

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	06/03/2018 12:19
Date Of Accident	23/02/2018 05:30
Exact Location Of Accident	ECP BEFORE TANJONG KATONG RD S EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD6795U
Insured/Policyholder	
Name Of Registered Owner	JIA XIU CONTRACTORS
Co Reg No	53311853X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	IVECO
Model	IVECO TRAKKER AUTO ABS TURBO 28T
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?	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	YES
Policy Number	5087372517-01
Cover Note Number	

Driver

Name of Driver	RAJAVEL KASINATHAN
Passport No/FIN	G7485904L
Date Of Birth	17/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	17/08/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81228246
Fax Number	
Contact Number	OFFICE-81228246
Email Address	NOEMAIL

Address	123 SIMEI STREET 1 #01-374 HDB-TAMPINES
Postcode	520123
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	HIT BY FALLEN TREE / OTHER OBJECTS
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?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180226/2172.

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	PROPERTY
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
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	RAJAVEL KASINATHAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	XD6795U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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
 - (ii) to complying with requirements under any regulations, laws or court orders.



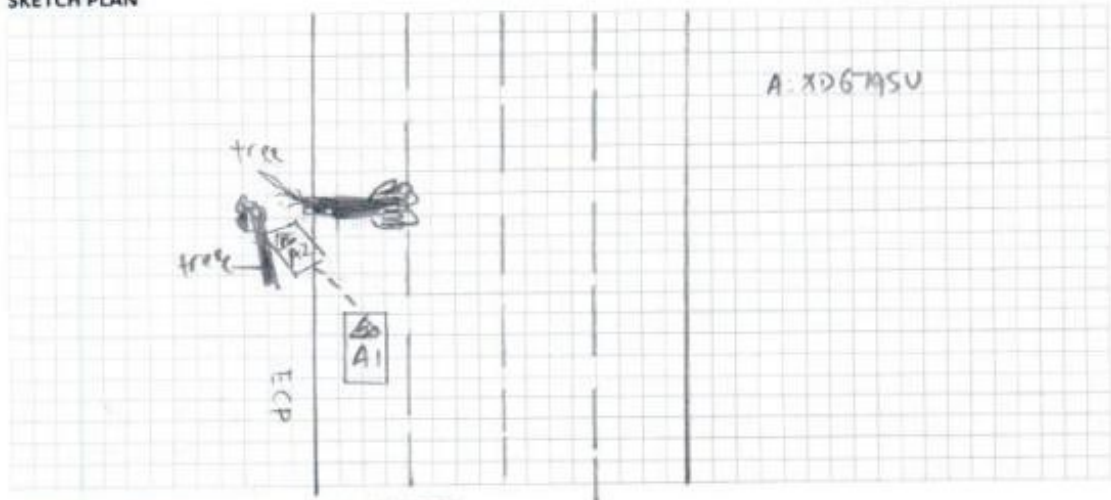
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/80 236/2172.

DECLARATION

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

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/20180226/2172

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180226/2172

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2018 18:26	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: RAJAVEL KASINATHAN			Address: 123 SIMEI ST 1 #01-374 HDB-TAMPINES SINGAPORE 520123		
ID Type / ID No.: FIN NO / G7485904L			Contact No.: Home/Office: Mobile: 81228246		
Nationality: INDIAN			Email:		
Sex: Male	Age: 43	Date of Birth: 17/06/1974	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: CONSTRUCTION WORKER CUM DRIVER			Driving Licence Information: Class: 2B,3,4		Date of Expiry: 30/01/2023

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/02/2018 05:30	Type of Location: Straight Road
Location: EAST COAST PARKWAY ALONG ECP TOWARDS CHANGI				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD6795U	Lorry	IVECO	IVECO TRAKKER AUTO ABS TURBO 28T	Yellow	Seriously Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180226/2172

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180226/2172

CONTINUATION OF REPORT

Driver			
Name	RAJAVEL KASINATHAN	ID No.	G7485904L
Related Vehicle	NIL	Contact No.	81228246
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: 30/01/2023
Date Treatment	23/02/2018	Date Discharge	25/02/2018
No. of Days granted Medical Leave	15	Degree of Injury	Serious

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION, I WAS TRAVELLING ALONG ECP TOWARDS CHANGI, THERE WAS 4 LANES. I AT THE LEFT MOST LANE. SUDDENLY A BRANCHES FELL ONTO THE ROAD. I WAS SHOCKED I REACTED FAST TO APPLY MY BRAKE AND SWERVED TO THE LEFT BUT WHEN I SWERVED TO THE LEFT THE ROAD SHOULDER WAS NOT EVEN SO I HIT THE BARRIER AND THEN CRASHED ONTO THE BIG TREE. I WAS CONVEYED BY THE AMBULANCE TO CGH AND RECEIVED 15DAYS OF M/C.

Police Report



SINGAPORE
POLICE FORCE



T/20180226/2172

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180226/2172

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:

TP /

MUHAMMAD HAZIQ BIN SAIFUDDIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No.: 65476358

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

26/02/2018 18:26

Classification Of Case:

Medical Cert



ORIGINAL

MEDICAL CERTIFICATE

SUR201838573

Name RAJAVEL KASINATHAN		NRIC No. X0138588152C
This is to certify that the above-named is unfit for duty for a period of <u>15</u> days from <u>23-Feb-2018</u> to <u>09-Mar-2018</u> inclusive.		
Type of medical leave granted:		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on: <u>23-Feb-2018</u>	<input type="checkbox"/> Maternity Leave	Delivered on: _____
Discharged on: <u>25-Feb-2018</u>	<input type="checkbox"/> Sterilization Leave	Operated on: _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments: The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic General Surgery Changi General Hospital	Ward No. CGH-W47 Date 25-Feb-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  APRIL CHIA YU JIE, P0456F

Ward 47
Changi General Hospital
2, Simei Street 3
Singapore 488369
Reg No: 188504226R



Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.: 555116532
 Driver ID Type: Business
 Owner Name: JIA JIU CONTRACTORS
 Registered Address: APT BLK 123 SIMEL STREET 1 301-374 SINGAPORE 520123
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: XD8795U
 Previous Vehicle No.: -
 Effective Date of Ownership: 30 Jun 2016
 Original Regn Date: 11 Jan 2013
 Registration Date: 11 Jan 2013
 Year of Manufacture: 2011
 Vehicle Type: Goods (Open) Tipper/Dumper Truck
 Vehicle Scheme: -
 Vehicle Attachment 1: No Attachment
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -

Vehicle Make: IVECO
 Vehicle Model: IVECO TRAKKER AUTO ABS TURBO 28T
 Primary Colour: Yellow
 Secondary Colour: -
 Passenger Capacity: 1
 Chassis No.: WJME2N5S40C242415
 Engine No.: 176634
 Engine Capacity/Power Rating: 12682 cc / -
 Maximum Power Output: -
 Propellant: Diesel
 Max. Unladen Weight: 11320 kg
 Maximum Laden Weight: 28000 kg
 Open Market Value: S\$29,145.00
 PARF Eligibility: No
 PARF Eligibility Expiry Date: -
 Minimum PARF Benefit: -
 No. of Transfers: 1
 IU Label No.: 2010436217
 COE No.: 20110101050000932
 COE Expiry Date: 10 Jan 2023
 COE Category: C - Goods Vehicle & Bus
 COE Registration Category: C - Goods Vehicle & Bus
 Quota Premium (QP): -
 Prevailing Quota: S\$3,055.00 / -

Other

Premium:
Actual GP Paid: \$63,035.00
GP (Page 04): \$63,035.00
GPC Cash Rebate: No
Eligibility:
GP during COE Bidding: \$63,035.00
Exercise:
Additional Registration Fee Rate: 5.00 %
Actual ARF Paid: \$3,452.00
Vehicle Lifespan Expiry Date: 10 Jan 2035
CO2 Emission: -
Message: To renew the COE, the Prevailing Quota Premium payable is that of Category C

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



Accident Photo



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 : MMA 118031381 Vehicle Registration No: XD 6795 U
 Name(as shown in NRIC) : Jia Xiu Contractor NRIC/FIN/Passport No : S3311853X
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No. : 81228246
 Email Address : _____
 Date of Accident : 23/2/18 Time of Accident : 05:30
 Place of Accident : ECP Before Tanjong Katong Rd S Exit.
 Insurance Company : NTUC

(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:

Amend Revert from Reporting to Own Damage
claims..


 Policyholder/Driver's Signature
 Date: 22 MAY 2018


 Reporting Centre Personnel's Signature
 Name: Liew Shan Hui
 NRIC/FIN No.: _____
 Date: 22/5/18