

## 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	01/11/2017 19:13
Date Of Accident	01/11/2017 07:45
Exact Location Of Accident	ALONG JURONG EAST AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP6451L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STVE PTE LTD
Co Reg No	198703585C
Email Address	ESTRAGOS1402@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-84140003
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-17087422MFCV
Cover Note Number	NA
<b>Driver</b>	
Name of Driver	GUNA SEGARAN S/O ARJUNAN
NRIC No	S9107746I
Date Of Birth	14/02/1991
Occupation	OUTDOOR
Date Of Driving Pass	20/05/2016
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84140003
Fax Number	
Contact Number	
Email Address	ESTRAGOS1402@GMAIL.COM

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR

Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? 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

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD, FOLLOWING VEHICLE B, AS I CAME NEAR IT, I SAW THE RIGHT SIGNAL LIGHT FLASHING AND I APPLIED MY BRAKES TO SLOW DOWN MY VEHICLE. AS I APPLIED MY BRAKES, SUDDENLY VEHICLE B, MADE A SUDDEN STOP AND ON SEING THIS I SWERVED MY VEHICLE TO MY LEFT TRYING TO AVOID IT BUT THERE WAS A BUS (VEHICLE C), WHO HAD ALSO STOPPED TO GIVE WAY TO ANOTHER VEHICLE, AND I ACCIDENTALLY GRAZED BOTH VEHICLE B AND VEHICLE C AND STOPPED MY VEHICLE. NOBODY WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

#### 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 SHD4640K

Vehicle Make/Model/Colour HYUNDAI / SONATA

Details Of Properties

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 PA9349R  
Vehicle Make/Model/Colour ISUZU / LT134P  
Details Of Properties  
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

# Sketch Plan

## 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 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 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.

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
HASHIM BIN KAMARI

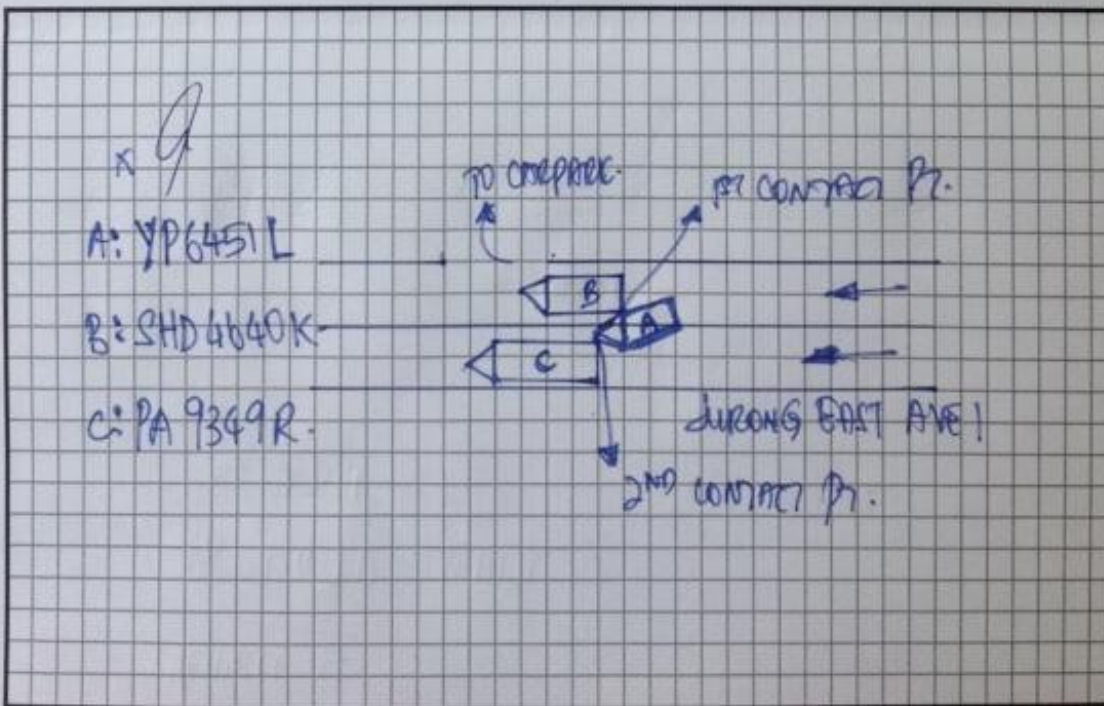
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

01117.

### Sketch Plan



## Common Statement

### ACCIDENT STATEMENT (2000 characters)

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD, FOLLOWING VEHICLE B, AS I CAME NEAR IT, I SAW THE RIGHT SIGNAL LIGHT FLASHING AND I APPLIED MY BRAKES TO SLOW DOWN MY VEHICLE. AS I APPLIED MY BRAKES, SUDDENLY VEHICLE B, MADE A SUDDEN STOP AND ON SEING THIS I SWERVED MY VEHICLE TO MY LEFT TRYING TO AVOID IT BUT THERE WAS A BUS (VEHICLE C), WHO HAD ALSO STOPPED TO GIVE WAY TO ANOTHER VEHICLE, AND I ACCIDENTALLY GRAZED BOTH VEHICLE B AND VEHICLE C AND STOPPED MY VEHICLE. NOBODY WAS INJURED.

STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

Taxi Voucher No.:

### DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

1 November 2017 at 5:56 PM

Date/Time:

1 November 2017 at 5:56 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Driving License

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  20 May 2016



NP 428A

Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S91077461



Name  
GUNA SEGARAN S/O ARJUNAN

குனா சேகரன்  
Race  
INDIAN

Date of birth  
14-01-1991

Sex  
M

Country of birth  
SINGAPORE

S91077461

the mailing of...  
out me to bring about de...  
handling and/or dealing with my claims.  
firms, may/are permitted to collect  
ents

Identification Card

