#### 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 witholding 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

aloresalu.				
	ACCIDENT STATEMENT			
Date Of Report	22/11/2017 10:53			
Date Of Accident	21/11/2017 11:15			
Exact Location Of Accident	TANAH MERAH COAST RD TWDS AVIATION PARK RD TO SNM			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	XE3366P			
Insured/Policyholder				
Name Of Registered Owner	TAT LIAN CORPORATION PTE. LTD.			

Co Reg No 201207746D

**Email Address NOEMAIL** 

Mobile Phone No (LOCAL) +65-93762593 Alternative Phone No OFFICE-93762593

**Vehicle Particulars** 

Manufacturer **MITSUBISHI** 

Model FUSO FV51SJD2DEA

Exact Purpose for which vehicle was being used at WORK

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No, Please state action to be taken

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 5090122594

Cover Note Number

Driver

Name of Driver ADAIKKAN RAJA

Passport No/FIN G7349840L Date Of Birth 19/05/1981 **OUTDOOR** Occupation Date Of Driving Pass 10/03/2009

**Driving Experience** 8 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93762593

Fax Number

**Contact Number** OTHERS-93762593

**EMail Address NOEMAIL** 

BLK 762 WOODLANDS AVE 6 Address

#09-84 BALESTIER PLAZA

Postcode 730762

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** 

**COLLISION - HEAD TO REAR** Type Of Accident

Weather Conditions **RAINING** Road Surface WET

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) NO soliciting/offering accident claims assistance.

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 WOODLANDS EAST N.P.C

ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: - FAX NO:

NO Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE POLICE REPORT: T/20171121/2194

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 XD8325E

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

#### 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.
- 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.
- 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.
- 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 upon application by interested parties.
- By the lodgment 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:
  - 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.

UBb (B013077482) m

Policyholder's Signature Date & Time: A. Dajo

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

### Sketch Plan #2

SKETCH PLAN Tana	ah merah Goast road to ward's Aviation park Road
	/B)
-XE 3366P -XD8325E	
DESCRIBE CIRCUMSTANCES	S OF THE ACCIDENT
	Dosert
	Solice PCI
	the 12192
	0 - 10 113/1
	120/1
8/2	< \ '
	iculars are true in every respect.
DECLARATION  I/We declare the foregoing partic	iculars are true in every respect.

#### Sketch Plan #3





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

2 of 3 Report No. T/20171121/2194

CONTINUATION OF REPORT

### Brief Details.

On the above mention date, time. I was driving my company lorry car plate no: XE3366P at the said location towards Aviation park Road, there was a lorry car plate no: XD8325E in front of me, after which the lorry suddenly making a left turn into construction site and stopped subsequently I brake my lorry however my lorry skit and hit onto the side of the lorry in front. I and the other lorry driver came down and make a check the lorry. I inspect my lorry, my lorry front part was totally damaged and dent inwards and the other lorry, the left side near to rear was slightly dent inwards. Police was attended to us and no one was injured.

I wish to states that my company lorry do not have any in car camera and I also not sure any CCTV around the accident location. I also wish to states that I lodge this report for my company purpose.





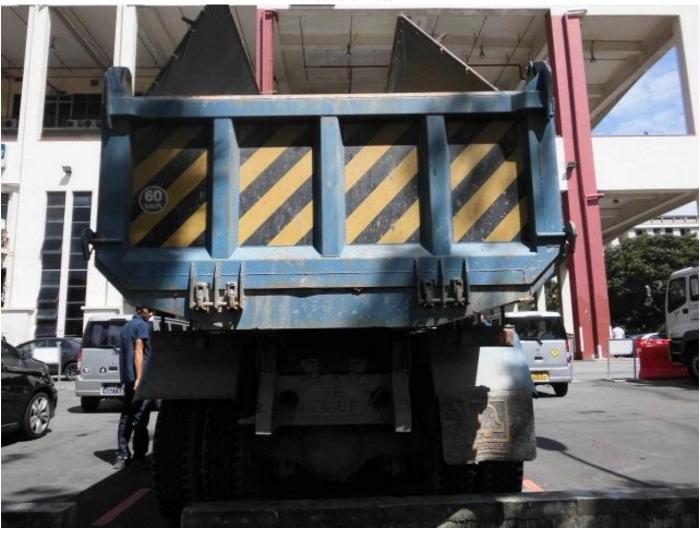


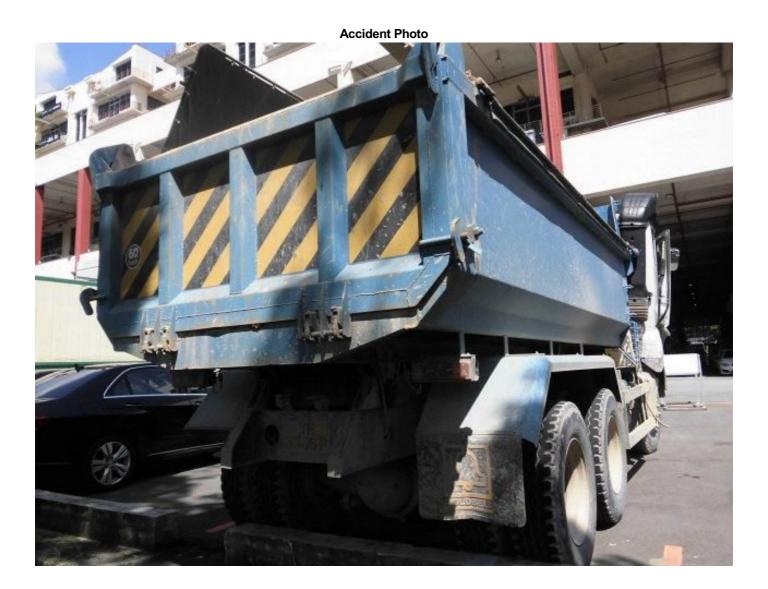














### **Police Report**



T/20171121/2194

1 of 3

Report No. T/20171121/2194

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

2

		Vide Report No.:	Station Diary No.:
Date/Time Report Made: 21/11/2017 21:46		M/20171121/0012	188
IN ENGINE	NAME OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	THE REAL PROPERTY.	
nformant: N RAJA		APT BLK 762 WOODLA PLAZA SINGAPORE 73	NDS AVENUE 6 #09-84 BALESTIER 30762
D Type / ID No.: FIN NO / G7349840L Nationality: INDIAN		Contact No.: Home/Office:	Mobile: 93762593
		Email:	
Age:	Date of Birth: 19/05/1981	Type of Informant: Driver	Institution / School Name:
Race:		Language:	
Occupation: CONTRUCTION WORKER		Driving Licence Informa Class: 2B,3,4	Date of Expiry:
	Report Ma 7 21:46 Informant: N RAJA ID No.: G7349840 by: Age: 36	7 21:46  Informant: N RAJA  ID No.: G7349840L  by:  Age: 36 Date of Birth: 19/05/1981	Report Made: 7 21:46  Address: APT BLK 762 WOODLA PLAZA SINGAPORE 73  Contact No.: Home/Office: Email:  Age: 36  Date of Birth: Driver Language:  Driving Licence Information:

Type of Location: Date/Time of Drink Straight Road Non-Injury Accident: Drive: Type of Attended by Police 21/11/2017 11:15 Accident: No Location: Along Road 1 TANAH MERAH COAST ROAD Tanah Merah coast road towards Aviation park road Near to Singapore Navy Museum Road Speed Limit: Road Surface: Weather: Heavy rain Traffic Volume: Traffic Control: Light Traffic Flow: Not Controlled Anyone conveyed by One Way Type of Collision: ambulance: Between Moving Vehicles - Head To Side No

He Die			
	STATE TO SERVE	Slightly	0
XD8325E	Lorry	Damaged	
3376737138		Seriously	0
XE3366P	Lorry	Damaged	

### **Police Report**





J1/11Z1/Z194

2 of 3 Report No. T/20171121/2194

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

CONTINUATION OF REPORT

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T/20171121/2194

3 of 3 Report No. T/20171121/2194

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report:  J / Sgt > Chum #4 Chen  Staff Sgt MUHAMMAD FAWZEY BIN- KARIMGHANI	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 21/11/2017 21:46	
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138	Classification Of Case:	
Authentication Stamp	SN 130	