

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 ability
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 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	31/08/2016 11:48
Date Of Accident	30/08/2016 18:40
Exact Location Of Accident	AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC5496E
Insured/Policyholder	
Name Of Registered Owner	GALMON (S) PTE LTD
Co Reg No	198202184W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-68622277

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4A-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	
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	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P1399428
Cover Note Number	

Driver

Name of Driver	MANIMARAN A/L MUTHUSAMY
NRIC No	F7347260K
Date Of Birth	18/09/1974
Occupation	Outdoor
Date Of Driving Pass	06/01/2004
Driving Experience	12 Years And 7 Months
Gender	Male
Mobile Number	(Local) +65-90835202
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address
Postcode
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- Chain Collision
Weather Conditions Clear
Road Surface Wet

Other Information

Was any foreign vehicle involved in this accident? No
Was any body injured in the Accident? Yes
Was any other material or property damaged? Yes
Was there any video captured by Car Camera? No
Number of Passengers (Including Driver) 2

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 SKETCH PLAN
Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XB9737D
Vehicle Make/Model/Colour
Details Of Properties VEH B
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJG6797P
Vehicle Make/Model/Colour
Details Of Properties VEH C
Name of Driver
NRIC/Passport Number
Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name MANIMARAN A/L MUTHUSAMY
Approximate Age
Injuries Sustain 2 DAYS MC
Injured person in which vehicle? GBC5496E
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? No
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MAHENTHREN A/L ARUMUGAM
Approximate Age
Injuries Sustain 2 DAYS MC
Injured person in which vehicle? GBC5496E
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? No
Address
Postcode

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 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.
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.

Galmom (S) Pte Ltd
 50 Tuas Avenue 1
 Jurong Industrial Estate
 Singapore 639527
 Tel : 6862 2277 Fax : 6862 0520



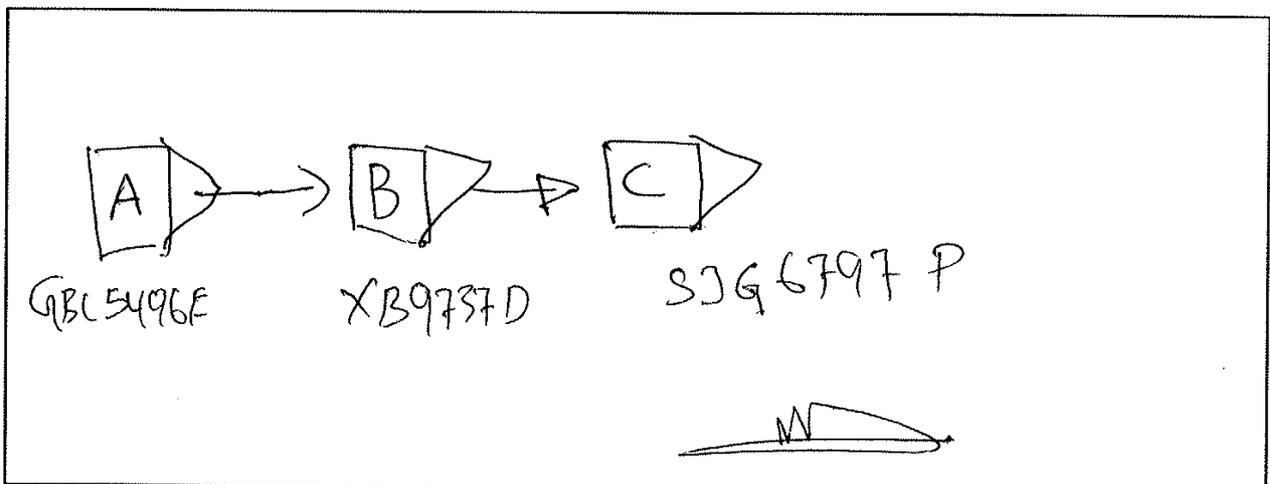

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

IVAN TEO

Sketch Plan



Describe Circumstances of the Accident

Front vehicle suddenly stop -> I cannot stop on time and hit on vehicle B rear position - when I get down and check it was a three car collision.



<p>You had been advised by the workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>		Reporting Only
	/	Claim OD
		Claim TP
		Claim OD/TP at other workshop

Declaration

I hereby declare that the foregoing particulars are true in every respect.
 50 Tuas Avenue 1
 Jurong Industrial Estate
 Singapore 639527
 Tel : 6862 2277 Fax : 6862 0520

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
 IVAN TEO

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **F 7347260K**

Name: **MANIMARAN A/L MUTHUSAMY**

Birth Date: **18 Sep 1974**
 Issue Date: **03 Jan 2014**
 Valid Till: **05 Jan 2019**

002261592C



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

Employer: **GALMON (S) PTE LTD**

Sector: **MANUFACTURING**

Name: **MANIMARAN A/L MUTHUSAMY**
 Occupation: **MACHINERY MECHANIC**

Work Permit No.: **S 27988233** Date of Application: **11-05-2007**
 Date of Issue: **29-02-2016**
 Date of Expiry: **02-03-2018**

 **L6542050**

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

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	06 Jan 2004
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	06 Jan 2004

NP 428A

Licence No: **F7347260K**



VISIT PASS
 Immigration Regulations

Name: **MANIMARAN A/L MUTHUSAMY**

Date of Birth	Sex	Nationality
18-09-1974	M	MALAYSIAN

FIN	Date of Issue	Date of Expiry
F7347260K	29-02-2016	02-03-2018

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



ETHOZ



Date: 31/08/2016

To: Owner of Vehicle Number: GBC5496E

The following has been advised to you via your workshop, ETHOZ PROTECT PTE LTD through their staff, IVAN TEO.

Please tick the applicable box if you had been advice on the content as seen below:

- You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
 - You had been advised by the workshop on the liability and merits of the case accordingly.
 - You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
 - There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
 - The Estimation waiting time for the spare parts to arrive is _____.
The estimated arrival time does not include the repair period.
 - You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
 - For vehicles below Three (3) years old, your Insurance company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your insurance company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- You had been advised by the workshop of the Twelve (12) months warranty for **Own Damage** repairs on workmanship related to the accident.
 - For Vehicles below Five(5) years old, you have been advised by the workshop to check with the local distributor on your warranty status.
 - Others _____

Signed and acknowledge by:

MANIMARAN A/L MUTHUSAMY

Galmon (S) Pte Ltd
50 Tuas Avenue 1
Jurong Industrial Estate
Singapore 639527
Tel : 6362 2277 Fax : 6862 0520

Name and signature of policyholder/ authorised driver

IVAN TEO



Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

