

## 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	11/08/2020 15:49
Date Of Accident	11/08/2020 14:00
Exact Location Of Accident	SERANGOON ROAD BEFORE TOWNER ROAD (JUNCTION)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6370R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SELVARAJU SUBRAMANIAM
NRIC No	S7189286G
Email Address	SUBRAMANIAMSELVARAJU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91715538
Alternative Phone No	OTHERS-91715538

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3073801901
Cover Note Number	17/11/19 - 16/11/20

### Driver

Name of Driver	SELVARAJU SUBRAMANIAM
NRIC No	S7189286G
Date Of Birth	27/05/1971
Occupation	OUTDOOR
Date Of Driving Pass	04/02/2000
Driving Experience	20 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91715538
Fax Number	
Contact Number	OTHERS-91715538
Email Address	SUBRAMANIAMSELVARAJU@GMAIL.COM

Address	BLK 887C WOODLANDS DRIVE 50 #09-605
Postcode	733887
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	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

REFER ATTACHED.

#### 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	SLH4602C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO CHUAN CHOON
NRIC/Passport Number	S2572627H
Contact Number	98157063
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: STK 6370 R  
INSURER : CHINA MARINE  
DATE & TIME: 11/05/2020 2:00pm

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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.

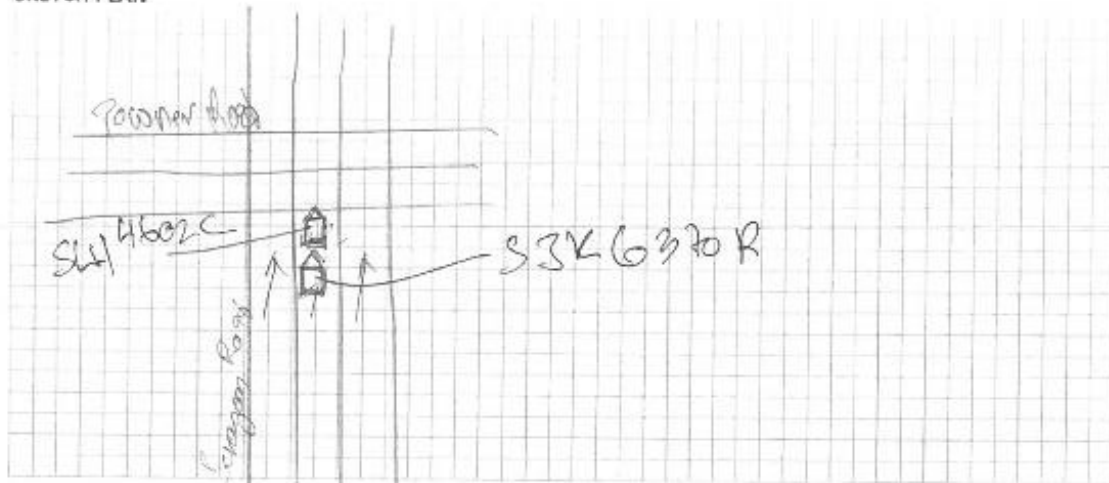
Sehugan  
Policyholder's Signature  
Date & Time: 11/05/20

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

(W.L.) 11/8/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am alone driving along Saraggon Road towards Pk Tuas. Before junction at Towner Road, the vehicle in front make sudden brake. At that movement my car SJK 6370R hit the SHH 4602C pump car and cause minor damage to vehicle SHH 4602C. No one injury at that time.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

### DECLARATION

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

*Schmar*

Policyholder's Signature

Date & Time: 11/8/20 15:29

Driver's Signature

(If driver is not the policyholder)

Date & Time:

(UL) and 11/8/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

(If Policyholder's Name is Not Known)

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( ) *Schmar*

Driving License



Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No: S7189286G

NP 428A

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S7189286G**



Name  
**SELVARAJU SUBRAMANIAM**

**சு செல்வராஜு**

Race  
**INDIAN**

Date of birth  
**27-05-1971**

Sex  
**M**

Country/Place of birth  
**MALAYSIA**





Identification Card

9462084

NRIC No. S7189286G

Nationality  
MALAYSIAN

Date of Issue  
05-10-2017

Address  
APT BLK 887C WOODLANDS DRIVE 50  
#09-605  
SINGAPORE 733887





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





## SCENE



SCENE





SCENE

