

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	31/01/2018 11:28
Date Of Accident	27/01/2018 20:30
Exact Location Of Accident	TELOK PAKU RD BESIDE BLK 1A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5963H
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Insured/Policyholder

Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	200806860W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB71ER4SDEC (CBU)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	7VCC1700050
Cover Note Number	

Driver

Name of Driver	ANBALAGAN SARATHY
Passport No/FIN	G5330577L
Date Of Birth	24/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94877145
Fax Number	
Contact Number	OFFICE-94877145
Email Address	NOEMAIL

Address	BLK 116 HOUGANG AVENUE 1 #06-1206
Postcode	530116
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JGS2686 (COMMERCIAL VEHICLE)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5872999 - FAX NO: 65872900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180128/2007.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JGS2686
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SCE7575A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name ANBALAGAN SARATHY

Approximate Age

Injuries Sustain BACK

Injured person in which vehicle? YP5963H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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)**

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.:

Accident Sketch Plan

SKETCH PLAN

A: 4P5963H
B: JMS2686
C: SCE7578A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/80128/2007.

DECLARATION

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

Policyholder's Signature
Date & Time:

GoRAMC SearchPptjml.com, 5/3

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

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180128/2007

Police Station Of Origin:
Changi N.P.C
9 Simai Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 4

Report No: T/20180128/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2018 00:49		Vide Report No.: G/20180127/0246		Station Diary No.: 23	
Informant's Particulars					
Name of Informant: ANBALAGAN SARATHY			Address: APT BLK 115 HOUGANG AVENUE 1 #06-1208 SINGAPORE 530115		
ID Type / ID No.: FIN NO / G5330577L			Contact No.: Home/Office: Mobile: 94877145		
Nationality: INDIAN			Email:		
Sex: Male	Age: 27	Date of Birth: 24/03/1990	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Driver: No	Date/Time of Accident: 27/01/2018 20:30	Type of Location: Straight Road
Location: Along Road 1 TELOK PAKU ROAD				
Weather: Just stop raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Chain collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JGS2688	Lorry	ISUZU		Yellow	Seriously Damaged	0
SCE7575A	Car	HONDA	VEZEL 1.5X CVT	White	Seriously Damaged	0
YP5983H	Lorry	MITSUBISHI	CANTER FEB71ER43 DEC (CBU)	White	Seriously Damaged	1

Police Report



**SINGAPORE
POLICE FORCE**



T/20180128/2007

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

2 of 4

Report No. T/20180128/2007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AZRUL HISHAM BIN ZAKARIA	ID No.	A38576745
Related Vehicle	JGS2688 (Lorry)	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	TEO YANG RUI	ID No.	S94265781
Related Vehicle	SCE7575A (Car)	Contact No.	98286000
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	ANBALAGAN SARATHY	ID No.	G5330577L
Related Vehicle	YP5963H (Lorry)	Contact No.	94877145
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was driving my vehicle (YP5963H) along Telok Paku Road. Suddenly the front vehicle (SCE7575A) slowed down and stop. I managed to stop my vehicle as well. However the vehicle (JGS2688) behind me collided into the rear of my vehicle. This impact caused my vehicle to move forward and thus my vehicle collided into the first vehicle (SCE7575A). All the parties did not suffer any injuries. I am lodging this police report for insurance claims. There is a CCTV inside my vehicle however the memory card was taken by one of the traffic police officer.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180128/0007

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-6872899

3 of 4

Report No. T/20180128/0007

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20180128/2007

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

4 of 4

Report No. T/20180128/2007

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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 2 CHOO WEI CHONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/01/2018 00:49

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SYED ZAYID MUHAMMAD BIN SYED
ABDUL WAHID ALHINDUAN
Contact No.: 65476394

Classification Of Case:

Authentication Stamp
NP/10



SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



A white delivery truck is parked on a street. The side of the truck features a blue and white logo for 'WONGFONG SERVICE CENTRE' and the text 'HOTLINE: 6898 2233'. A yellow and black striped barrier is visible in the foreground, and a red and white striped barrier is visible on the right side of the truck. The truck is parked on a paved surface.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NO:	EE371FM20337		
U.W.:	3260	KG.	
M.L.W.:	6700	KG.	
TYRE SIZE:	F 215 75R 175		
	R 215 75R 175 D		
PASSENGER CAPACITY:	1 DRIVER 2 OTHERS		
WFE:			

Medical Cert

OneCare Clinic Hougang
Blk 104 Hougang Ave 1 #01-1125 Singapore 530104
Tel: 65250325 | Fax: 65250396

MEDICAL CERTIFICATE


This is to certify that **ANBALAGAN SARATHY (G6330677L)** is
under treatment by me.

Unfit For Duty

Outpatient Leave: 3 Days From 29-01-2018 To 31-01-2018

Comments / Diagnosis

BACK STRAIN

 **OneCare Clinic Hougang**
1125 Hougang Avenue 1, #01-1125 Singapore 530104
Tel: 65250325 Fax: 65250396

Certified By:
Locum

Certificate No: MC/86412

Date of Visit: 28-01-2018

Date of Issue: 28-01-2018

Note:

This certificate is not valid for absence from court

This certificate is electronically generated. No signature is required.

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MHA118015754 Vehicle Registration No: YP 5963H
Name(as shown in NRIC) : Anbalagan Sarathy NRIC/FIN/Passport No : _____
(*Vehicle Driver / ~~Vehicle Owner~~)(*) Please delete as appropriate
Address : Blk 116 Hongkong Ave 1 #06-1206 Singapore(530116)
Contact (Tel) : _____ Mobile No. : 94877145
Email Address : _____
Date of Accident : 27/1/18 Time of Accident : 7:30
Place of Accident : Telok Park Road beside Blk 1A
Insurance Company : MSH

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add in injuries detail and MC.

Policyholder / Driver's Signature
Date:

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