MSNH20032280 / S & H Motor Pte Ltd - Sin Ming ENTRY DATE & TIME: 13/03/2020 18:21 SUBMITTED BY: Wong Kee Nyuk

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 <u>truthful and accurate</u> 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/03/2020 18:21
Date Of Accident	13/03/2020 01:30
Exact Location Of Accident	PHILLIP STREET JUNCTION CHURCH STREET
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	WD22T
Insured/Policyholder	
Name Of Registered Owner	MDI ENGINEERING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84043941
Alternative Phone No	OFFICE-84043941
Vehicle Particulars	
Manufacturer	ISUZU
Model	-
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107650836-01
Cover Note Number	
Driver	

Name of Driver JAYARAMAN KALAIYARASU

NRIC No F7696297U
Date Of Birth 01/06/1975
Occupation OUTDOOR
Date Of Driving Pass 26/08/2015

Driving Experience 4 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84043941

Fax Number
Contact Number

EMail Address NOEMAIL

Address

Postcode

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 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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

refer attached report.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHC8790P

Vehicle Registration Number

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

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- 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:

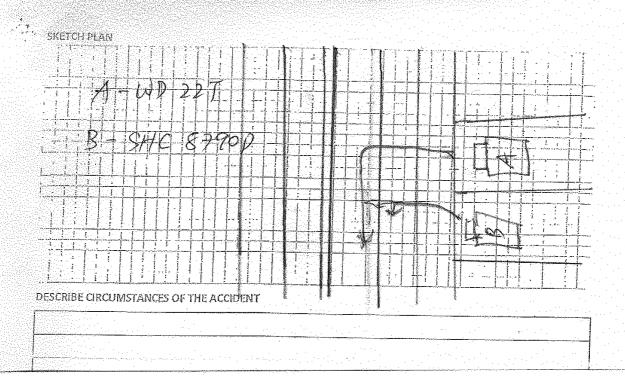
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GL") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this actident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers") the insurers lawyers/law firsts, the Monetery Authority of Singapore and any relevant government agency/authority (s. cf. as the police), for the purpose(s)
 - (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 daims:
 - (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, it voices, resorts or notices to me,
 which could involve disclosure of certain personal data about me to bring about leavery 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 dains. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this socioent and the linearers' is eyers/less firms, may have 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 provides on agents including their tempers/aw firms), which may be steel purpose.
- (d) pry Personal information will also be conected and used to comple claims higher after the purpose of transities of an execution, investigation and meragement in present and an following claims.
- (e) the information so collected under (d) above may be that eb / discloses.
 - (a) the off resumers studied and other lives declarated as as a security, a west grain, conversing or managing transformation. The enforcement and government agencies as reasonably regulated for the purposes status, or
 - ing the consisting with reconstructed above and operations, that is most interest.

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I was traveling on the rightmost lane of Phillip Street (Phillip Street is a 2-lane road) and turning left into the Church Street.

The leftmost lane of Church Street has road works going on (at the junction).

As I was turning left 3rd party SHC8790P came from my left and tried to overtake my vehicle and cut into my lane to turn left also. As a result 3rd party front right corner hit onto my vehicle left rear wheel area.

After the accident we exchanged our particulars and no injuries in this accident.



I / loke

DECLARATION

We declare **the pare p**oing particulars are true in every respect.

Policyholder **Stahe**r Date & Tilhe: Driver's Signature (If driver is not the policyholder)

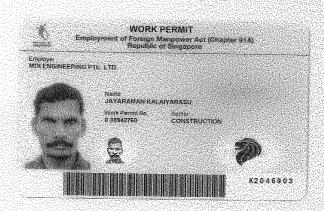
Date & Time:

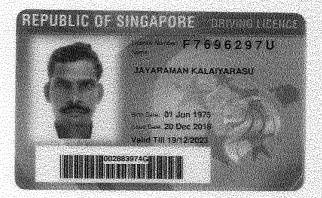
Reporting Centre Personnel's Agnature Name:

NBIC/FIN No.:

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Identification Card Pg. 1





Driving License Pg. 1



