

## 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	13/12/2019 18:13
Date Of Accident	07/12/2019 14:30
Exact Location Of Accident	PIE TOWARDS TUAS NEAR THOMSON EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2384Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DAINAN TECH (S) PTE LTD
Co Reg No	198102767H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96449921
Alternative Phone No	OFFICE-68977924

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE-1.5 (M)
Exact Purpose for which vehicle was being used at time of accident	WORK RELATED
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MCV000730
Cover Note Number	

### Driver

Name of Driver	SATHASIVAM SHANMUGANATHAN
NRIC No	G6172040K
Date Of Birth	08/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	09/03/2009
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	+65-96449921
Fax Number	
Contact Number	OFFICE-68977924
Email Address	NOEMAIL

Address	10, GUL STREET 3
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - EMPLOYEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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

ON 07/12/2019 AT ABOUT 2030 HOURS, I WAS DRIVING MY COMPANY VAN REG NO: GBF2384Z ALONG PIE TOWARDS TUAS. I WAS DRIVING IN LANE 3. NEAR THOMSON ROAD EXIT, SUDDENLY A MOTOR TAXI REG NO: SHC7393T WHICH WAS IN LANE 2 ON MY RIGHT LOST CONTROL AND SKIDDED. THIS RESULTED IN THE TAXI LEFT REAR SIDE COLLIDING ONTO MY COMPANY VAN REG NO: GBF2384Z FRONT RIGHT DRIVER'S CABIN DOOR. AFTER THE ROAD TRAFFIC ACCIDENT, THE TAXI DRIVER ADMITTED HIS MISTAKE AND ASKED ME TO PROCEED WITH 3RD PARTY INSURANCE CLAIM AGAINST HIS MOTOR TAXI REG NO: SHC7393T. AT THE TIME OF THE ACCIDENT ROAD SURFACE WAS DRY AND WEATHER WAS FINE.

#### 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	SHC7393J
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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**

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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:

*Bala*

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



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

# Accident Sketch Plan Pg. 1

1/14/2020

E-FILE

## Sketch Plan

### SKETCH PLAN

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  - (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
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- (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
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  - (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:

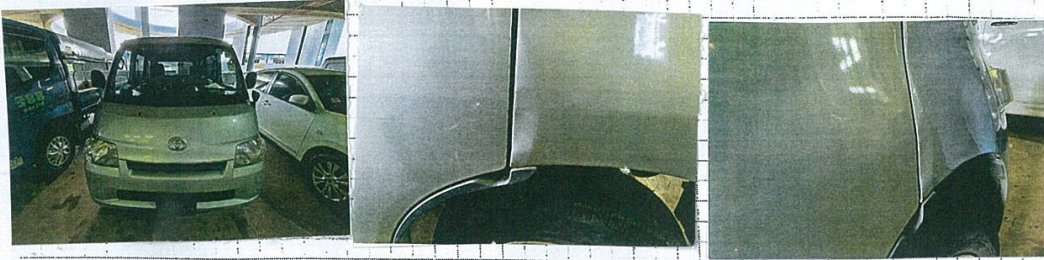


Reporting Centre Personnel's Signature  
Name: Red  
NRIC/FIN No.:



## SKETCH PLAN PAGE 1 Pg. 1

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

**Accident Vehicles:** GBF2384Z (Client) & SHC 7393T

**Date of Accident:** 07/12/2019

**Time of Accident:** At about 2030 hours

**Location:** PIE towards Tuas near Thomson Road Exit

3

#### **BRIEF FACTS OF ACCIDENT CASE**

On 07/12/2019 at about 2030Hours, I was driving my Company Van Reg No: GBF2384Z along PIE towards Tuas. I was driving on Lane 3

Near Thomson Road Exit, suddenly a Taxi Reg No: SHC7393T which was in Lane 2 on my right lost control and skidded.

This resulted in the taxi left rear side colliding onto my company van front right driver's cabin door.

After the road traffic accident, the taxi driver admitted his mistake and asked me to proceed with 3<sup>rd</sup> Party insurance claim against his taxi.

At the time of the road traffic accident, weather was fine and road surface dry.

#### **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.:

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo





Accident Photo





Accident Photo



# Addendum Sheet Pg. 1



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  
UEN: S665S00206 / 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 : MICLA 1916 4408 Vehicle Registration No: GBF 2384 Z  
Name (as shown in NRIC) : DAINAN TECH (S) PTE LTD CO. UEN NO. 198102167 H  
NRIC/FIN/Passport No :  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 10 GUL STREET 3 Singapore 629266  
Contact (Tel) : 6897 7923 / 7924 Mobile No. :  
Email Address : Yanfei@dainan.com.sg & Lincoln@dainan.com.sg  
Date of Accident : 07/12/2019 Time of Accident : 14.30 hours  
Place of Accident : PIE Towards Tuas near Thomson Exit  
Insurance Company : India International Insurance

### (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:

(1) Need to upload sketch Plan

(2) Need to input brief facts of accident

Policyholder / Driver's Signature

Date: 20/01/2020

Lincoln Sim / Director



Reporting Centre Personnel's Signature

Name: Paul Anthony Fernandez

NRIC/FIN No.:

Date: 20/01/2020



# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
5 Selegie Quay #18-05 Singapore 068250  
Tel (65) 6224 0032 Fax (65) 6224 0038  
Operating Hours: Monday to Friday, 0900 - 1700  
RECORDS MANAGEMENT CENTRE  
Unit 1802/1803 / 5 Selegie Quay, Singapore 068250

**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: 771211/19164408 Vehicle Registration No: 4BF 2384Z  
Name(s) of Person(s) Making: DAIMIAN TECH (S) PTE LTD CD UEN No: 19810276711  
NRIC/FIN/Passport No: \_\_\_\_\_  
["Vehicle Driver / Vehicle Owner(s)"] Please delete as appropriate  
Address: 10, GUR STREET 3 Singapore 142466  
Contact (Tel): 6897 7923 / 7924 Mobile No.: \_\_\_\_\_  
Email Address: Yanfei@daimian.com.sg & Linda@daimian.com.sg  
Date of Accident: 07/12/2019 Time of Accident: 1430 HOURS  
Place of Accident: PTE TOWARDS TANG THONGSIN EXIT  
Insurance Company: INDIA INTERMEDIATE INSURANCE

### (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:

To amend the vehicle number of TAXI involved in the road traffic accident

The correct vehicle number is 5HE 7993J

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
  
  
 Reporting Centre Personnel's Signature  
 Name: Paul Anthony  
 NRIC/FIN No: \_\_\_\_\_  
 Date: 28/01/2020

\_\_\_\_\_  
  
  
 Policyholder / Driver's Signature  
 Date: 06/03/2020  
 Name: Yanfei  
 NRIC/FIN No: \_\_\_\_\_