SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 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 <u>truthful and accurate</u> 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	19/12/2017 10:21
Date Of Accident	13/12/2017 17:35
Exact Location Of Accident	ALONG WOODLANDS INDUSTRIAL PARK E5
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF9215H
Insured/Policyholder	
Name Of Registered Owner	M/S NOVA TESTING PTE LTD
Co Reg No	200303636H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90569364
Alternative Phone No	OFFICE-65611002
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 1.5T-3.0 (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1730161700
Cover Note Number	
Driver	
Name of Driver	MAHALINGAM SELVARAJ KARTHIKEYAN
NRIC No	G3062268K
Date Of Birth	27/12/1988
Occupation	OUTDOOR

10/09/2014

MALE

NOEMAIL

3 YEARS AND 3 MONTHS

(LOCAL) +65-90569364

OFFICE-65611002

BLK 793 WOODLANDS AVENUE 6 Address

#13-663,ST GEORGES WEST GARDENS

Postcode 730793

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

SIDE SWIPE Type Of Accident Weather Conditions **HEAVY RAIN**

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 NEIGHBOURHOOD POLICE CENTRE

ROAD: 1 WOODLANDS DRIVE 63, POSTCODE: 738070, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-7679999 - FAX NO: 67673652

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171213/2187

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 SJD5510Y Vehicle Make/Model/Colour TOYOTA AXIO

Details Of Properties

Name of Driver LIM YANG ZHEN

S8810023I 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

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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. 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.
- 7. 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)

l 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)
 - (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
- (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
- 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.
- 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 Sign Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre F

Name:

NRIC/FIN No.:

		(A) GEF921511
	A A	B \$50 5510 Y
CRIBE CIRCUMSTANCES O		
AS PER POLI	CE REPORT T	/20171213/2167.
TARATION		
CLARATION executive the foregoing particular	rs are true in every respect.	19/12/201
	rs are true in every respect. Driver's Signature	Reporting Centre Personnel' Signature Name: NRIC/FIN No.: LOS & MARCHA

MARK McKirlmon, VI



T/20171213/2167

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999 1 of 3 Report No. T/20171213/2167

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 017 21:01	Nade:	Vide Report No.: J/20171213/0159	Station Diary No.: 184		
limetaria	nita Parius	glatar Avoie nervi	NEW RESIDENCE OF THE PERSON OF	BUT THE PERMIT		
MAHALI KARTHI ID Type	f Informant: INGAM SEI KEYAN / ID No.: / G3062268	VARAJ	Address: APT BLK 793 WOODLANDS GEORGE'S WEST GARDEN Contact No.: Home/Office:			
National INDIAN	ity:		Email:			
Sex: Male	Age: 28	Date of Birth: 27/12/1988	Type of Informant: Driver			
Race: Indian			Language;	Institution / School Name:		
Occupation: SERVICE TECHNICIAN		CIAN	Driving Licence Information: Class: 2B,3	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive; No	Date/Time of Accident: 13/12/2017 17:2	Type of Location Straight Road
Location: Along Road 1 WOODLAND Near to Biz H	S INDUSTRIAL PARK E	5		
Weather: Ro		Road Surface: Wet		Road Speed Limit:
Traffic Flow:				Traffic Volume: No Traffic
Two Way		Trock of the onor.		1.19 13,01110

Very West	日校報問義等	医胃 经保险	thriting.	ASSESSED FOR	College (1997)	Price of Participation
GBF9215H	Lorry	ТОУОТА	DYNA	White	Slightly Damaged	0
SJD5510Y	Car	TOYOTA	AXIO	Grey	Totally Damaged	0

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

1





Police Station Of Origin: Woodlands East N.P.C.

2 of 3 Report No. T/20171213/2167

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999 CONTINUATION OF REPORT

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Name	MAHALINGAM SELVARAJ KARTHIKEYAN		ID No.		G3062268K	
Related Vehicle	GBF9215H (Lorry)		Conta	ct No.	90569364	
Hospital/Clinic	NIL		A	Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disci	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
如何是		相談解		PART IN	32 17 70	
Name	LIM YANG ZHEN			ID No		S8810023I
Related Vehicle	SJD5510Y (Car)		Contact No.		NIL	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ited Medical Leave	NIL	Degree of	Injury	Slight	

Brief Details.

On 13/12/2017 at about 1725hrs, I was driving my company lorry bearing registration no GBF9215H along Woodlands Industrial Park E5 (close to bizhub). My vehicle was on the right lane of the 2 lane road towards Woodlands Industrial Park E8.

At that time, it was experiencing heavy downpour and I was travelling at a speed of about 30km/h with 01 vehicle, registration no SJD5510Y in front of me. The said vehicle signaled his intention to make a left turn and did so, however suddenly made a U-turn. I could not brake in time and collided into the said vehicle's right front portion.

Due to the impact, our vehicles continued to roll forward towards the right, whilst vehicle SJD5510Y slowed down behind me. We both came to a complete stop with vehicle SJD5510Y being behind me. Its front right also collided into my rear left.

We both exchanged particulars and he was later conveyed to an unknown hospital via ambulance.

I did not suffer any injuries from the incident. There is no in vehicle camera installed.

I wish to state that it is a no U-turn zone.





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999 3 of 3 Report No. T/20171213/2167

CUNTINUATION 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: J / Sgt 2 NG KOK WEI JOHN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/12/2017 21:01
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.: SN 130	
Singapore Police Force	





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 28 Motor cycles =< 200 cc 10 Sep 2016 Class 3 Motor Care =< 2000kg with =<? passengers, exclusive 10 Sep 2016 of the diver; and either mater vehicles =< 2000kg

Licence No. G3062265K

VISIT PASS Imagestion Regulation

MAHALPIGAM BELVARAJ KARTHIKEYAN

12

27-12-1988 M

HOIAN Desper Fugor, 15-03-2019

03052268K 18-03-2017

EULTIPLE JOURNEY VIEW ISSUED

YOU ARE TO SURPENSER THIS CARD WHEN HIS CARCELLIN

	: KDY2318028400 : 1800 KGS	
	: 3425 KGS	
	:F: 1 DRIVER, 2 OTHER	4
SIZE	:R: 00 :F: 175 x 75R	
SILL	:R: 145 x 13R (S)	











