

## 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	30/03/2020 20:39
Date Of Accident	25/03/2020 09:00
Exact Location Of Accident	PIE (CHANGI) SIMEI EXT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6383P
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#### Insured/Policyholder

Name Of Registered Owner	SHARP ENGINEERING & CONSTRUCTION PTE LTD
Co Reg No	2XXXXX732C
Email Address	XDETOX32@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94479480
Alternative Phone No	OFFICE-84456539

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3054421900
Cover Note Number	

#### Driver

Name of Driver	SUBRAMANI LAKSHMANAN
Passport No/FIN	GXXXX343L
Date Of Birth	03/05/1991
Occupation	OUTDOOR
Date Of Driving Pass	30/06/2016
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94479480
Fax Number	
Contact Number	OTHERS-84456539
Email Address	XDETOX32@GMAIL.COM

Address	17 JALAN BESUT
Postcode	619570
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?	YES
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)	3
Passenger 1	NAME: : VIRUTHASALAM SATHEESHKUMAR GENDER: : MALE
Passenger 2	NAME: : CHIDAMBARAM ANNAMALAI 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

PLEASE 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	SKC7201U
Vehicle Make/Model/Colour	MITSUBISHI LANCER GLX
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)

DETAILS OF INJURED PERSON 1

Name VIRUTHASALAM SATHEESHKUMAR  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? GBH6383P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name CHIDAMBARAM ANNAMALAI  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? GBH6383P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

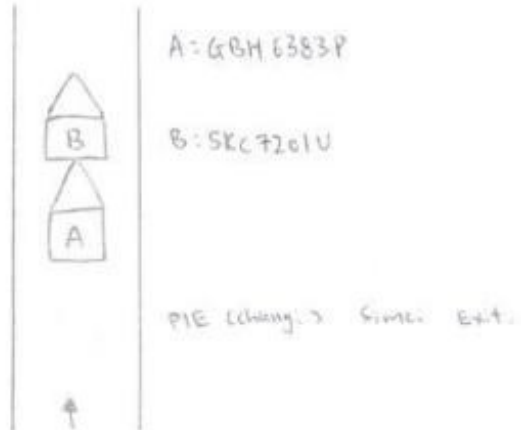
#### IMPORTANT NOTICE

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6. The 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 lodging 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 work/employer 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 analysing, 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.

<p>Policyholder's Signature: </p> <p>Date &amp; Time: _____</p>	<p>Driver's Signature: </p> <p>(If driver is not the policyholder)</p> <p>Date &amp; Time: _____</p>	<p>Report Centre Person's Signature: </p> <p>Date &amp; Time: 30/03/2020</p>
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# Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, I was traveling straight

when suddenly vehicle B jam brake. I couldn't stop in time

and collided onto vehicle B rear portion.

## DECLARATION

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

Policyholder's Signature: *[Signature]*  
 Date & Time: *[Signature]*

Engineer's Signature: *[Signature]*  
 Date & Time: *[Signature]*

Stamp: ENGINEERING & CONSULTANTS LTD. Reg No. 201712732C

Reporting Centre Person's Signature: *[Signature]*  
 Name: *[Signature]*  
 REGISTRATION No.: *[Signature]*

**Intemedical 24 Hr Clinic**  
 525 Ang Mo Kio Avenue 10, #01-2407  
 Singapore 560525 Tel: 69192998

Co Reg No : 201701498E

GST Reg No : 201701498E

**TAX INVOICE**

VIRUTHASALAM SATHEESHKUMAR  
 1 SOON LEE STREET  
 #05-31 PIONEER CENTRE  
 S(627605)

Invoice No. : 44102  
 Our Reference : 28080  
 Date : 25 Mar 2020

Patient : VIRUTHASALAM SATHEESHKUMAR (G7398889L) Doctor : ONG SWEE SENG RAYMOND

DESCRIPTION	QTY	FEE (S\$)
ANAREX	20.00 tabs	8.00
COGESIC - HOT	1.00 tube	8.00
CONSULTATION		18.00
	Sub-Total	34.00
	Add GST 7.0%	2.38
	Rounding Adjustment	-0.08
	Total Amount Payable	36.30
	Receipt No. 54172 - NETS Payment Received	36.30
	Outstanding Balance	0.00

All cheques should be crossed and made payable to :

Intemedical 24 Hr Clinic

This is a computer generated invoice which does not require a signature  
 E. & O.E

**Intemedical 24 Hr Clinic**

525 Ang Mo Kio Avenue 10, #01-2407

Singapore 560525 Tel: 69192998

GST Reg No : 201701498E

Co Reg No : 201701498E

**TAX INVOICE**

CHIDAMBARAM ANNAMALAI  
1 SOON LEE STREET  
#05-31 PIONEER CENTRE  
S(627605)

Invoice No. : 44103  
Our Reference : 28079  
Date : 25 Mar 2020

Patient : CHIDAMBARAM ANNAMALAI (G8389678M)

Doctor : ONG SWEE SENG  
RAYMOND

DESCRIPTION	QTY	FEE (S\$)
ANAREX	20.00 tabs	8.00
COGESIC- HOT	1.00 tube	8.00
CONSULTATION		18.00
	Sub-Total	34.00
	Add GST 7.0%	2.38
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E. & O.E

Intemedical 24 Hr Clinic

525 Ang Mo Kio Avenue 10, #01-2407

Singapore 560525 Tel : 69192998

## Medical Certificate

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Date : 25 Mar 2020

MC No. : 0000040373

This is to certify that :

Name : CHIDAMBARAM ANNAMALAI

NRIC : G8389678M

is Unfit for Duty for 2 days

from 25/03/2020 to 26/03/2020 inclusive.

  
ONG SWEE SENG RAYMOND  
MBBS (SINGAPORE)

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*



Intemedical 24 Hr Clinic

525 Ang Mo Kio Avenue 10, #01-2407

Singapore 560525 Tel : 69192998

### Medical Certificate

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Date : 25 Mar 2020

MC No. : 0000040374

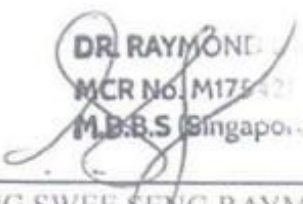
This is to certify that :

Name : VIRUTHASALAM SATHEESHKUMAR

NRIC : G7398889L

is Unfit for Duty for 2 days

from 25/03/2020 to 26/03/2020 inclusive.

  
DR. RAYMOND  
MCR No. M17542  
MBBS (Singapore)

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ONG SWEE SENG RAYMOND

MBBS (SINGAPORE)

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Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

