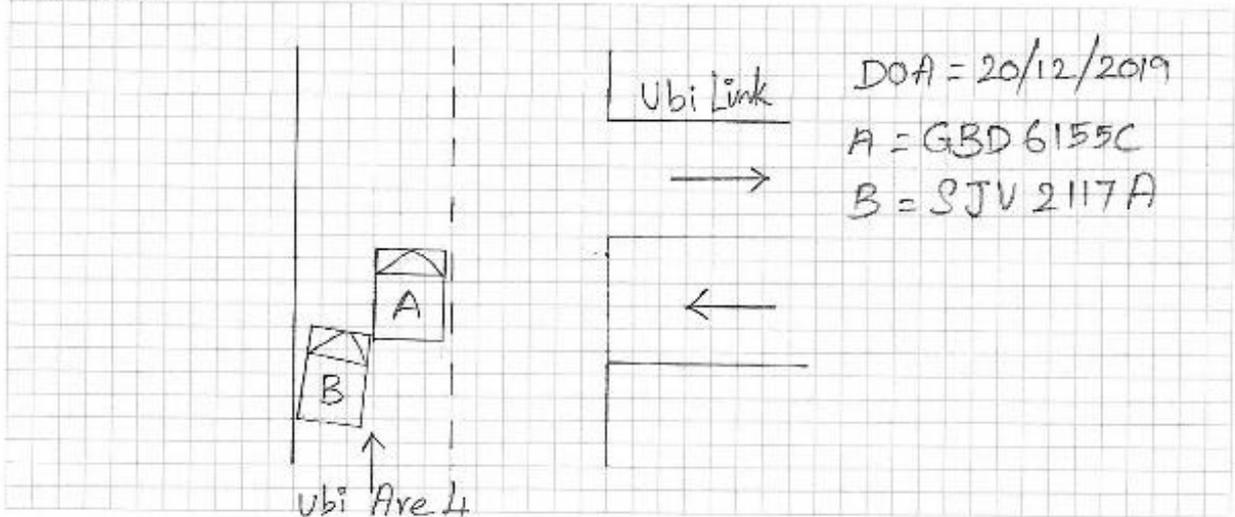
(If driver is not the policyholder)
Date & Time:


REPORTING CENTRE PERSONNEL'S SIGNATURE

Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was travelling along Ubi Ave 4. The front vehicle B drive very slow near to left side road shoulder, and didn't turn on its indicator to turn right. Therefore I checked that there was no oncoming vehicles from opposite direction and I overtake vehicle B. Suddenly vehicle B turned right and hit onto the left rear portion of my vehicle. Vehicle B Driven by driven school student. No one was injured.

DECLARATION

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

R. Suresh
 Policyholder's Signature
 Date & Time: *

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

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

Identification Card



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

Employer
GLOBAL TAP PRIVATE LIMITED



Name
RAVICHANDRAN SABAREESH

FIN
G2703248L



K1646175

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G2703248L**

Name:

RAVICHANDRAN SABAREESH

Birth Date: 17 Jan 1994

Issue Date: 08 Apr 2016

Valid Till 07/04/2021



Identification Card

VISIT PASS
Immigration Regulations

01-08-2019

Name
RAVICHANDRAN SABAREESH



FIN
G2703248L

Date of Birth Sex
17-01-1994 M

Nationality
INDIAN

Download SGWorkPass
App to check status



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.



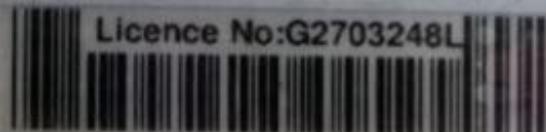
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class	Description	Effective Date
Class 2B	Motorcycles =< 200 CC	08 Apr 2016
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	25 Apr 2017

G2703248L

S / No. 9000267841



Licence No:G2703248L

NP 42BA

SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



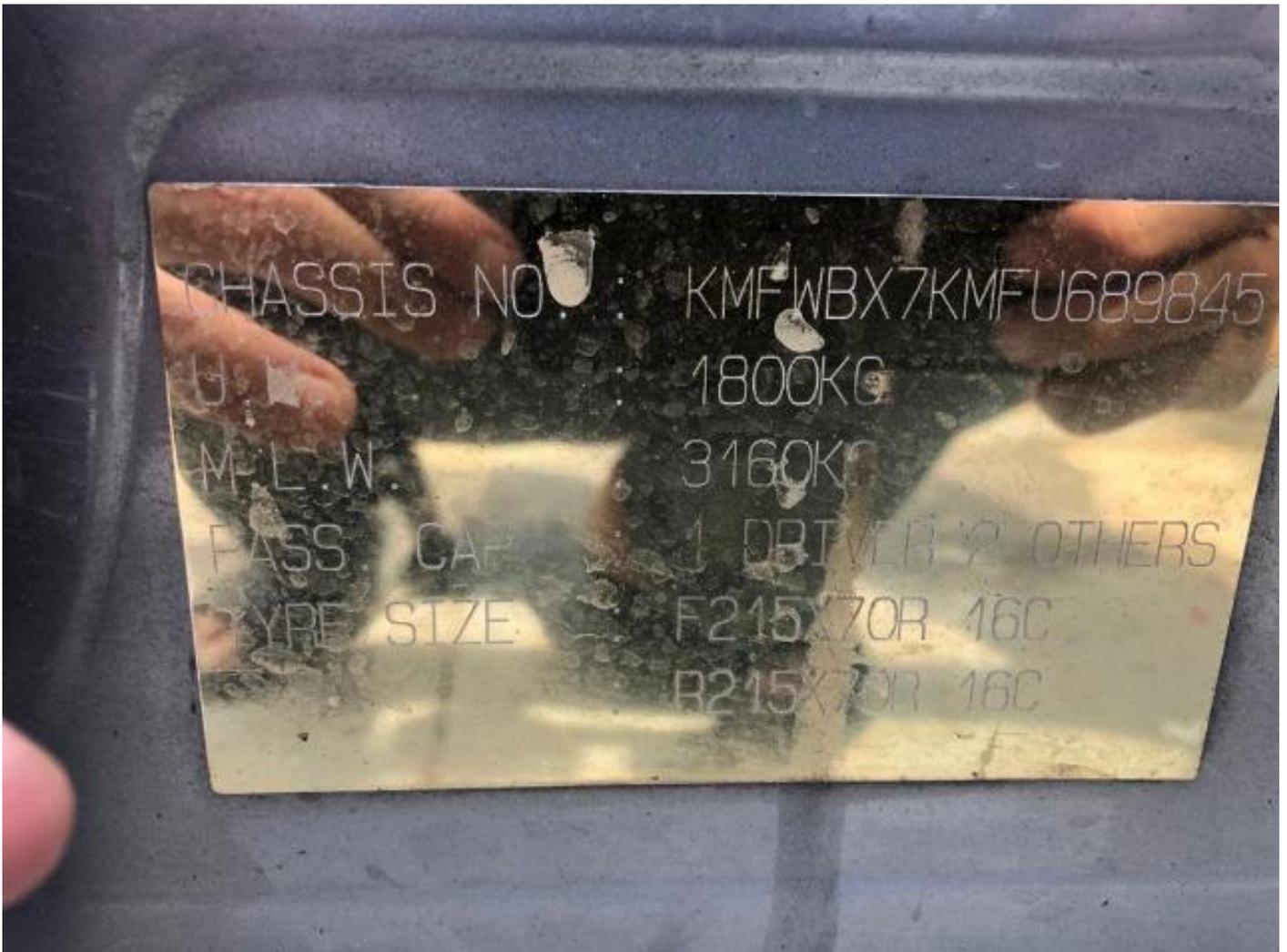
Accident Photo



Accident Photo



Accident Photo



CHASSIS NO. : KMF WBX7KMFU689845
G.W. : 1800KG
M.L.W : 3160KG
PASS CAP : 1 DRIVER 2 OTHERS
TYRE SIZE : F215X70R 16C
 R215X70R 16C

Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UBN: S68550020G / GST Reg. No.: N440017735

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 : mjas19167874 Vehicle Registration No: GBD 6155C
Name(as shown in NRIC) : Ravichandan Sabareesh NRIC/FIN/Passport No : G2703248L
(*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate
Address : 62 Ubi Road 1 #11-05 Oxley Bizhub 2 Singapore 408734
Contact (Tel) : - Mobile No.: 86478863
Email Address : -
Date of Accident : 20/12/2019 Time of Accident : 10:20
Place of Accident : Ubi Ave 4
Insurance Company: China Taiping Insurance (S) Pte Ltd.

(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:

I would change the purpose of reporting from Reporting only to Third Party Claim. The amended sketch drawing & statement is enclosed.

Policyholder / Driver's Signature: R. S. [Signature]
Date: 31/12/2019 12:40 pm.

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

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
5 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66SS00206 / GST Reg. No.: M400017735

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 : M7AS 1916 7874 - 01 Vehicle Registration No: GBD 615JC
Name(as shown in NRIC): Ravichandran Sabareesh NRIC/FIN/Passport No : G2703248L
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 62 Ubi Road 1 #11-05 Oxley Bizhub 2 Singapore 408734
Contact (Tel) : Mobile No.: 8647 8863
Email Address :
Date of Accident : 20/12/2019 Time of Accident : 10:20
Place of Accident : Ubi Ave 4
Insurance Company: China Taiping Insurance (S) Pte Ltd.

(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:

I am providing the new sketch drawing & statement.

Multiple horizontal lines for providing additional information or amendments.

Policyholder / Driver's Signature
Date: 02/01/2020

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

10:50 am