

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	22/09/2020 15:24
Date Of Accident	21/09/2020 22:00
Exact Location Of Accident	CHANGI TOWARDS TPE/PIE (LAMP POST 536/6)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB4945M
Insured/Policyholder	
Name Of Registered Owner	AMD SERVICES PTE LTD
Co Reg No	2XXXXX818E
Email Address	LEE@AMDSCVS.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90215883

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMCVSN3079781900
Cover Note Number	

Driver

Name of Driver	SELVARAJ BALAKUMAR
Passport No/FIN	GXXXX631P
Date Of Birth	10/04/1988
Occupation	OUTDOOR
Date Of Driving Pass	02/09/2010
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86157743
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	5059 ANG MO KIO INDUSTRIAL PARK 2 #01-1275
Postcode	569562
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SUB-CONTRACTOR EMPLOYEE
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	RAINING
Road Surface	WET

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?	
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)	9
Passenger 1	NAME: : MIN MON GENDER: : MALE
Passenger 2	NAME: : NAING SOE GENDER: : MALE
Passenger 3	NAME: : VENKATESH GENDER: : MALE
Passenger 4	NAME: : GORUNTHAPPAN GENDER: : MALE
Passenger 5	NAME: : KUMARAPPAN GENDER: : MALE
Passenger 6	NAME: : KALAI SELVAN GENDER: : MALE
Passenger 7	NAME: : BOOMI SEKARAN GENDER: : MALE
Passenger 8	NAME: : SLALIN 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

I WAS DRIVING BEHIND SFR8228S, UNFORTUNATELY WHEN SFR8228S BRAKE SUDDENLY I WAS UNABLE TO STOP IN TIME THUS MY LORRY GBB4945M HAD BANG ONTO ITS REAR PORTION.

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 SFR8228S
Vehicle Make/Model/Colour HONDA CIVIC
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)

SKETCH PLAN

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. 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 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 ("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:



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

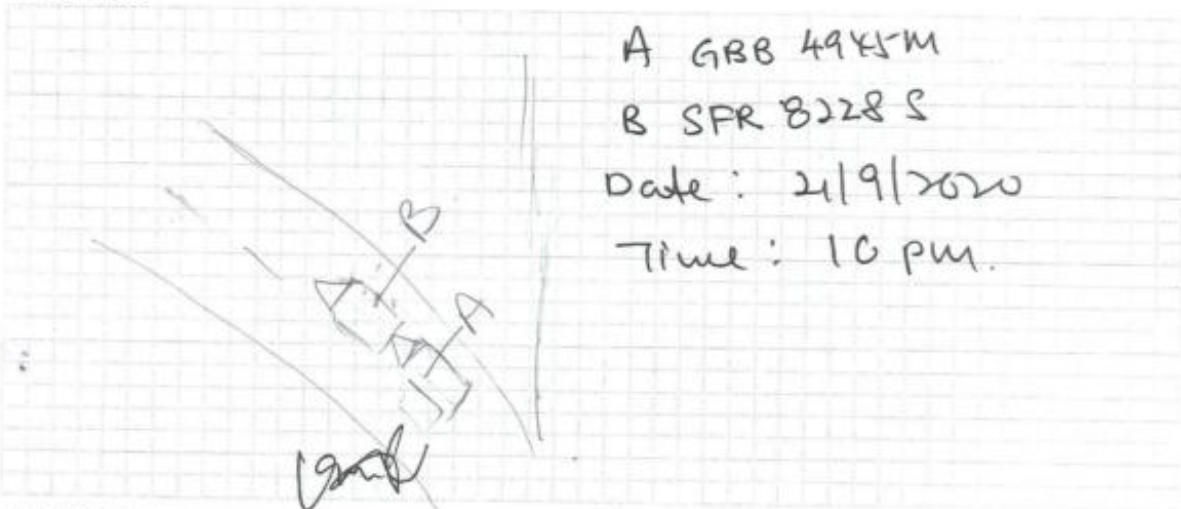


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving behind SFR 8228 S, unfortunately when SFR 8228 S brake suddenly I was unable to stop in time thus my Lorry GBB 49K5M had bang onto it's rear portion.

DECLARATION

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



Policyholder's Signature
Date & Time:

SP2010C SketchPlanForm_00

Signature of Driver

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

22/9/20



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

AUTHORIZATION LETTER



AMD SERVICES PTE LTD
60 Airport Boulevard, #37-14, S819643
Tel/Fax : +65 9021 5883
email : LEE@amdscvs.com
Co. Reg No. 201105818E GST Reg No. 201105818E

Title: Letter of Authorisation for use of vehicle (GBB4945M)

Dear Sir/Mdm,

The following personnel had been authorised by the company ; AMD SERVICES PTE LTD, UEN 201105818E, to drive the vehicle GBB 4945M on 21st September 2020, 22:00 during the time of accident.

Name: SELVARAJ BALAKUMAR
Fin No: G7863631P



Manager
LEE MEIXUAN MICHELLE
AMD SERVICES PTE LTD

PAGE 1 / 1



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MS300/C
N 5N
AN010LA
COMPREHENSIVE
AUTOSAPR

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1958 (Malaysia)

CERTIFICATE No. (MCMVSN2079721900 Engine No: 1KED1924940
Chassis No: JTFAT35Y00K200562
1. Index Mark and Registration Number of Vehicle GR54363M
2. Name of Policy Holder: M/S AMD SERVICES PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 20 NOVEMBER 2019 EX SECT. 1\$2500.00
EX ON WINDSCREEN\$2100.00
4. Date of Expiry of Insurance 19 NOVEMBER 2020
5. Persons or Classes of Persons entitled to drive *

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: *

- (1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:

- (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
- (2) USE WHILE DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPULSED VEHICLE.

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 93 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse for CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

TRUST PTE LTD
52, FOCH ROAD
#03-02
SINGAPORE 209274

TEL: 6488 0883 FAX: 6286 0295


EMAIL: trust@singnet.com.sg
Authorised Officer

Countersigned By:


Authorised Signatory

3 Anson Road #15-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.citaiping.com


Identification Card

 **WORK PERMIT**
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore


Employer
VS M & E SERVICES PTE LTD





Name
SELVARAJ BALAKUMAR

Work Permit No. 

Sector:
CONSTRUCTION







K2068193


REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G 631P**

Name:
SELVARAJ BALAKUMAR

Birth Date: 10 Apr 1988
Issue Date: 03 Sep 2020
Valid Till 02/09/2025



 003071471J

Identification Card

VISIT PASS
Immigration Regulations

21-01-2020

Name
SELVARAJ BALAKUMAR



FIN

Date of Birth
10-04-1988

Sex
M

Nationality
INDIAN

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass
App to check status



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 **Ambulances / Motor cars \leq 3000kg with \leq 7 passengers, exclusive of the driver / motor tractors or vehicles \leq 2500kg**

EFFECTIVE DATE

02 Sep 2010

NP 428A



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

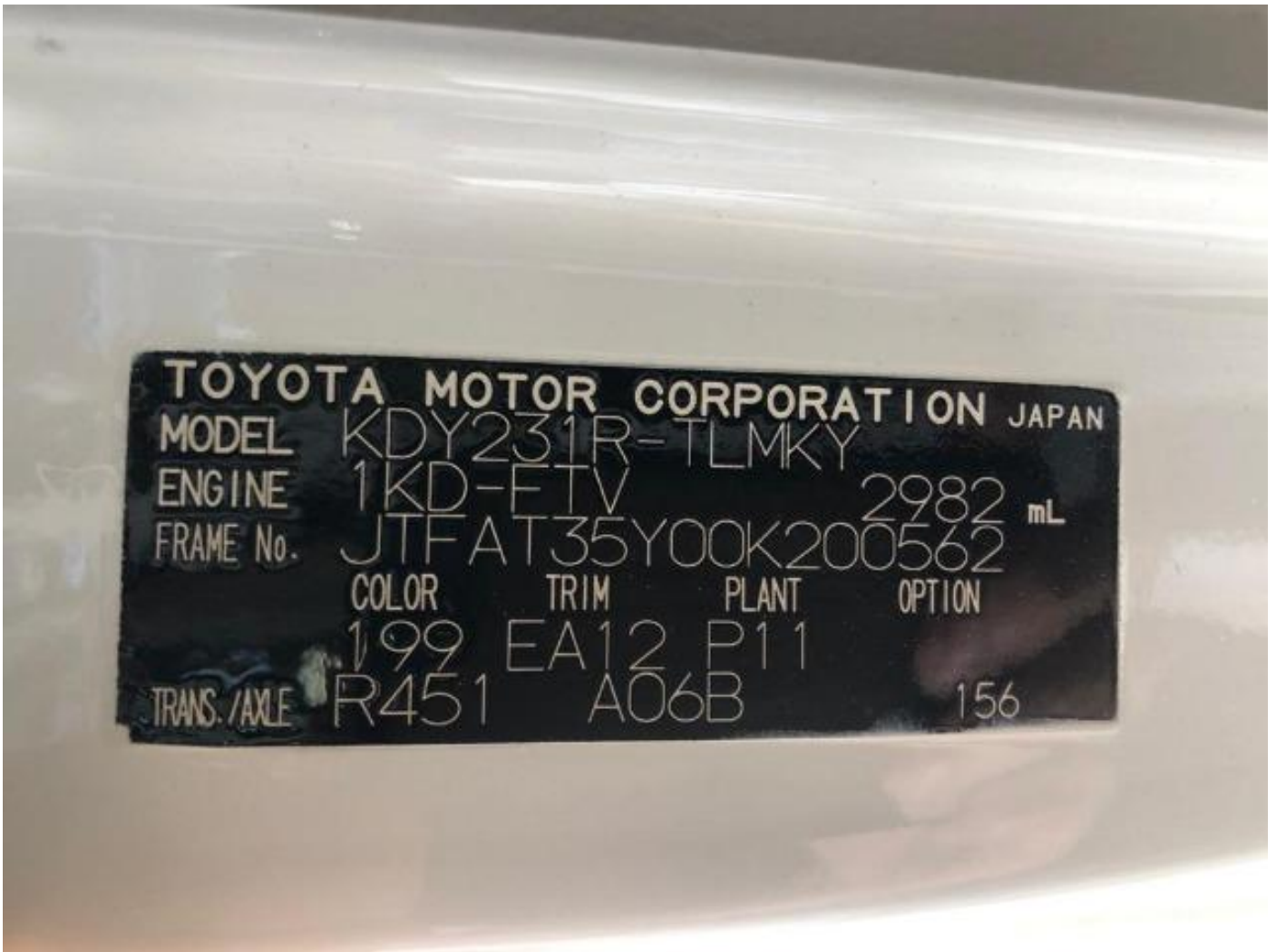


Accident Photo



Accident Photo





Accident Photo

