

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	14/03/2018 13:53
Date Of Accident	13/03/2018 02:15
Exact Location Of Accident	MARYMOUNT LANE / BISHAN ST 21
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL111D
Insured/Policyholder	
Name Of Registered Owner	UMS LOGISTIS
Co Reg No	53173436J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67474783

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEB21 (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	DMCVSN1734281801
Cover Note Number	

Driver

Name of Driver	SAMIKKANNU THANGAPANDIAN
Passport No/FIN	G2106905T
Date Of Birth	05/05/1991
Occupation	OUTDOOR
Date Of Driving Pass	13/01/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83026781
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O UMS LOGISTICS
Postcode	
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	2
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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER ATTACHED SKETCH PLAN AND 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	SHC1844P
Vehicle Make/Model/Colour	BLUE COMFORT TAXI
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	TAXI DRIVER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC1844P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TAXI PASSENGER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC1844P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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.:

[illegible]

Refer to TP report T/2018 0313/2002

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



Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.: _____



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ301/CR SN
AN0472A
Cov. Type: C
AUTOSAFE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMCVSN1724281801	Engine No : 4P10C39984 Chassis No: FEB50550883
1. Index Mark and Registration Number of Vehicle	YL111D	
2. Name of Policy Holder	UHS LOGISTICS	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	9 MARCH 2018	EXCESS SECT I S\$2,000.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	8 MARCH 2019	
5. Persons or Classes of Persons entitled to drive *	<p>(1) WHILST THE VEHICLE IS BEING USED IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION</p> <p>(2) WHILST THE VEHICLE IS BEING USED FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.</p> <p>PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.</p>	
6. Limitations as to use: *	<p>(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES. THE POLICY DOES NOT COVER.</p> <p>(1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p> <p>(3) USE FOR THE CARRIAGE OF PASSENGERS FOR HIRE OR REWARD.</p>	
<p>HIRE PURCHASE CO. : THINK ONE CREDIT PTE LTD AS HP OWNER</p> <p>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>		

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).
Please see reverse

CCL INSURANCE AGENCY PTE LTD
BLK 9006 TAMPINES ST.93
#01-198 SINGAPORE 528840
TEL: 6344 9990 FAX: 6342 9088 / 6344 7554

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorised Officer

Authorised Signatory

Authorised

DRIVER S PASS AND DL Pg. 1

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
UMS LOGISTICS

Sector: **SERVICE**

Name:
SAMIKKANNU THANGAPANDIAN

Occupation:
LORRY DRIVER



S Pass No.
0 35697357

Date of Application
26-12-2016

Date of Issue
24-01-2017

Date of Expiry
24-01-2019

L7595585

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G2106905T**




Name:
SAMIKKANNU THANGAPANDIAN

Birth Date: **05 May 1991**

Issue Date: **24 Feb 2015**

Valid Till **23 Feb 2020**

002398902D

VISIT PASS
Immigration Regulations



Name:
SAMIKKANNU THANGAPANDIAN

Date of Birth: **05-05-1991** Sex: **M** Nationality: **INDIAN**

FIN: **G2106905T** Date of Issue: **24-01-2017** Date of Expiry: **24-01-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

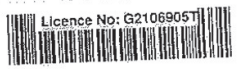
Class	Description	Effective Date
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	24 Feb 2015
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	24 Feb 2015
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	13 Jan 2016

S / No. 9000244140

G2106905T

NP 428A

Licence No: **G2106905T**





**SINGAPORE
POLICE FORCE**



T/20180313/2102

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

1 of 3

Report No. T/20180313/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2018 15:31		Vide Report No.: E/20180313/0030		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: SAMIKKANNU THANGAPANDIAN			Address: APT BLK 134 BEDOK RESERVOIR ROAD #09-1223 EUNOS SPRING SINGAPORE 470134		
ID Type / ID No.: FIN NO / G2106905T			Contact No.: Home/Office: Mobile: 83026781		
Nationality: INDIAN			Email:		
Sex: Male	Age: 26	Date of Birth: 05/05/1991	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:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/03/2018 02:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 MARYMOUNT LANE BISHAN STREET 21 At the traffic light junction of Marymount Road.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1844P	Car				Seriously Damaged	1
YL111D	Lorry				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20180313/2102

Police Station Of Origin:
Kampong Ubi NPP
9 Eunus Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20180313/2102

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SHC1844P (Car)		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	SAMIKKANNU THANGAPANDIAN		ID No. G2106905T
Related Vehicle	YL111D (Lorry)		Contact No. 83026781
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 13/03/2018 at about 0215hrs, I was driving my company lorry (YL111D) along Marymount lane towards Bishan St 21. While crossing the traffic controlled junction located at the junction of Marymount Road, I collided with a blue comfort taxi (SHC1844P). Due to the impact caused, my lorry veered right towards the oncoming traffic. I switched on the hazard light and alighted to check on the taxi. The female passenger was already outside the taxi. I was unable to communicate with the taxi driver due to our language barrier, however, I can see that the driver was unable to open the door due to the actions he was doing.

SCDF personnel came out from the nearby fire post followed by the ambulance. The SCDF personnel managed to freed the driver and both the driver and passenger were checked by the paramedics. The SCDF personnel then informed me to stay at the scene to wait for traffic police. The traffic police came and took the particulars of the taxi driver and passenger before they were conveyed by the ambulance. The traffic police told me to move my vehicle and then ask me what happened. The officer then handed over a case card to me and inform me to lodge a police report.

I wish to inform that the traffic lights were in my favor. I have no in car camera installed in my lorry.



**SINGAPORE
POLICE FORCE**



T/20180313/2102

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

3 of 3


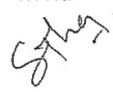


Report No. T/20180313/2102

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 2 LAM WEI LIANG WILLIAM 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/03/2018 15:31
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213 	Classification Of Case: <div data-bbox="837 1825 981 1937" style="border: 1px solid black; width: 90px; height: 50px; margin: 5px;"></div>
Authentication Stamp NP168	<div data-bbox="486 1825 981 2027" style="border: 1px solid black; padding: 5px;">  SIGNATURE </div>