Your NCD will be affected due to late reporting

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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. <u>**Any false reporting may be referred to the Police for investigation.**</u>
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	07/10/2022 18:35 (SGT)
Reported by	Driver
Date of Accident	01/10/2022 16:28 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN ST 22 OSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX6158E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RICO ENGINEERING WORKS PTE LTD
Company Reg No	199800407G
Email Address	rewpl@ricoeng.com.sg
Mobile Phone No	(Phone) +65-64820153
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	0

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00005382200

DRIVER

Name of Driver	MUTHUSAMY THAMBIAYYA
Passport No/FIN	G2418464T
Date Of Birth	15/02/1981
Occupation	Outdoor

Date Of Driving Pass	10/09/2018
Driving experience	4 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-86162094
Alt. Phone Number	-
Email Address	chinnadurai6158@gmail.com
Address	C/O 252 JALAN KAYU
Address complement	-
Postcode	799475
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	NURUDDIN
Gender	Male

PASSENGER 2

Name	SHIRAJUL
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 STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMS5846P
Vehicle Manufacturer .... -
Vehicle Model .... -
Vehicle Variant .... -
Vehicle Colour .... -
Vehicle Category .... Private hire
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

VEH NO: GX 6158E
INSURER: China
DATE OF ACC: 01/10/22 @ 1628

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

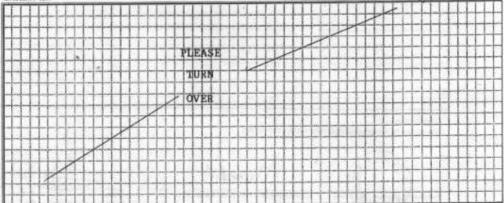(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
	Thambi 07/10/22	Jaylyn (AMK) 07/10/22

Sketch Plan

PLEASE
TURN
OVER

1

Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE

Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party (✓) Reporting Onlly

( ) Claim OD/ TP at other workshop (_____

Sketch Plan

BIK 291

A: GX 6158E
W/ 2 passengers.
1) Nuruddin -M
2)

B: SMS 5846P

Yishun ST 22

Vehicle No: GX 6158E (Ching)
Date & Time: 011.0/2022 @ 1628   (clear/dry)

I saw no vehicles on both left and right, as such i slowly drive
out. Out of a sudden, saw m/car SMS 5846P approaching at a fast
speed. As such, my vehicle front LH portion had collided onto the front
RH portion of SMS 5846P. No one was injured.

Declaration

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

Thanki

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) (AMK)

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