

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	20/08/2020 17:57
Date Of Accident	20/08/2020 09:30
Exact Location Of Accident	JUNC GUILLEMARD RD & GUILLEMARD CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8133S
Insured/Policyholder	
Name Of Registered Owner	M/S KAY-LINK CONSTRUCTION PTE LTD
Co Reg No	2XXXXX172E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62923380

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR85UH5A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3086821900
Cover Note Number	

Driver

Name of Driver	KARUPPIAH PALANICHAMY
Passport No/FIN	GXXXX241R
Date Of Birth	12/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	23/09/2008
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	+65-86535488
Fax Number	
Contact Number	OFFICE-86535488
Email Address	NOEMAIL

Address	10 UBI CRESCENT #07-78 UBI TECHPARK
Postcode	408564
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 - MAJOR/MINOR RD
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)	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 TO STATEMENT.

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	SLJ573T
Vehicle Make/Model/Colour	
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	KARUPPIAH PALANICHAMY
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Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP8133S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.



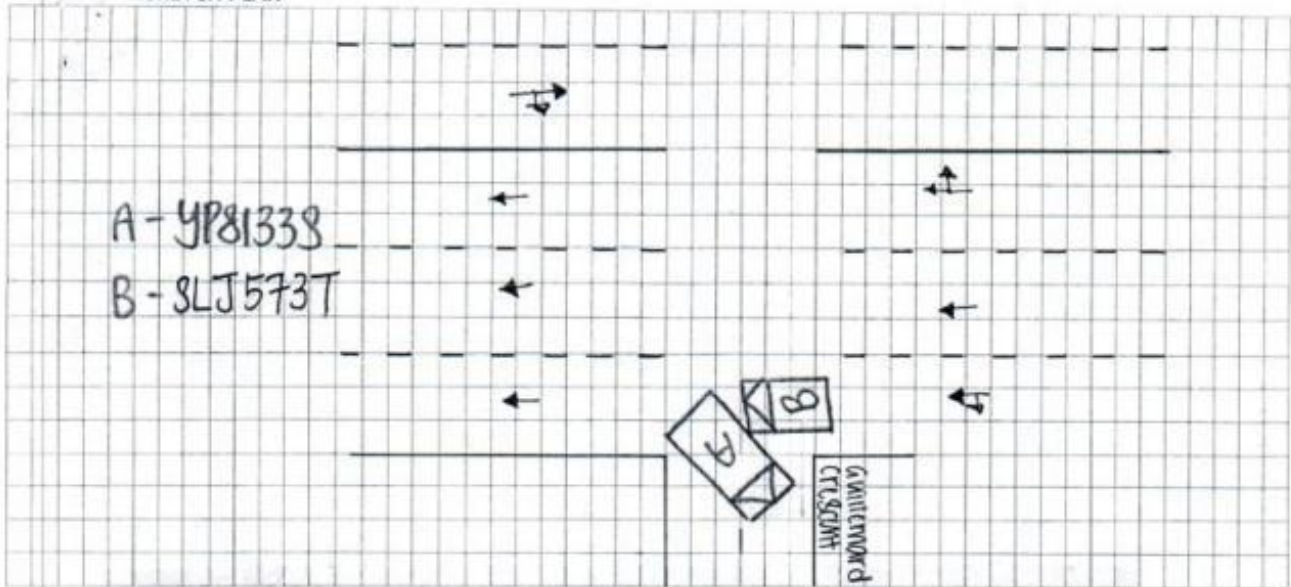
Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle is stationary at Guillemard Road waiting for the road to be clear to turn right onto Guillemard Crescent. While I made sure that there are not any cars approaching and the road is clear, I proceeded to make a right turn into Guillemard Crescent. While more than half of my vehicle is already in Guillemard Crescent, suddenly I heard a loud screeching sound and felt a huge impact on the rear left portion of my vehicle causing the rear part of my vehicle to swerve right.

DECLARATION

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



Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Addendum Sheet



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: S46880020G / 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 : MNA120071253 Vehicle Registration No: YP8133S
Name (as shown in NRIC) : KAY-LINK CONSTRUCTION PTE LTD NRIC/FIN/Passport No : 200922172E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 10 UBI CRESCENT UBI TECHPARK #07-78 Singapore (408564)
Contact (Tel) : 6292 3380 Mobile No. : 86535488
Email Address : _____
Date of Accident : 20/08/2020 Time of Accident : 0930
Place of Accident : JUNCTION GUILLEMARD ROAD & GUILLEMARD CRESCENT
Insurance Company : CHINA TAIPING

(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:

-THIRD PARTY CAR PLATE ON SKETCH PLAN AMEND TO SLJ573T

-THIRD PARTY CAR PLATE AMEND TO SLJ573T



Policyholder / Driver's Signature
Date: _____

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