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### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

EMail Address

- 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 witholding 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
DESCRIPTION OF THE PROPERTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGY5741Y
Insured/Policyholder	
Name Of Registered Owner	PALANISAMY SEKAR
NRIC No	S2661845B
Email Address	NOEMAIL
Mobile Phone Na	(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

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?

Foreign Vehicle Registration Number

JSR4897 (PRIVATE CAR)

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: SEKAR MEENA

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police? If Yes, Please state which Police Station

YES

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?

**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

Page 2 of 18

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

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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:

- 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/mall 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.: 0 00 / / / A Para

NRIC/FIN No .:

(A) SGY 5741Y				
(B) 9 KM 8 520,7	¢			
(¢), rsik 4894	PIE B TOWNING XY TUAS			
DESCRIBE CIRCUMSTAN				

Refer to police report No. 7/20180322/2186	
<u> </u>	

DECLARATION

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

Policyholder's Signature Date & Time:

Oriver's Signature
(If driver is not the policyholder)

Reporting Centre Personner Signature Name:





1 01 4 Report No. T/20180322/2186

Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759899

Tel No: 1	800-77699	99		· Constant	Station Diary No.:
Date/Tim 22/03/20	e Report M	ACCIDENT :eba	Vide Report No.; E/20180322/0134		
Informat	Informant: SAMY SEK		Address: APT BLK 457 JURONG WES SINGAPORE 640457	T STREET	41 #07-764
ID Tune	ID Type / ID No.: NRIC NO / S2881845B		Contact No.: Mobile: 81813668		
National		400	Email:		
Sex:	Age:	Date of Birth: 15/01/1955	Type of Informant: Driver	Tr. attribut	/ School Name:
Race: Indian	100		Language:	Institution	17 Oction 114
Occupat	ion;		Driving Licence Information: Class:	Date of E	xplry:

Type of Accident:	Injury Attended by Po	Drink	Date/Time of Accident: 22/03/2018 19:30	Type of Location Straight Road
	EXPRESSWAY	per Thomson road exit		
Along Pic to	THE RESERVE THE PARTY OF THE PA	Road Surface:	THE REPORT OF THE PARTY OF THE	Road Speed Limit:
Weather:		Road Surface: Dry		2007年10日1日
Weather: Clear Traffic Flow: Dual Carriage		Hoad opinada.	4-11 C F10	Traffic Volume: Heavy Anyone conveyed by

Datalle of V	THE RESERVE OF THE PARTY OF THE	Make	Wood)	Color	Condition, Albert Pausent
JSR4897	Car				Seriously 5 Damaged
SGY5741Y	Car	NISSAN	SYLPHY 1.5	Grey	Seriously 1 Damaged
8KN8520J	Car			AND RESERVED	Seriously 0

		NAME OF TAXABLE PARTY.	WHITE WAR IN THE PARTY.
Details of Vehicle Insurance			III SAAD BEEN AND THE SAAD BEE
The state of the s		TO STATE OF THE ST	PRINCIPLE TOWARD
Monicle No. I Instrumes Company	A Country of the second	中国 计对比 世	Extra Card
	CONTRACTOR DESIGNATION OF THE PROPERTY.		





Report No. T/20180322/2186

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

CONTINUATION OF REPORT

	Insurance Company	Insurance No	Effective	Exply Date
SGY5741Y	NTUC Income Insurance Co-Operative	5094394934	27/09/2017	28/09/2018

Datalla of Person			STATE OF THE STATE	
Any Pedestrian In				
No. of Pedestrians	Injured: NIL	Use of Pe	destrian Crossi	ng: NA
Orlyon III	BOTA STATE OF LAND			144000700
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 Dis	charge NIL	
No. of Days grant	ed Medical Leave NIL		of Injury NIL	
Driver				
Name	PALANISAMY SEKAR		ID No.	S2661845B
Related Vehicle	SGY6741Y (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 Di	scharge   22/03/2018	
No. of Days gran	ted Medical Leave 01	Degree	of Injury   Slig	ht
Passenger		CARAN		
Name	Sekar Meena		ID No.	82667162J
Related Vehicle	SGY5741Y (Car)		Contact N	o. NIL
Hospital/Clinic	CENTRAL 24-HR CLINIC (OI	CENTRAL 24-HR CLINIC (CLEMENTI)		Class: NIL Date of Expiry: NIL
Date Treatment	22/03/2018	Date I	Discharge   22	Control State Community of the Control State
	inted Medical Leave 01		e of Injury SI	



Report No. T/20160322/2180

Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-458 SINGAPORE 120427 Tel No: 1800-7759999

CONTINUATION OF REPORT

00000	View Tone	ID No.	S1561908B
ame	Ang Lee Kim Jane		07244124
Related Vehicle	SKN8520J (Car)	Contact No.	9/31/104
(elated verticio		Class of	Class: NIL
Hospital/Clinic	NIL	Driving Licence &	Date of Explry: NIL
		Explry Date Date Discharge NIL	
Date Treatment	ted Medical Leave NIL	Degree of Injury Slight	

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, enother Malaysian vehicle JSR4897 coilided 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.



Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-458 SINGAPORE 120427 Tel No: 1800-7759999 T/20180322/2186

4 of 4

Report No. T/20180322/2166

CONTINUATION OF REPORT

Sketch Plan

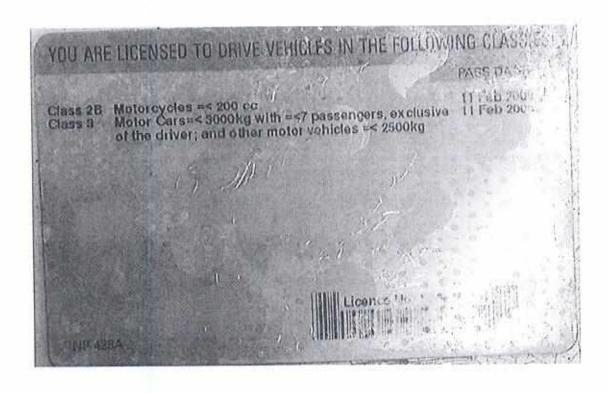
informant is not able to provide sketch plan

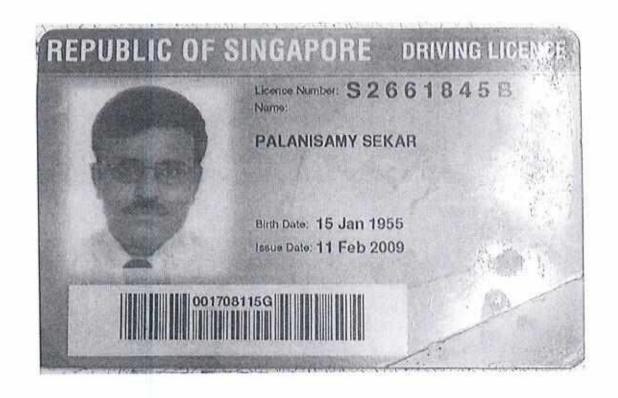
IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D / Sgt 2 TAN WEE KIONG, SHAUN	Signature Of Informants Seems
Signature Of Interpreter: Not applicable	Date/Time: 22/03/2018 21:38
Officer in Charge Of Case; TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 85476358	Glassification Of Case:
Authentication Sta ng Singapore Police Police	SN 40

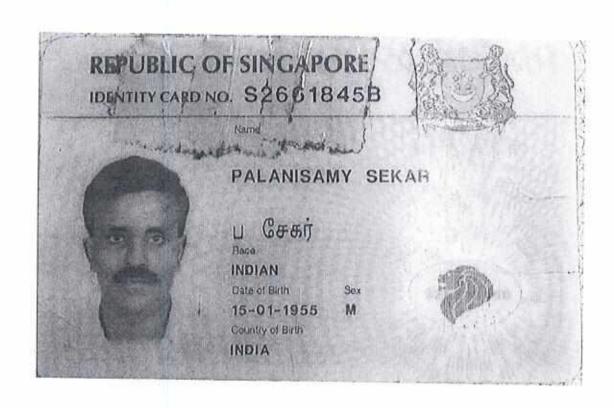
## SINGAPORE ACCIDENT STATEMENT

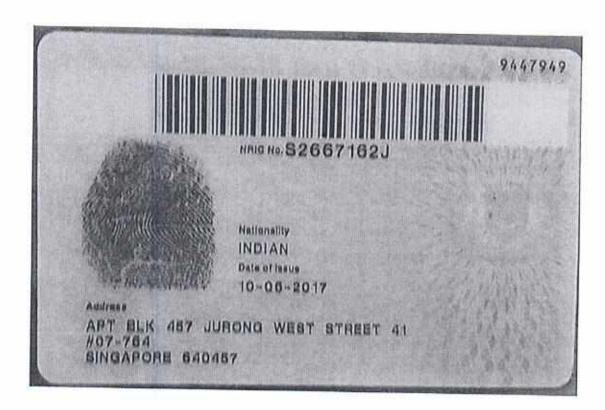
ACCIDENT DATE: 22 Mar 2018	TIME: 1930	(hh:mm) 24 hrs Format
LOCATION PIE Towards Twas		Visionity as mar similar
VEHICLE NUMBER SGY 57414		
INSURED NAME PALANISAMY SEKAL		
NRIC/FIN \$266 1845 B	CONTACT:	
MAKE MISSAM MOD		
Are you claiming under your own insurance police	y for repair to your vehicle?	
( ) Yes, If No, Pls Select : ( /) Third Party	( ) Reporting Only	
INSURANCE COMPANY CHINA TAIPING		
TYPE OF POLICY ( ) COMPREHENSIVE	( ) THIRD PARTY (	) TPFT
POLICY NUMBER: DMPCSN 3029 4 41		/
	F - 60 CO	
NAME DRIVER:		) SAME AS INSURED
		/ 51 11 11 11 11 11 11 11 11 11 11 11 11
NRIC / FIN	CONTACT:	
DATE OF BIRTH: 15 01 1955	001111011	
DRIVING PASS DATE: 11 ( 62) 2669		
OCCUPATION: ( )INDOOR ( )	OUTDOOR	
	) FEMALE	
EMAIL ADDRESS:	7 - 131-11 - 112-1	( ) NO EMAIL
ADDRESS OF DRIVER: APT Ble 457 JUN	tore Attendants	( )NO EMAIL
#07-764 SINGAPOR	ONG MEST STREET 4	1
	01	
Z V	40	
Was driver an employee of the Insured's Company	y?( ) YES ( ) NO	
If No, Relationship Of The Driver With The Ir	isured	
( ) Owner ( ) Spouse ( ) Friend ( ) 1		) Sibling ( ) Others
Does The Driver Own Any Other Vehicle? : (		) Sibling ( ) Others
If Yes, Vehicle Registration Number Of Driver's		
Insurance Company Of Driver's Own Vehicle	own venicle.	
Weather Conditions: ( ✓ ) Clear ( ) Ra	ining ( ) Drizzling (	) Others
Road Surface : ( ) Dry ( ) Wo		) Others
Was Any Foreign Vehicle Involved In This Acc		) NO
Was Anybody Injured In The Accident? (	YES ( ) NO	JNO
If YES, Injured details :	7113 ( )10	
Convey By Ambulance: ( ) YES ( / ) N	0	
Was There Any Video Capture By Car Camera?	( )YES ( )NO	
Was There Accident Reported To The Police?		Ver Attend B. U. B.
Police Report Number (if any) T/2018 0322		Yes Attach Police Report
	/ NRIC	
	XA)	Contact
Veh C JSR H897	AN J	
Veh D		
Veh E		
Veh F		
Veh G		
TMI		











# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2667162J





Name

SEKAR MEENA



Race INDIAN Date of birth 10-06-1962

Sex

Country/Place of birth

INDIA



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

N SN ANG478A COMPREHENSIVE AUTOSAFE

MX1F

## 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)

Engine No : HR15174396A CERTIFICATE No. DMPCSN3029441700 Chassis No: JN1BAAG1120105269 1. Index Mark and Registration SGY5741Y Number of Vehicle 2. Name of Policy Holder MR PALANISAMY BEKAK 3. Effective date of the Commencement of Insurance for NAMED DRIVERS EX SECT, I.........\$\$500.00 01 APRIL 2017 the purposes of the Regulations, Ordinance or Enactment IN ADDITION TO NAMED DRIVERS EX: 4. Date of Explry of Insurance 31 MARCH 2018 · AGE AS AT DATE OF ACCIDENT 5, Persons or Classes of Persons entitled to drive \* 

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

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 DISQUALIPIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

#### 6. Limitations as to use: \*

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY
TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS
OH USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST \$\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : TECK WEI CREDIT PTE LTD AS HP OWNER

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Perty Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorised Officer

Authorised Signatory