

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	23/03/2018 17:17
Date Of Accident	22/03/2018 19:30
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY5741Y
Insured/Policyholder	
Name Of Registered Owner	PALANISAMY SEKAR
NRIC No	S2661845B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81813668
Alternative Phone No	OTHERS-81813668

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3029441700
Cover Note Number	

Driver

Name of Driver	PALANISAMY SEKAR
NRIC No	S2661845B
Date Of Birth	15/01/1955
Occupation	OUTDOOR
Date Of Driving Pass	11/02/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81813668
Fax Number	
Contact Number	OTHERS-81813668
EEmail Address	NOEMAIL

Address	BLK 457JURONG WEST STREET 41 #07-764
Postcode	640567
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	JSR4897 (PRIVATE CAR)
Number of vehicles involved in the accident	3
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
Passenger 1	NAME: : SEKAR MEENA GENDER: : FEMALE

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 POST
Police Station Address	ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7759999 - FAX NO: 67764246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180322/2186

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	SKN8520J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name AXA INSURANCE PTE LTD
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JSR4897
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)

DETAILS OF INJURED PERSON 1

Name PALANISAMY SEKAR
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SGY5741Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SEKAR MEENA
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SGY5741Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

2007 年 8 月 10 日 星期五 08:27:00

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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)**

(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.

Reporting Centre Personnel's Signature
Name: Paul W. [Signature]
NRIC/FIN No.: 8001 48702

Accident Sketch Plan

(A) SGY 5341Y
(B) SKW 520J
(C) ISR 1897

PIE
TOWNS
THAS





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report No. T/20180322/2186

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)

23/03/2018
Reporting Centre Personnel's Signature
Name: *Paula ...*

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180322/2186

1 of 4

Report No. T/20180322/2186

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
22/03/2018 21:38

Vide Report No.:
E/20180322/0134

Station Diary No.:
63

Informant's Particulars

Name of Informant:
PALANISAMY SEKAR

Address:
APT BLK 457 JURONG WEST STREET 41 #07-764
SINGAPORE 640457

ID Type / ID No.:
NRIC NO / S2661845B

Contact No.:
Home/Office: Mobile: 81813668

Nationality:
INDIAN

Email:

Sex: Age: Date of Birth:
Male 63 15/01/1955

Type of Informant:
Driver

Race:
Indian

Language:

Institution / School Name:

Occupation:
Company director

Driving Licence Information:
Class:

Date of Expiry:

General Information of the Accident

Type of Accident: Injury Attended by Police

Drink Drive:
No

Date/Time of Accident:
22/03/2018 19:30

Type of Location:
Straight Road

Location:
Along Road 1
PAN ISLAND EXPRESSWAY

Along PIE towards Tuas, after upper Thomson road exit

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
Dual Carriage Way

Traffic Control:
Not Controlled

Traffic Volume:
Heavy

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
JSR4897	Car				Seriously Damaged	5
SGY5741Y	Car	NISSAN	SYLPHY 1.5 4AT	Grey	Seriously Damaged	1
8KN8520J	Car				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180322/2168

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20180322/2168

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SGY5741Y	NTUC Income Insurance Co-Operative Limited	5094394934	27/09/2017	28/09/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Tong Sue Tun	ID No.	A41230768
Related Vehicle	JSR4897 (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	PALANISAMY SEKAR	ID No.	S2661845B
Related Vehicle	SGY5741Y (Car)	Contact No.	81813668
Hospital/Clinic	CENTRAL 24-HR CLINIC (CLEMENTI)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/03/2018	Date Discharge	22/03/2018
No. of Days granted Medical Leave	01	Degree of Injury	Slight
Passenger			
Name	Sekar Meena	ID No.	S2667162J
Related Vehicle	SGY5741Y (Car)	Contact No.	NIL
Hospital/Clinic	CENTRAL 24-HR CLINIC (CLEMENTI)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/03/2018	Date Discharge	22/03/2018
No. of Days granted Medical Leave	01	Degree of Injury	Slight

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POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180322/2186

3 of 4

Report No: T/20180322/2186

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-458
SINGAPORE 120427
Tel No: 1800-7769999

CONTINUATION OF REPORT

Driver		ID No.	S1661908B
Name	Ang Lee Kim Jane		
Related Vehicle	SKN8520J (Car)		Contact No. 97311134
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	Slight

Brief Details.

On 22/03/2018 at about 1930hrs, I was driving along PIE towards Tuas, Lane 1, in my vehicle SGY5741Y. As I drove after Upper Thomson Road exit, there was a massive jam ahead of me. As such my vehicle was cruising at a slow speed of about 5 km/h. All of a sudden, a vehicle SKN8520J, collided on to the back of my vehicle. And thereafter, another Malaysian vehicle JSR4897 collided onto the back of SKN8520J, resulting in a chain collision.

Police came and attended to the accident reference E/20180322/0134. In charge IO Sharulnezam. I suffered pain on to the back of my neck. My vehicle sustained damages to the back of my vehicle, with the rear bumper being dislodged slightly and dents to the back, causing the boot to be unable to close. The rear indicator lights are broken as well. The other vehicle SKN8520J sustained similar damages. The Malaysian vehicle suffered a major dent to the front of the vehicle.

I do not have any in car camera in my vehicle. This is the second time I had encountered in an accident.

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POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



T/20180323/2025

4 of 4

Report No. T/20180323/2025

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:
D /
Sgt 2 MERVYN PEA JIA WEI

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



SINGAPORE
POLICE FORCE

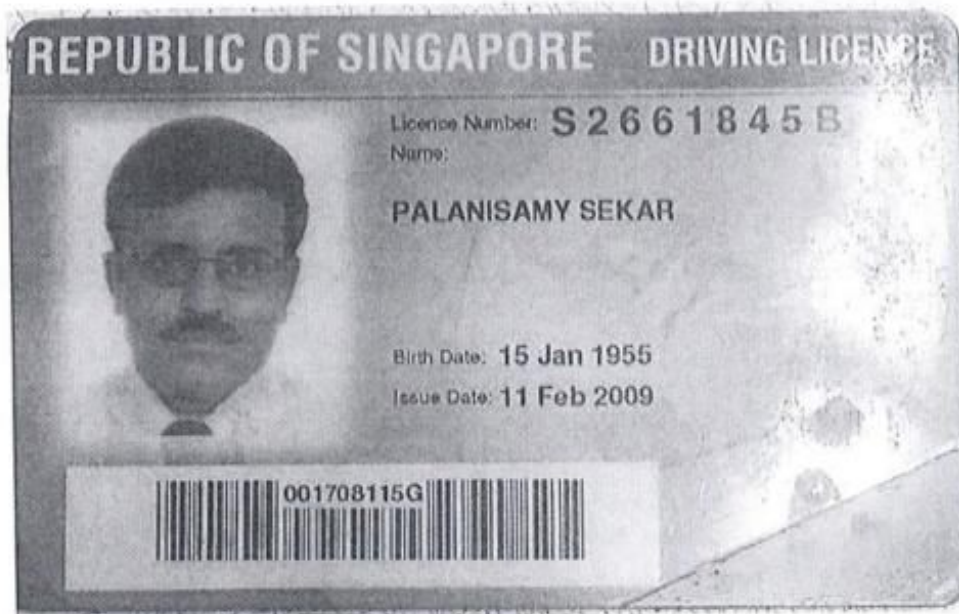
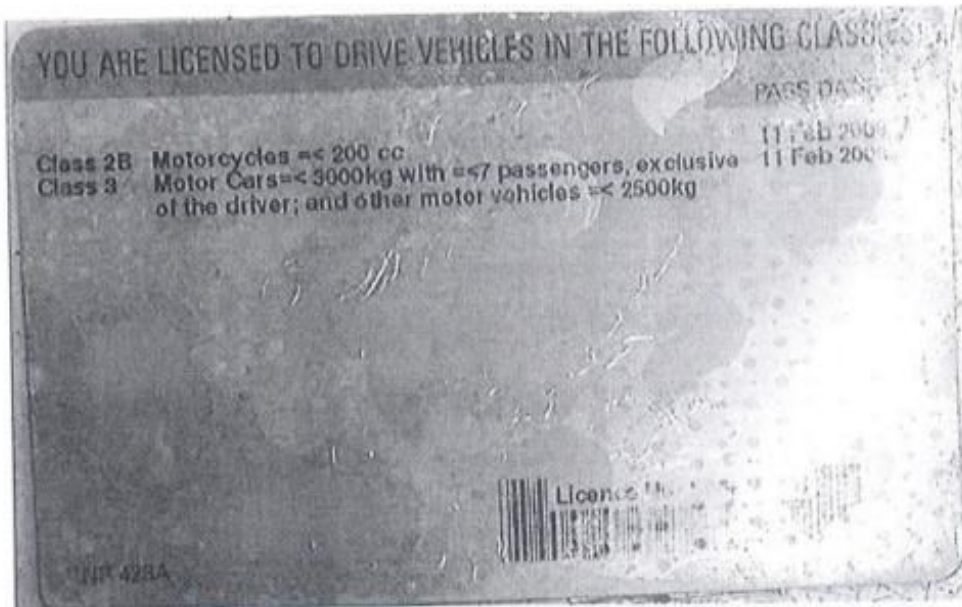
SN 34

SIGNATURE

Signature Of Informant:


Date/Time:
23/03/2018 08:20

Classification Of Case:




ID

209227




S2661845B




Nationality
INDIAN
Blood Group
A+
Date of issue
19-07-1996

ACT B4 457 JORDNG WEST STREET 41 #07-784
SINGAPORE 640457
Date: 09-08-2007 No: 5768981

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S2661845B**




Name
PALANISAMY SEKAR



பு சேகர்
Race
INDIAN
Date of Birth
15-01-1955
Country of Birth
INDIA

Sex
M



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

