

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 Submission	11/05/2022 18:45 (SGT)
Date of Accident	11/05/2022 10:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NEWTON CIRCLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1219E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	NEW M-TECH ASIA PTE LTD
Company Reg No	2XXXXX124H
Email Address	AMMAN.KM@GMAIL.COM
Mobile Phone No	(Phone) +65-90022196
Alternative Phone No	+65-90022196

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5103481728-03
Cover Note Number	-

DRIVER

Name of Driver	KARUPPIAH ADHIKUNDHAN
Work Permit No	GXXXX476R

Date Of Birth	28/05/1989
Occupation	Outdoor
Date Of Driving Pass	27/06/2012
Driving experience	9 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97158397
Alt. Phone Number	-
Email Address	AMMAN.KM@GMAIL.COM
Address	NEW M-TECH ASIA PTE LTD
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	COLLEAGUE
Gender	Male

PASSENGER 2

Name	COLLEAGUE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

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	SHD5178Y
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

LICENSE PLATE: <u>UTR 1719E</u>	ACCIDENT DATE & TIME: <u>11/05/2012 - 10:45am</u>
CONTACT NUMBER: <u>02158222 / 9001215</u>	E-MAIL ADDRESS: <u>amman.km@gmail.com</u>
LOCATION: <u>Newton Road</u>	
<p>Today Morning I go to Scripps Road to Little Road in the morning 10:45am. I go to Newton Circle to I go Little Road Road the round side.</p> <p>I take ride side I take lane 2. The Taxi Driver also a same lane follow. He go to Newton Road.</p> <p>I already feel the single light in the right side.</p> <p>I take right the Taxi Driver hide my vehicle.</p> <p>Taxi number <u>SHD 5178 Y</u></p> <p>Newton Road and Duncannon road only have signal and camera.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
<p>Please state:</p> <p><input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only</p>	

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

C. Aguirre

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

[Signature]

Witnessed by Reporting Centre Personnel

NISSAN MOTOR CO., LTD. JAPAN

MC2E26

TYPE
型式

MC2E26

JN1MC2E26Z0004343

CHASSIS NO.
NO. DE CHASSIS

MVL2RDRE26KW3GBR-D

MODEL
MODELO

K51 W

YD25

2488

cc

RS5R91B

CA41

9

ENGINE
エンジン

TRANS., AXLE
トランスミッション, 軸

TRANSM., E.E.
トランスミッション, E.E.

工場

PLANT

MADE IN JAPAN

日産自動車株式会社



JN1MC2E26Z0004343













GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #12-00 Singapore 068580
 Tel (65) 6724 0030 Fax (65) 6724 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S66559266 / GST Reg. No.: M459017705

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: _____ Vehicle Registration No: G061219E
 Name (as shown in NRIC): Karupiah Adhikudhan NRIC/HIN/Passport No: G6685476R
 (* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore
 Contact (Tel): 90022196 Mobile No.: 97158397
 Email Address: amman.km@gmail.com
 Date of Accident: 11/05/2012 Time of Accident: 10:45 am
 Place of Accident: Newton Circle
 Insurance Company: _____

(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:

I want claim Third party
Passed Date 07/6/2012
2 passengers

Karupiah Adhikudhan
 Policyholder / Driver's Signature
 Date: _____

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