

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 06/12/2021 15:27 (SGT)
Date of Accident 04/12/2021 15:00 (SGT)
Exact Location of Accident Sims Way, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number WC1689T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner THIAM MENG TRANSPORTATION PTE LTD
Company Reg No 2XXXXX729Z
Email Address ANDY.LEE@PAS.SG
Mobile Phone No (Phone) +65-97512533
Alternative Phone No +65-86499908

VEHICLE PARTICULARS

Manufacturer Nissan
Model CONCRETE MIXER
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 Mobile equipment
Transmission Manual
CC 15681

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5108173016
Cover Note Number -

DRIVER

Name of Driver KAILASAM KANNAN
Passport No/FIN GXXXX955L

Date Of Birth	15/06/1982
Occupation	Outdoor
Date Of Driving Pass	12/08/2016
Driving experience	5 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86499908
Alt. Phone Number	-
Email Address	ANDY.LEE@PAS.SG
Address	BLK 421 PASIR RIS DRIVE 6 #05-245 LOYANG IND ESTATE
Address complement	-
Postcode	510421
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	Collision - Head to Rear
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO. T/20211205/2028.

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	SLG8882P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	TAN SIN YIT
Contact Number	(Phone) +65-97367186
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.
- (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.



K. Kanon
Policyholder's Signature
Date & Time:


K. Kanon
Driver's Signature
(If driver is not the policyholder)
Date & Time: 06/12/21



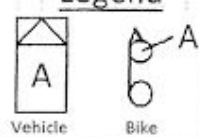
[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle No
A-WC1689T
B-SLG8882P



Legend



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT ATTACHED

DECLARATION

We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy will be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.



K. Kann
Policyholder's Signature
Date & Time:

K. Kann
Driver's Signature
(If driver is not the policyholder)
Date & Time: 06/12/21



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



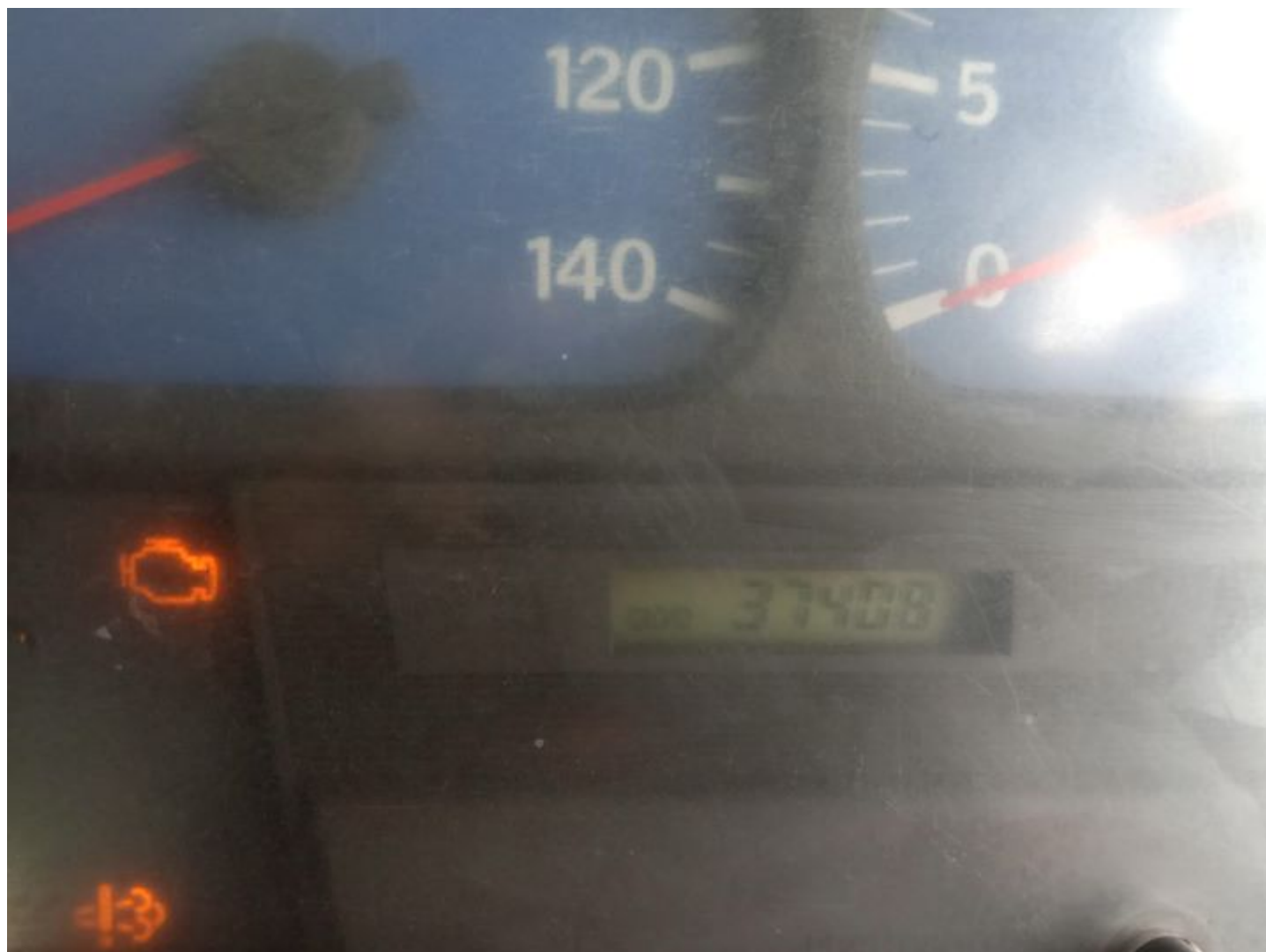




















**SINGAPORE
POLICE FORCE**



T/20211205/2028

1 of 3

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20211205/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2021 11:02		Vide Report No.:		Station Diary No.: 29	
Informant's Particulars					
Name of Informant: KAILASAM KANNAN			Address: APT BLK 421 PASIR RIS DRIVE 6 #05-245 LOYANG INDUSTRIAL ESTATE SINGAPORE 510421		
ID Type / ID No.: FIN NO / G8001955L			Contact No.: Home/Office: Mobile: 86499908		
Nationality: INDIAN			Email:		
Sex: Male	Age: 39	Date of Birth: 15/06/1982	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/12/2021 15:00	Type of Location: Straight Road
Location: SIMS WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG8882P	Car				Slightly Damaged	0
WC1689T	Lorry				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20211205/2028

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Tel No: 1800-8486999

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Report No. T/20211205/2028

CONTINUATION OF REPORT

Driver			
Name	TAN SIN YIT		ID No. NIL
Related Vehicle	SLG8882P (Car)		Contact No. 97367186
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KAILASAM KANNAN		ID No. G8001955L
Related Vehicle	WC1689T (Lorry)		Contact No. 86499908
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/12/2021 at about 1500hrs, I was driving my lorry along Sims Way towards Fort Road travelling in the first lane of the road, there are 3 lanes in total in that road. While along the first lane, I was travelling behind a car (SLG8882P) and the vehicle in front of me suddenly brake and stop, which I then also did a emergency brake however my vehicle could not fully stop in time and knock onto the car rear. I then stopped my vehicle and check on the other driver if he is okay and he inform that that he is not injured and that does not need immediate medical assistance at that point of time, we then exchange particulars and he inform that he will settled it amicably through insurance. His vehicle suffered dents on the rear bumper. I am lodging this report for record purposes and had already inform my insurance company on this accident. My vehicle have in-car camera.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20211205/2028

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Report No. T/20211205/2028

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report G / Sgt 3 JAVIN NG CHEN BOON	Signature Of Informant: K. Kannan
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2021 11:02
Officer In Charge Of Case: TP / GIA / DSP (2) YIP YEW SENG NELSON Contact No.: 65476182	Classification Of Case:
Authentication Stamp NP168	



SIGNATURE