

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 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	27/01/2018 09:34
Date Of Accident	25/01/2018 20:30
Exact Location Of Accident	FOURTH LANE OF PIE TOWARDS TUAS NEAR BKE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM4743Z
Insured/Policyholder	
Name Of Registered Owner	SARAVANAN S/O SILVAMANI
NRIC No	S8412168A
Email Address	BAD_ASS09@LIVE.COM
Mobile Phone No	(LOCAL) +65-98257851
Alternative Phone No	OTHERS-98262084

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FK617MSJRDEC-7.5 D (M)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	GA260821
Cover Note Number	

Driver

Name of Driver	SARAVANAN S/O SILVAMANI
NRIC No	S8412168A
Date Of Birth	21/04/1984
Occupation	OUTDOOR
Date Of Driving Pass	13/01/2005
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98257851
Fax Number	
Contact Number	OTHERS-98262084
EEmail Address	BAD_ASS09@LIVE.COM

Address	BLK 515 SERANGOON NORTH AVE 4 #03-258
Postcode	550515
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	KDC7218 (BUS)
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	3
Passenger 1	NAME: : SARAVANAN S/O NARAJAN GENDER: : MALE
Passenger 2	NAME: : VIGNESWARAN S/O PARANTHAMAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH

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	KDC7218
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS

Name of Driver	MAHALINGGAM A/L VEERAPPAN
NRIC/Passport Number	690330-08-5627
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC6750T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WONG TAM SENG
NRIC/Passport Number	S2574185D
Contact Number	92980454
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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)**


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:



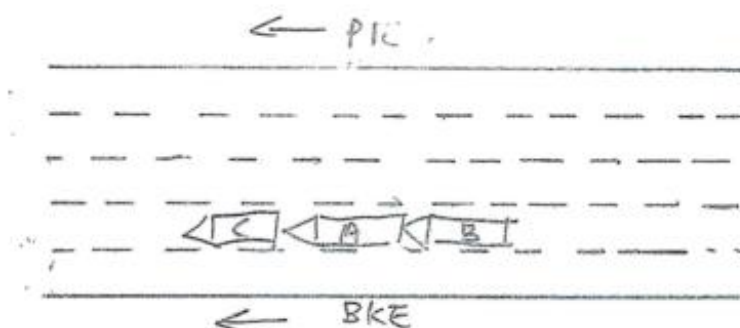
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

C: SHC 6750T



REFER TO POLICE REPORT.

REFER TO POLICE REPORT.

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

Date & Time:

(If driver is not the policyholder)

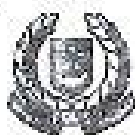
Date & Time:



Name:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



11201901250201

Police Station Of Origin:
Clementi N.P.C
23 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800 8729899

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Report No: 1201801250201

REPORT OF A TRAFFIC ACCIDENT

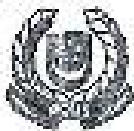
Date/Time Report Made: 25/01/2018 23:03			Vide Report No.:		Station Diary No. 235
Informant's Particulars					
Name of Informant: SARAVANAN S/O SILVAMANI			Address: APT BLK 515 SERANGOON NORTH AVENUE 4 #03-258 SINGAPORE 550515		
ID Type / ID No.: NRIC NO / S8412188A			Contact No. Home/Office: Mobile: 98257851		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 21/04/1984	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: Subcontractor			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/01/2018 20:30	Type of Location: Straight Road	
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE towards Tuas before the RKE exit				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Damage Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
KDC7218	Bus/Coach/M ibus				Seriously Damaged	5
SHD87537	Car				Seriously Damaged	1
YM47432	Lorry	MITSUBISHI	FK517MSJF DEC	White	Seriously Damaged	2

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No.	Effect Date

Police Report



**SINGAPORE
POLICE FORCE**



1201001280201

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8728999

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Report No. 1201001280201

CONTINUATION OF REPORT

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No.	Effective / Expiry Date
YM4743Z	AXA INSURANCE SINGAPORE PTE LTD	GA250821	31/08/2017 / 30/08/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Mahalingam M. Veerappaan	ID No.	990333-08-5627
Related Vehicle	KOC7218 (Bus/Coach/Minibus)	Contact No.	NIL
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	Wong Tam Seng	ID No.	92574135D
Related Vehicle	SHC6756T (Car)	Contact No.	92980454
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	SARAVANAN S/O SILVAMAN	ID No.	58412168A
Related Vehicle	YM4743Z (Lorry)	Contact No.	98257851
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Police Report



**SINGAPORE
POLICE FORCE**



1201801250201

Police Station Of Origin:
Clementi N.P.O
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729888

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Report No: 1201801250201

CONTINUATION OF REPORT

Brief Details.

On 29/01/2018 at about 2030hrs, I was driving my lorry with registration number YM4743Z along PIE going towards Tuas. 2 more passengers were with me. Before the BKE exit, as traffic was coming to a stop, I also gradually came to a stop. Then, a bus came and hit my lorry from behind. That caused my lorry to move forward and hit the taxi in front of me.

My lorry's rear brake light (on the driver's side) was shattered due to the impact from the bus. The front bumper of my lorry was badly damaged and it was dislodged on the passenger's side due to the impact with the car in front. The front panel was also dented. The side panels on both sides of my lorry was also dislodged.

The bus' front windscreen and panel were shattered and a lot of fluid was leaking from the bus.

The entire of the taxi's rear was smashed.

I was not injured from the incident.

Police Report



**SINGAPORE
POLICE FORCE**



T/20160125/2201

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729899

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Report No. T/20160125/2201

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 65474386 stating the report number as reference.

Signature Of Officer Recording The Report:

D /
MUDASSAR AHMAD S/O MUBASHIR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt MOHAMMAD ABDULLAH BIN PAJIL
Contact No.: 65476246

Signature Of Informant:

Date/Time:

25/01/2016 23:03

Classification Of Case:

Authentication Stamp

MP-THA



**SINGAPORE
POLICE FORCE**

SW 37

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

