

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	10/11/2017 14:32
Date Of Accident	09/11/2017 15:20
Exact Location Of Accident	PIE TOWARDS JURONG BEFORE TOH GUAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX6691G
Insured/Policyholder	
Name Of Registered Owner	VERTEX PHARMACY PTE LTD
Co Reg No	200823178D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93856495

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089224792
Cover Note Number	

Driver

Name of Driver	MANSOOR HELAL AHAMED
NRIC No	G3356576W
Date Of Birth	29/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	08/11/2017
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98520534
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	1112 SERANGOON ROAD
Postcode	328201
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4529999 - FAX NO: 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION. I WAS DRIVING MY VEHICLE (SGX6691G) ALONG PIE TOWARDS TUAS NEAR TO TOH GUAN. I NOTICE THAT THE CAR (SLL7615A) IN FRONT OF ME SLOWED DOWN AND COME TO A STOPPED. AS SUCH I APPLIED MY BRAKE TO SLOW DOWN. AS I WAS SLOWING DOWN I NOTICE THAT THERE IS A LORRY (GBF505E) WAS COMING AT ME VERY FAST. I THEN SUDDENLY FELT AN IMPACT COMING FROM THE REAR. THE IMPACT WAS STRONG THAT IT HIT ONTO THE VEHICLE IN FRONT OF ME. I NOTICE THAT THE SAID LORRY HAD HIT ONTO ME FROM THE REAR. DUE TO THE IMPACT, AFTER I HIT ONTO THE CAR IN FRONT OF ME, MY VEHICLE SWERVES TO THE RIGHT. SUDDENLY I FELT ANOTHER IMPACT COMING FROM THE RIGHT SIDE. I NOTICE ANOTHER LORRY (GBC3245B) HAD HIT ONTO ME. I THEN ALIGHT MY VEHICLE TO MAKE A CHECK. I THEN EXCHANGE PARTICULARS WITH THE TWO LORRY DRIVERS. ONE DONE O ACTIVATED MY OWN TOWING SERVICE AS MY VEHICLE WAS UNABLE TO MOVE. AFTER WHICH I WENT TO MOUNT ALVERNIA HOSPITAL AND WAS GIVEN 3 DAYS MEDICAL LEAVE.

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	GBF505E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	RATHINAM PRABAKARAN
NRIC/Passport Number	G2393847U
Contact Number	98930047
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 GBC3245B
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver LOURDUSAMY DAVID IRUDHAYARAJ
NRIC/Passport Number G7013257K
Contact Number 84715106
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 3

Vehicle Registration Number SLL7615A
Vehicle Make/Model/Colour
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 INJURED PERSON 1

Name MANSOOR HELAL AHAMED
Approximate Age
Injuries Sustain REFER POLICE REPORT
Injured person in which vehicle? SGX6691G
Were seat belts worn?
Was injured conveyed to hospital by ambulance?
Address
Postcode

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.



Policyholder's Signature
Date & Time:

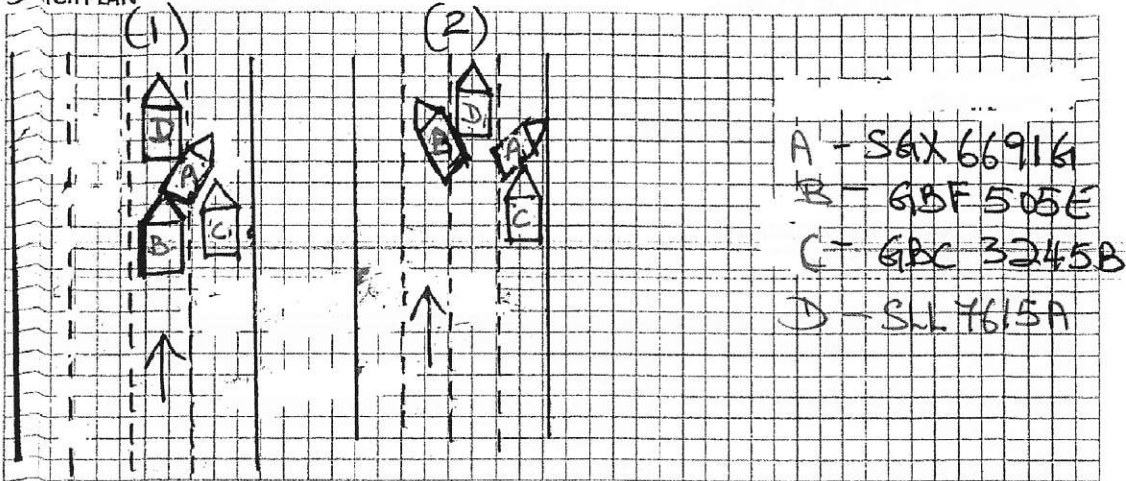
M. Hols

Director's Signature
(If not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
ICR#: File No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/11/2017 @ 15:20 hrs, I was driving along PIE towards Surong before Toh Guan. Front vehicle stopped, I followed and stopped my vehicle also. Vehicle behind did not stop on time and collided onto my vehicle. The impact caused my vehicle into lane 1 and another vehicle collided onto my vehicle right side portion.

Total 4 vehicles involved in the accident

DECLARATION



[Signature]

[Signature]

[Signature]

Common Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171109/2152

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
TelNo: 1800-4529999

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Report No. T/20171109/2152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2017 20:03	Vide Report No.:	Station Diary No.: 125
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Informant's Particulars

Name of Informant: MANSOOR HELAL AHAMED			Address: 1112A SERANGOON ROAD SINGAPORE 328201		
ID Type / ID No.: NRIC NO / G3356576W			Contact No.: Home/Office: Mobile: 98520534		
Nationality: INDIAN			Email:		
Sex: Male	Age: 24	Date of Birth: 29/05/1993	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: COMPUTER SYSTEMS ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident: Accident	Injury Others	Drink Drive: No	Date/Time of Accident: 09/11/2017 15:10	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY towards Tuas near Toh Guan exit	Weather: Drizzling	Road Surface: Wet	Road Speed Limit:	Traffic Flow: Dual Carriage Way
Type of Collision: Chain Collision	Traffic Control: Not Controlled	Traffic Volume: Moderate	Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC3245B	Lorry				Slightly Damaged	0
GEF500E	Lorry				Slightly Damaged	0
TSV40510	Van				Seriously Damaged	0
					Slightly Damaged	0
					Slightly Damaged	0



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CONTINUATION OF REPORT

Brief Details.



**SINGAPORE
POLICE FORCE**



T/20171109/2152

Police Station Of Origin:
Thomson NPP
2511 Ming Road #01-180 SINGAPORE
57025
Tel No: 1800-4529999

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Report No. T/20171109/2152

CONTINUATION OF REPORT

another impact coming from my right side. I then notice another lorry(GBC3245B) had hit onto me.

I then alight my vehicle to make a check. I then exchange particulars with the two lorry drivers. Once done I activated my own towing service as my vehicle was unable to move. After which I went to Mount Alvernia Hospital and was given 3 days medical leave



**SINGAPORE
POLICE FORCE**



T/20171109/2152

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
57025
Tel No: 1800-4529999

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Report No. T/20171109/2152

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:
E/
Sgt 2 MUHAMMAD RIDZUAN BIN ABDUL
RAHMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/11/2017 20:03

Officer in Charge
1P-AEDV
Sgt 2 NP-KR-BA
01/11/2017

09/11/2017