

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	04/01/2019 17:08
Date Of Accident	04/01/2019 07:00
Exact Location Of Accident	UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC4749J
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Insured/Policyholder

Name Of Registered Owner	TSS CONSTRUCTION & TRANSPORT PTE LTD
Co Reg No	201409501H
Email Address	TSSSELVAMI@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-87009661

Vehicle Particulars

Manufacturer	ISUZU
Model	TRUCK

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?	NO
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If No, Please state action to be taken	REPORTING ONLY
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Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1977700
Cover Note Number	

Driver

Name of Driver	ARUMUGAM PANDIYARAJ
Passport No/FIN	G6816450N
Date Of Birth	09/08/1987
Occupation	INDOOR
Date Of Driving Pass	02/11/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83742995
Fax Number	
Contact Number	
EEmail Address	APANDI1987@GMAIL.COM

Address	C/O BLK 75 WHAMPOA DRIVE #15-364
Postcode	320075
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?	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

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	SBS6593S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	LEE WAI CHONG
NRIC/Passport Number	G6947431X
Contact Number	90148129
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

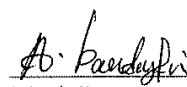
IMPORTANT NOTICE

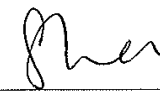
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

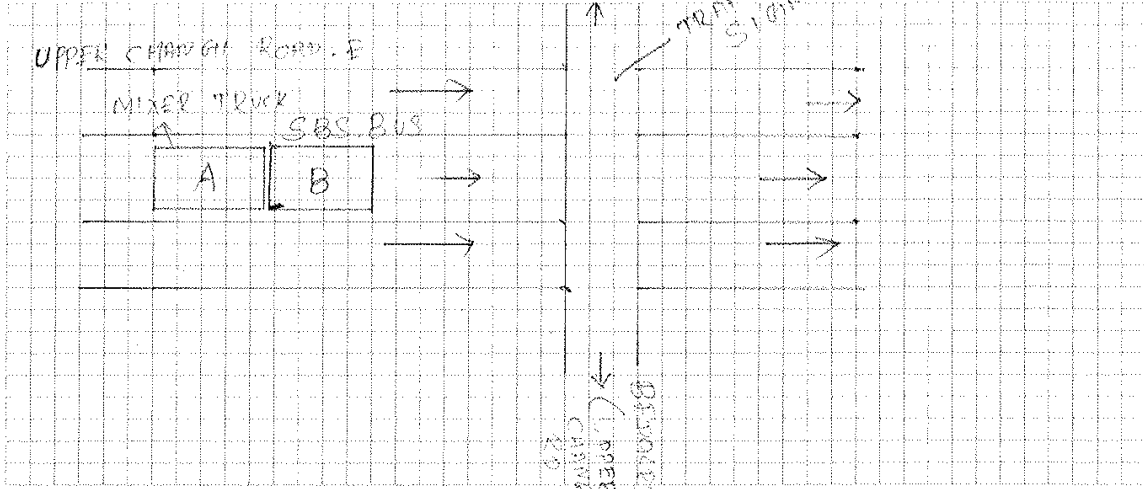

Policyholder's Signature
Date & Time: 04/01/2019
04:55 PM


Driver's Signature
(If driver is not the policyholder)
Date & Time: 04/01/2019
04:55 PM


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 4103

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

That kind of accident happen on 04-01-2019 early in morning 7.am along the upper changat road. that time waiting for traffic green signal that time truck "A" in front "B" SBS BUS also waiting for green signal that time vehicle "A" stop that time suddenly it brake fail slowly moving vehicle hit the behind of "B" vehicle [SBS] so the vehicle behind class totally backing

DECLARATION

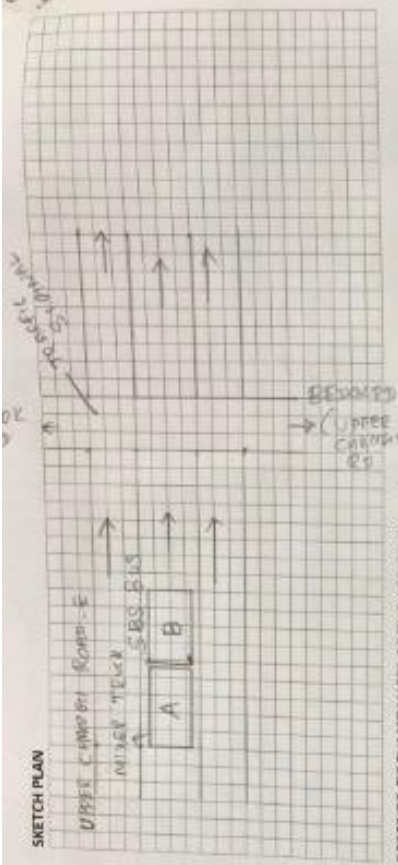
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 04/01/19
Company Chop (if applicable)
04/01/2019 4:55pm

Driver's Signature
(If driver is not the policyholder)
Date & Time:
04/01/2019 4:55pm

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 41057

A yellow pushpin is pinned to the top edge of the page.



that kind of accident hasn't
happened early in morning from along the
upper chapel road, that time writing "I
for traffic" green signal that time when A
in fact B" see B's also writing for green
signal that time Victor A's also that time
Subsequent to that, starting moving Victor
hit the behind of B's Vaner [see]
So the SAs Travis behind class
Totally braking

DECLARATION

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

Self-amy

Pull cylinder & Signature

Date & Time: 02/01/00
 Chemistry: Chen, J.

0/4

to bandage

If driver is not the policyholder

Date & Time:

6/28/10/Pro

270

no. 4105

Accident Photo



Accident Photo



Accident Photo



Accident Photo

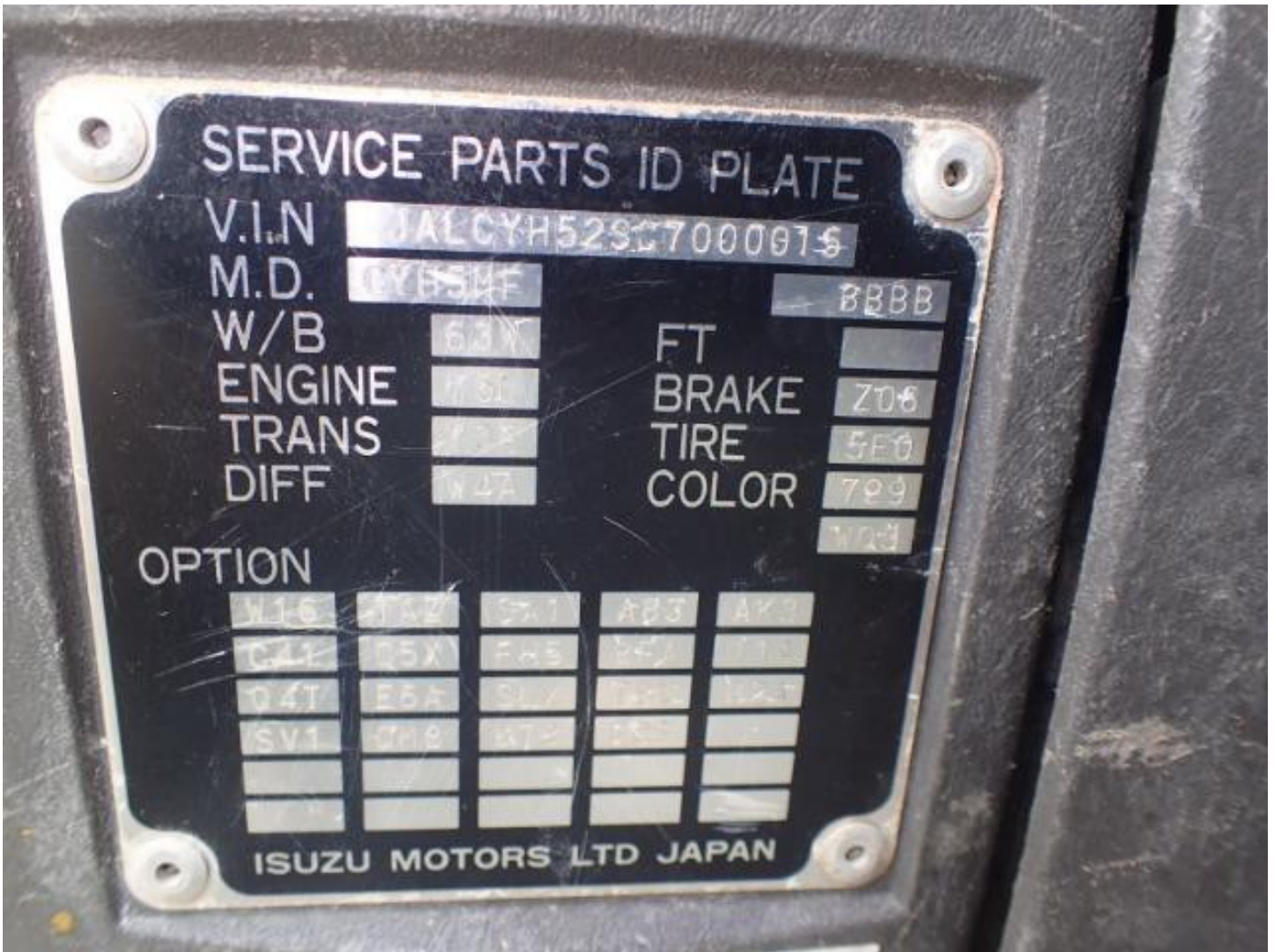


Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

