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 witholding 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	15/01/2020 17:30
Date Of Accident	14/01/2020 08:20
Exact Location Of Accident	LOYANG AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC7789Y
Insured/Policyholder	
Name Of Registered Owner	DELCO ART INTERIOR PTE LTD
Co Reg No	200105509N
Email Address	KELLY@DELCOART.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62849558
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEA01BR2SDEB (CBU) (M)
Exact Purpose for which vehicle was being used at time of accident	BUSINESS
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MCV0002346
Cover Note Number	
Driver	
Name of Driver	SUBIRAMANI MANIKANDAN
Work Permit No	0 34503214
Date Of Birth	30/12/1987
Occupation	INDOOR
Date Of Driving Pass	07/08/2013
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91088139
Fax Number	
Contact Number	
EMail Address	KELLY@DELCOART.COM.SG

Address	1079 EUNOS AVENUE 7 #01-163 EUNOS INDUSTRIAL ESTATE
Postcode	409582
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?	
Was any other material or property damaged?	NO
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

WHILE MOVING OFF, DRIVER CHANGE WRONG GEAR, VEHICLE REVERSE & HIT 3RD PARTY

Attachment(s)

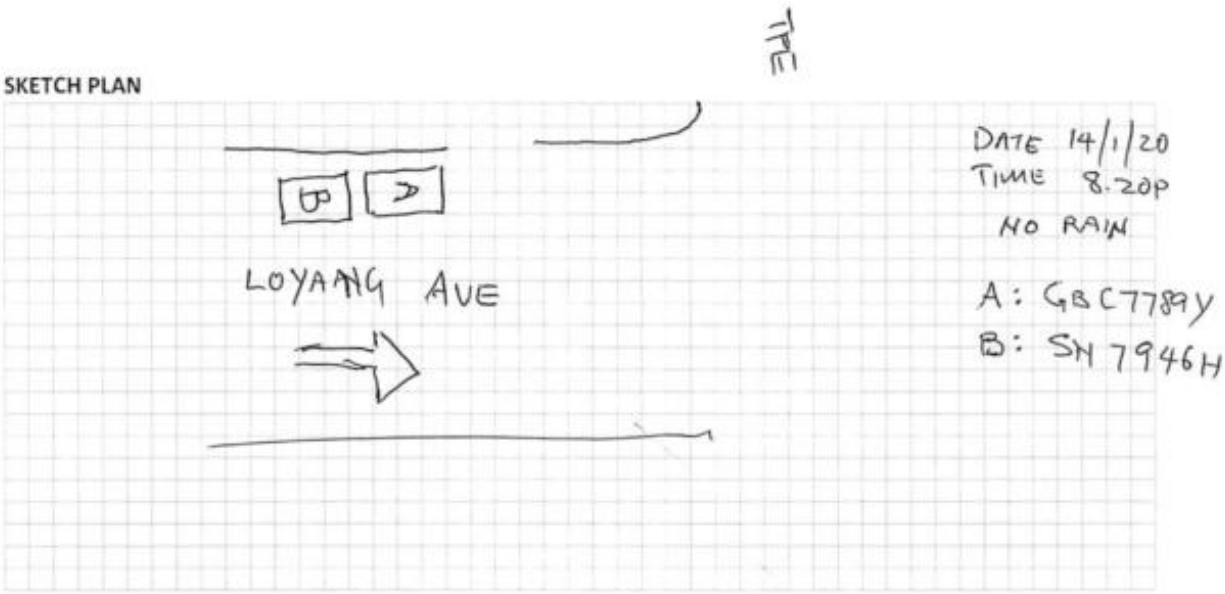
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7946H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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

WHILE MOVING OFF, DRIVER ENGAGE WRONG GEAR, VEHICLE REVERSE & HIT 3RD PARTY.

NO INJURY.

TAXI : 1 PASSENGER

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time: 15/1/20 10.05 AM	NRIC/FIN No.:

Driving License

Driving License

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	07 Aug 2013

Licence No:G8474556T

NP 428A

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:

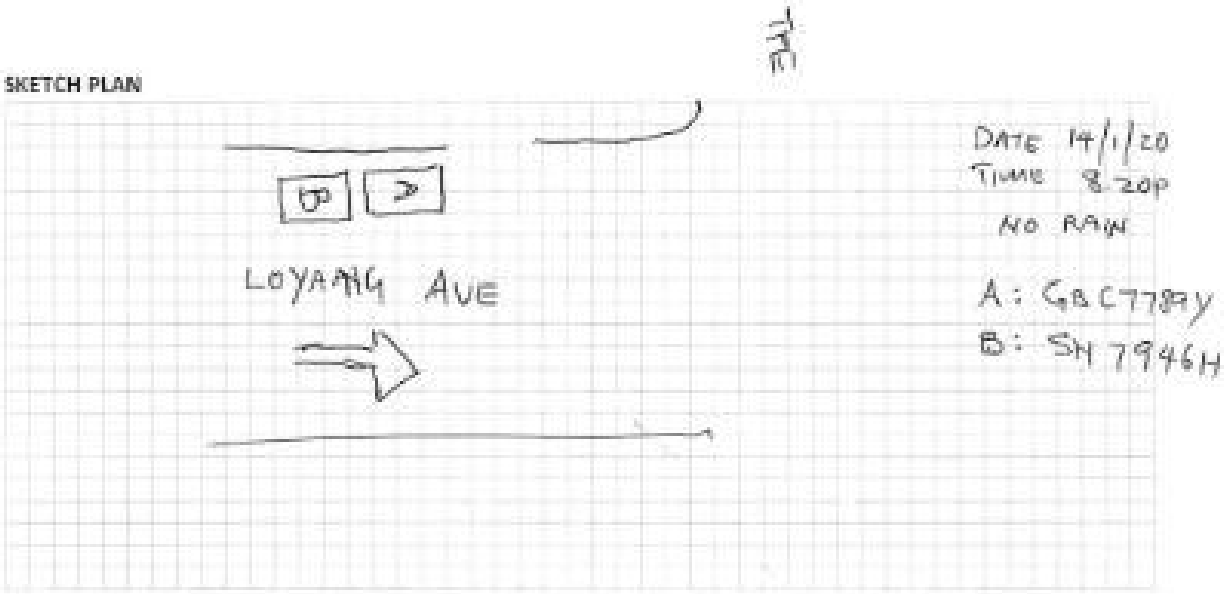
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 15/1/20 10 . 06	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

REPORT

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time: 15/1/20 10.05 AM	NRIC/FIN No.:

VEHICLE

VEHICLE

VEHICLE

VEHICLE

VEHICLE

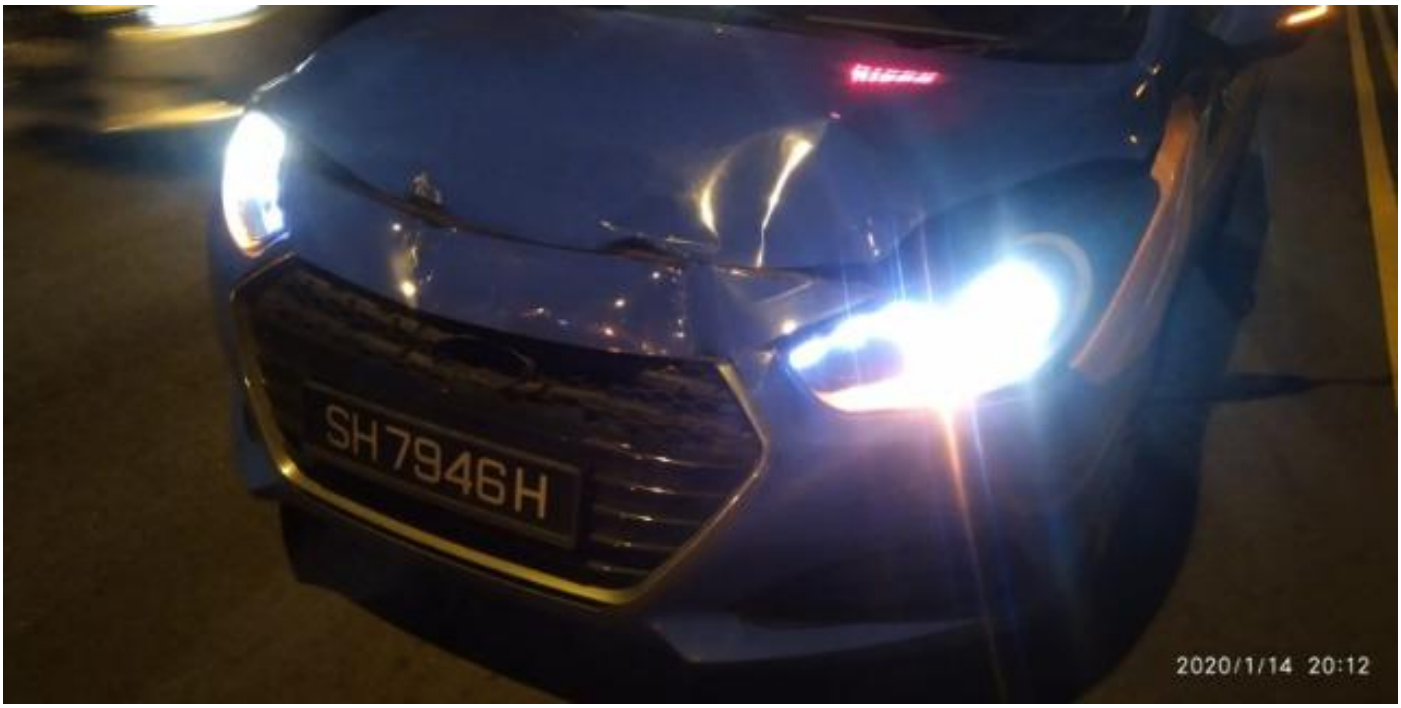
DPF LEVEL
DPF
6:15 PM
000 km 288595
80
100
kmh
E
F
1
2
3
4
5
x1000r/min

VEHICLE

CHASSIS NO : FEA01BA00042
U.W. : 2140KG
M.L.W. : 3500KG
PASS CAP : 02
TYRE SIZE : F – 185/75R15
: R – 185/75R15(D)

VEHICLE

VEHICLE



VEHICLE

VEHICLE

VEHICLE

VEHICLE

VEHICLE

Identification Card

Identification Card

VISIT PASS

Immigration Regulations

14-03-2018

Name

SUBRAMANI MANIKANDAN

FIN

G8474556T

Date of Birth

30-12-1987

Sex

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.

LOCATION

INDIA INTERNATIONAL INSURANCE PTE LTD
Co. Reg. No. 199703792E | GST Reg. No. M2-0078006-E
64 (Cecil Street) | #04 | #05 | #06-02 | IOB Building | Singapore 049711
Office (65) 63376100 Email insure@iii.com.sg
Fax (65) 62244174 Website www.iii.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES (REVISED), 1999 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D18MCV0002346_01 **COVER: Comprehensive**

1. **Index Mark and Registration Number of Vehicle** : **GBC7789Y**
   Chassis No : **FEA01BA00042**
2. **Name of Policyholder** : **DELCO ART INTERIOR PTE LTD**
3. **Effective date of Insurance** : **05 Nov 2019**
4. **Expiry date of Insurance** : **04 Nov 2020**
5. **Persons or Classes of Persons entitled to drive***

   Any person who is driving on the Policyholder's order or with their permission.
   Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. **Limitations as to use***
   a) Use in connection with the Policyholder's business.
   b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
   c) Use for social, domestic and pleasure purposes.

   The Policy does not cover
   a) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.
   b) Use whilst drawing a trailer except the towing of any certified mechanically propelled vehicle.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Excess Sect I : SGD600.00
Windscreen Excess: SGD100.00
Hire Purchase Company : Mercedes-Benz Financial Services Singapore Ltd

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF $2500/- ON SECTION I WILL BE APPLICABLE.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Agent/Broker : A0000211/Tan Shi Jack
Date of Issue : 04/10/2019 10:26:52
M.T. 300C - GOODS CARRYING(ORGANIZATION)

For **India International Insurance Pte Ltd**

Authorised Signatory