

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	25/03/2020 15:07
Date Of Accident	25/03/2020 11:30
Exact Location Of Accident	ANG MO KO AVE 6 & ANG MO KIO AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM6532C
Insured/Policyholder	
Name Of Registered Owner	A&L LEASING PTE LTD
Co Reg No	2XXXXX256R
Email Address	INSURANCE@ANL.SG
Mobile Phone No	
Alternative Phone No	Office-63627228

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE84BE6SRDEA-3.0 D B30 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MJ001890-R01
Cover Note Number	

Driver

Name of Driver	PIRAMAIYAN VETRISLVAN
Passport No/FIN	GXXXX393T
Date Of Birth	06/05/1991
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2019
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83450245

Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	N/A
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	2
Passenger 1	Name: : KANNAH SADAYAVEL Gender: : Male

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 SKETCH PLAN

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	SHD6899T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAP HAN LONG
NRIC/Passport Number	SXXXX155I
Contact Number	91797765
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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:

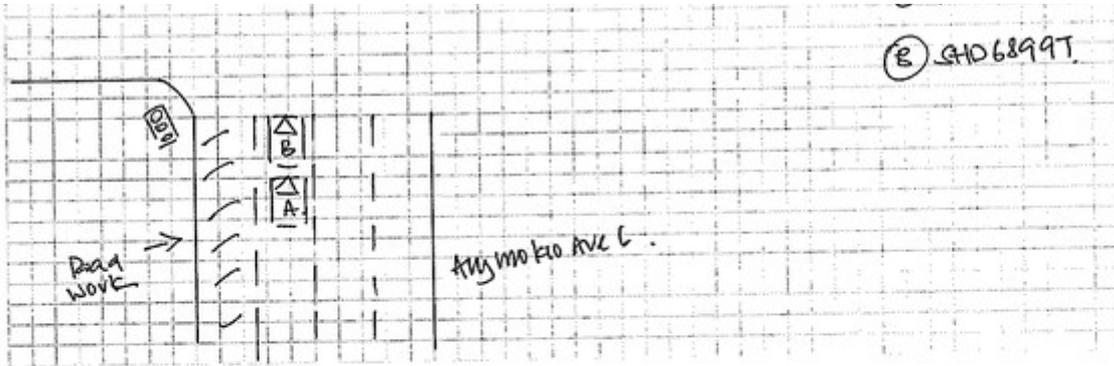
P. Vamsaran
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN

<i>10/10/2019</i>	<i>10/10/2019</i>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/03/2020 @ around 1130hrs, I was travelling along Any Mo Kio Ave 6. While near the traffic light junction with Any Mo Kio Ave 9 suddenly vehicle B jammed his brake & I applied my brake & it's already too late & caused me hit onto his rear portion.

DECLARATION

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

Claim own policy
 Claim third party
 Claim OD / TP at other workshop
 For record purpose
 Policy No. 19-MJ001090-P01
 Insurer TOKIO Veh.No. VM6532C

 Policyholder's Signature
 Date & Time:

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

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

GMN/C SketchPlanForm V3

AUTHORISE LETTER



A&L LEASING PTE LTD

11 MANDAI ESTATE #05-09 ELDIX SINGAPORE 729908

TEL: 6362 7228 FAX : 6366 9708

UEN NO. : 201026256R

DATE : 25 March 20

TO : PERSON IN CHARGE

DEAR SIR/MADAM,

RE: AUTHORISATION OF USAGE OF COMPANY VEHICLE: YM6532C

THIS LETTER IS TO STATE THAT THE BELOW MENTIONED PERSON IS AUTHORISED TO USE THE VEHICLE FOR WORK PURPOSES.

NAME: Piramaiyah Vetivelvam

IC NO. /FIN: 623103937

VEHICLE NO.: YM6532C

FOR ANY CLARIFICATION, YOU CAN CONTACT ME AT

NAME: Cheryl Lee

CONTACT NO.: 63627228

EMAIL: insurance@anl.sg

THANK YOU FOR YOUR CO-OPERATION.

YOURS FAITHFULLY,

Cheryl Lee
COMPANY'S NAME & STAMP



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

