

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	03/03/2018 11:53
Date Of Accident	02/03/2018 10:20
Exact Location Of Accident	BENDEMEER RD TWDS CITY AFTER WHAMPOA SOUTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2291T
Insured/Policyholder	
Name Of Registered Owner	TOTAL SOLUTION MANAGEMENT PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91160322

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3072551701
Cover Note Number	-

Driver

Name of Driver	GOH LENG SWEE
NRIC No	S1758260G
Date Of Birth	12/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	26/08/1987
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91160322
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 426 CHOA CHU KANG AVE 4 #12-166
Postcode	680426
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	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
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)	8
Passenger 1	NAME: : ABDUL JALIL GENDER: : MALE
Passenger 2	NAME: : JAYARAMAN MANIKANDAN GENDER: : MALE
Passenger 3	NAME: : HOSSAIN MOHAMMED ARIF GENDER: : MALE
Passenger 4	NAME: : KARUPPAIYA MARIYAPPAN GENDER: : MALE
Passenger 5	NAME: : CHELLAIAN MUTHUKARUPPAN GENDER: : MALE
Passenger 6	NAME: : MUTHAIAH KRISHANMOORTHY GENDER: : MALE
Passenger 7	NAME: : MIA KAJAL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES EAST NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 263 TAMPINES STREET 21 #01-128 , POSTCODE: 520263 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7839999 - FAX NO: 67832500
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SHA9161J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	GOH LENG SWEE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBD2291T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ABDUL JALIL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBD2291T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	JAYARAMAN MANIKANDAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBD2291T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name HOSSAIN MOHAMMED ARIF
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBD2291T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 5

Name KARUPPAIYA MARIYAPPAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBD2291T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 6

Name CHELLAIAN MUTHUKARUPPAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBD2291T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 7

Name MUTHAIAH KRISHANMOORTHY
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBD2291T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 8

Name MIA KAJAL
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBD2291T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Accident 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.
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)**

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



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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180302/2144

1 of 5

Report No. T/20180302/2144

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2018 18:33	Vide Report No.:	Station Diary No.: 58
--	------------------	--------------------------

Informant's Particulars

Name of Informant: GOH LENG SWEE		Address: APT BLK 426 CHOA CHU KANG AVENUE 4 #12-166 SINGAPORE 680426	
ID Type / ID No.: NRIC NO / S1758260G		Contact No.:	Mobile: 91160322
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 12/09/1966	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/03/2018 10:20	Type of Location: Straight Road
Location: Along Road 1 BENDEMEER ROAD TOWARDS CITY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD2291T	Lorry				Slightly Damaged	7
SHA9161J	Car					1

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180302/2144

2 of 5

Report No. T/20180302/2144

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

CONTINUATION OF REPORT

Passenger			
Name	JAYARAMAN MANIKANDAN	ID No.	G2232063M
Related Vehicle	GBD2291T (Lorry)	Contact No.	NIL
Hospital/Clinic	TAN-TEOH CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/03/2018	Date Discharge	02/03/2018
No. of Days granted Medical Leave	01	Degree of Injury	Slight
Passenger			
Name	CHELLAIAH MUTHUKARUPPAN	ID No.	G2572953L
Related Vehicle	GBD2291T (Lorry)	Contact No.	NIL
Hospital/Clinic	TAN-TEOH CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/03/2018	Date Discharge	02/03/2018
No. of Days granted Medical Leave	01	Degree of Injury	Slight
Passenger			
Name	KARUPPAIYA MARIYAPPAN	ID No.	G2573085U
Related Vehicle	GBD2291T (Lorry)	Contact No.	NIL
Hospital/Clinic	TAN-TEOH CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/03/2018	Date Discharge	02/03/2018
No. of Days granted Medical Leave	01	Degree of Injury	Slight
Driver			
Name	GOH LENG SWEE	ID No.	S1758260G
Related Vehicle	GBD2291T (Lorry)	Contact No.	91160322
Hospital/Clinic	NEPTUNE HEALTHCARE MEDICAL & SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	02/03/2018	Date Discharge	02/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180302/2144

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

3 of 5

Report No. T/20180302/2144

CONTINUATION OF REPORT

Passenger			
Name	MIA KAJAL	ID No.	G2505336U
Related Vehicle	GBD2291T (Lorry)	Contact No.	NIL
Hospital/Clinic	TAN-TEOH CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/03/2018	Date Discharge	02/03/2018
No. of Days granted Medical Leave	01	Degree of Injury	Slight
Passenger			
Name	MUTHAIAH KRISHANMOORTHY	ID No.	G8171686U
Related Vehicle	GBD2291T (Lorry)	Contact No.	NIL
Hospital/Clinic	NEPTUNE HEALTHCARE MEDICAL & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/03/2018	Date Discharge	02/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	HOSSAIN MOHAHHAD ARIF	ID No.	G2613280R
Related Vehicle	GBD2291T (Lorry)	Contact No.	NIL
Hospital/Clinic	NEPTUNE HEALTHCARE MEDICAL & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/03/2018	Date Discharge	02/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	ABDUL JALIL	ID No.	G8259094W
Related Vehicle	GBD2291T (Lorry)	Contact No.	NIL
Hospital/Clinic	TAN-TEOH CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/03/2018	Date Discharge	02/03/2018
No. of Days granted Medical Leave	01	Degree of Injury	Slight

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180302/2144

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

4 of 5

Report No. T/20180302/2144

CONTINUATION OF REPORT

Brief Details.

On 02/03/2018 at about 1020hr, I was driving my vehicle GBD2291T with 7 passengers along Bendemeer Rd towards the city on the first lane. As I was driving past the slip road of Whampoa South, I felt an impact on the right hand side of my vehicle. I then stop my vehicle and discovered that another vehicle SHA9161J had collided into the right side of my vehicle. I took photo of the damages and exchange particulars with the other driver. Due to the collision, there are scratches on the right side of my vehicle and the rear mudguard is dented.

I made check with my passengers and most of them was feeling uncomfortable due to the collision. I then brought 2 of my passenger who was sitting on the right of the vehicle to Neptune Healthcare Medical & Surgery clinic and they receive 3 days MC. I also receive 3 days of MC from Neptune Healthcare Medical & Surgery clinic. The other 5 passengers went to Tan- Teoh Clinic & Surgery and all 5 of them receive 1 day MC.

I wish to state that I have a in car camera but my camera is not working.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180302/2144

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

5 of 5

Report No. T/20180302/2144

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: G / Sgt 3 SIM FAWWAZ BIN SIM HASHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/03/2018 18:33
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHAN	Classification Of Case:
Authentication Stamp NP166	SIGNATURE

DRIVING DOC

2473932



NRIC No. **S1758260G**



Personal Group Date of Issue
A* **13-10-1994**

Address
**APT BLK 426 CHOA CHU KANG AVENUE 4
 #12-106
 SINGAPORE 23061**

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1758260G**



Name
GOH LENG SWEE

Race
吴令瑞

Religion
CHINESE

Date of Birth
12-09-1966

Sex
M

Country of Birth
SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS DATE

Class 1 Motor cycle - 4000 kg or less - 7 passenger vehicles or the driver's motor cycle and motor tricycles - 200 kg	30 Aug 2000
Class 2 Motor cycle - 4000 kg or less - 7 passenger vehicles or the driver's motor cycle and motor tricycles - 200 kg	30 Aug 2000
Class 3 Motor vehicles - 200 kg or less constructed in 1977 or later	30 Aug 2000

S / No. 9000102793

NR 426A



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licensee Name: **S1758260G**

Name
GOH LENG SWEE

Date of Issue
12 Sep 1966

Valid Until
07 Aug 2003



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

CHASSIS NO: JN1SC2F24Z0856065

U.L.W *1800* : ~~3500~~ KGS

M.L.W : 3500 KGS

P. CAP : F: 1 DRIVER, 2 OTHERS
R: 00

TYRE SIZE : F: 175 x 80 15PLY
R: 175 x 80 15PLY (D)