

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	13/01/2020 09:13
Date Of Accident	11/01/2020 12:30
Exact Location Of Accident	ANG MO KIO AVE 5 TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE723Y
Insured/Policyholder	
Name Of Registered Owner	CHEMWORKS PTE LTD
Co Reg No	200700598W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-67898266

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.0 (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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900151093
Cover Note Number	

Driver

Name of Driver	KRISHNAN MANIKANDAN
NRIC No	G5473561N
Date Of Birth	06/06/1990
Occupation	OUTDOOR
Date Of Driving Pass	31/05/2016
Driving Experience	3 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-84081410
Fax Number	
Contact Number	
EMail Address	KRISHMANIKANDAN.K@GMAIL.COM
Address	9010 TAMPINES ST 93 #03-95
Postcode	528844
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	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

REFER TO THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SGF3306J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number
Address

Postcode

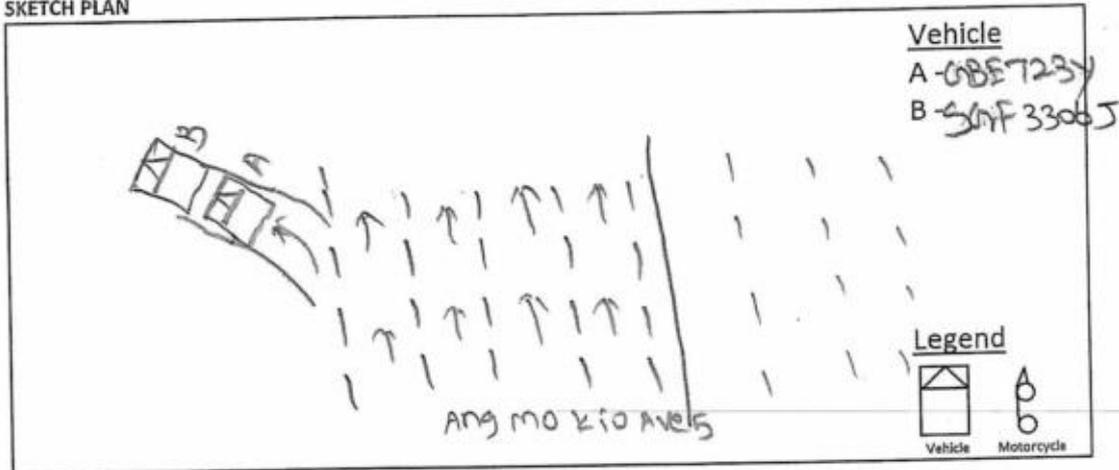
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

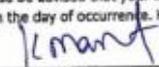


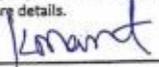
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

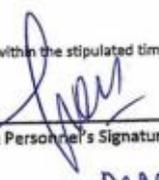
I was driving towards CTE city Ang mo kio Ave 5. I was using the left line of Ang mo Ave 5 to slip road. I went to the slip road stop and looked the vehicle right side on - the car didnot come so I moved from the lorry, unfortunately I hitted the car infront of me.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.


 Policyholder's Signature
 Date & Time: 


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 9:10am
 13/1/2020


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

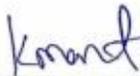
SKETCH PLAN

IMPORTANT NOTICE

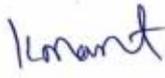
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8. Consent under the Personal Data Protection Act (PDPA)

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:

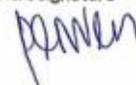


Driver's Signature
(If driver is not the policyholder)
Date & Time:

13/1/2020
9:11am



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



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

Employer
S&P PTE. LTD.

Name
KRISHNAN MANIKANDAN

S Pass No.
S 38131635

Sector
SERVICE

K1386703

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
G 5473561N

Name
KRISHNAN MANIKANDAN

Birth Date
06 Jun 1990

Issue Date
18 Mar 2016

Valid Till
17/03/2021

0025489711

VISIT PASS
Immigration Regulations

Name
KRISHNAN MANIKANDAN

FIN
G5473561N

Date of birth
06-06-1990

Sex
M

Nationality
INDIAN

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.

Download S@WorkPass App to check status

16-10-2019

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

Class	VEHICLE CLASSIFICATION	EFFECTIVE DATE
Class 15	MOTORCYCLES NOT EXCEEDING 200 CC	18 Mar 2016
Class 1	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH DOES NOT EXCEED 3500 KILOGRAMS	18 Mar 2016
Class 1	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH EXCEEDS 3500 KILOGRAMS	18 Mar 2016

84081410

G827234

S / No. 9000248286

Licence No: G5473561N

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NO: JN1SC2F24Z0857156

U.L.W 2060: [redacted] KGS

M.L.W :3500 KGS

P. CAP :F: 1 DRIVER, 2 OTHERS
R: 00

TYRE SIZE :F: 175 x 80R 15PLY
R: 155 x 13R 8PLY (D)

Accident Photo



Accident Photo

