

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	28/03/2018 14:49
Date Of Accident	27/03/2018 19:40
Exact Location Of Accident	ALONG JUNC BETWEEN KIAN TECK AVE & KIAN TECK DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2033L
Insured/Policyholder	
Name Of Registered Owner	LIXIN ENGINEERING PTE LTD
Co Reg No	200207000Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62659845

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078387117-01
Cover Note Number	

Driver

Name of Driver	SEENIVASAN MUTHUKUMAR
Passport No/FIN	G7737965M
Date Of Birth	04/06/1986
Occupation	OUTDOOR
Date Of Driving Pass	19/07/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81166039
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	31 GUL RD #03-00
Postcode	629358
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 - CROSS JUNCTION
Weather Conditions	RAINING
Road Surface	WET

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)	11
Passenger 1	NAME: : ISLAM MD NAZIMUL GENDER: : MALE
Passenger 2	NAME: : RAHMAN MOST AFIZUR GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKOWN GENDER: : MALE
Passenger 5	NAME: : UNKNOWN GENDER: : MALE
Passenger 6	NAME: : UNKNOWN GENDER: : MALE
Passenger 7	NAME: : UNKNOWN GENDER: : MALE
Passenger 8	NAME: : UNKNOWN GENDER: : MALE
Passenger 9	NAME: : UNKNOWN GENDER: : MALE
Passenger 10	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

Police Station Address **ROAD:** 21 BUKIT BATOK EAST AVE 4 , **POSTCODE:** 659840 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** 1800-6659999 - **FAX NO:** 66655793

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180327/2198

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 SLC5585M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver SELEMBRASAN S/O GOPAL PATHMAVATHY

NRIC/Passport Number S8722472D

Contact Number 85467283

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SEENIVASAN MUTHUKUMAR

Approximate Age

Injuries Sustain BACK & NECK

Injured person in which vehicle? YP2033L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name ISLAM MD NAZIMUL

Approximate Age

Injuries Sustain BACK & NECK

Injured person in which vehicle? YP2033L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name RAHMAN MOST AFIZUR

Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	YP2033L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:


S. MUTHUKUMAR

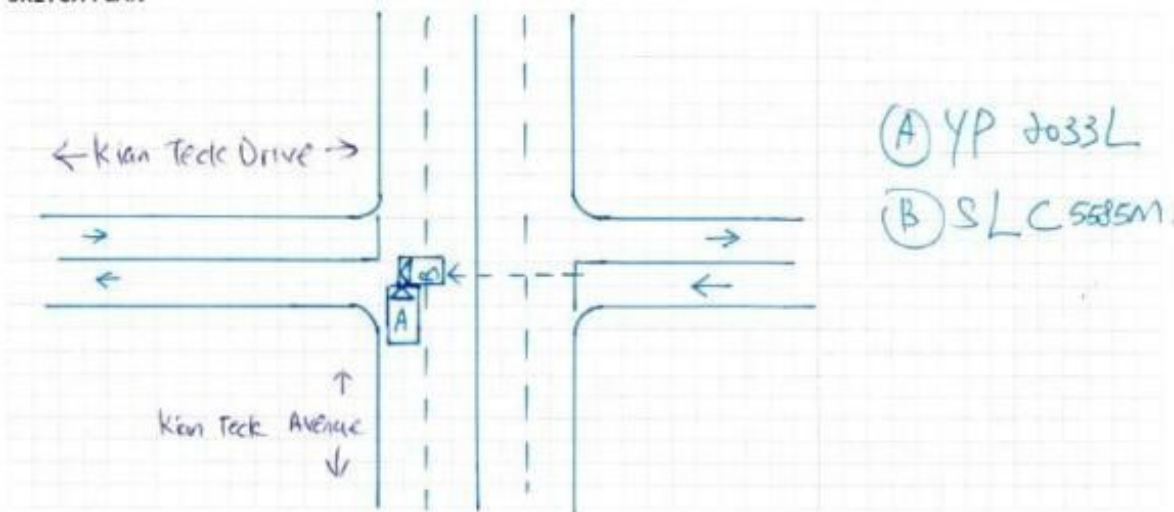
Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/3/18

S. MUTHUKUMAR

 28/03/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement Please Refer To Police
Report No: T/20180327/2198

DECLARATION

If We declare the foregoing particulars are true in every respect.



S. Muthukumar

Policyholder's Signature

Date & Time:



S-muthukumar

Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/5/21

Apr 28/03/18

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180327/2198

2 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20180327/2198

CONTINUATION OF REPORT

Driver			
Name	Selembasan S/O Gopal Pathmavathy	ID No.	S8722472D
Related Vehicle	SLC5585M (Car)	Contact No.	85467283
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	SEENIVASAN MUTHUKUMAR	ID No.	G7737965M
Related Vehicle	YP2033L (Lorry)	Contact No.	62659845
Hospital/Clinic	NORTHEAST MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/03/2018	Date Discharge	27/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 27/03/2018, at around 1940hrs, I was driving my vehicle, YP2033L along Kian Teck Avenue. As I was approaching the junction between Kian Teck Avenue and Kian Teck Drive, I did not notice any vehicle hence I did not stop as there was also no stop line. I wish to state that there are stop line at both side of Kian Teck Drive.

Suddenly, another vehicle, SLC5585M dashed out from the right side. I immediately jam braked however it was too late and the head of my vehicle collided into the left side of the other vehicle. After the collision, the driver and I alighted from our vehicle to make a check on the damages and exchange particulars. The other driver also called police. SCDF ambulance and traffic police arrived at the scene shortly.

At the point of time no one was injured hence the traffic police advised both parties to let our insurance company handle the accident. After the accident, two of my colleagues namely, Islam Md Nazimul (G8597672P), Rahman Most Afizur (G7746525T) and myself felt pain in our back and neck area hence we went to Northeast Medical Group. We were all given 3 days of medical leave from 27/03/2018 to 29/03/2018. There are a total of 10 passenger in my vehicle.

There is no in car camera in my vehicle. I noticed there is a in car camera in the other vehicle.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180327/2198

1 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6559999

Report No. T/20180327/2198

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2018 22:57		Vide Report No.:		Station Diary No.: 110	
Informant's Particulars					
Name of Informant: SEENIVASAN MUTHUKUMAR			Address: APT BLK 824 JURONG WEST STREET 81 #02-454 SINGAPORE 640824		
ID Type / ID No.: FIN NO / G7737965M			Contact No.: Home/Office: 82858845 Mobile: 81168039		
Nationality: INDIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 04/06/1986	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/03/2018 19:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 KIAN TECK AVENUE KIAN TECK DRIVE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SLC5585M	Car				Seriously Damaged	0
YP2033L	Lorry				Slightly Damaged	10

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180327/2199

2 of 3

Police Station Of Origin:

Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

Report No: T/20180327/2199

CONTINUATION OF REPORT

Driver			
Name	Selembasan S/O Gopal Pathmavathy	ID No.	S8722472D
Related Vehicle	SLC5585M (Car)	Contact No.	85487283
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	SEENIVASAN MUTHUKUMAR	ID No.	G7737985M
Related Vehicle	YP2033L (Lorry)	Contact No.	62659845
Hospital/Clinic	NORTHEAST MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/03/2018	Date Discharge	27/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 27/03/2018, at around 1940hrs, I was driving my vehicle, YP2033L along Kian Teck Avenue. As I was approaching the junction between Kian Teck Avenue and Kian Teck Drive, I did not notice any vehicle hence I did not stop as there was also no stop line. I wish to state that there are stop line at both side of Kian Teck Drive.

Suddenly, another vehicle, SLC5585M dashed out from the right side. I immediately jam braked however it was too late and the head of my vehicle collided into the left side of the other vehicle. After the collision, the driver and I alighted from our vehicle to make a check on the damages and exchange particulars. The other driver also called police. SCDF ambulance and traffic police arrived at the scene shortly.

At the point of time no one was injured hence the traffic police advised both parties to let our insurance company handle the accident. After the accident, two of my colleagues namely, Islam Md Nazimul (G8697672P), Rahman Most Afizur (G7746525T) and myself felt pain in our back and neck area hence we went to Northeast Medical Group. We were all given 3 days of medical leave from 27/03/2018 to 29/03/2018. There are a total of 10 passenger in my vehicle.

There is no in car camera in my vehicle. I noticed there is a in car camera in the other vehicle.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180327/2198

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6559999

3 of 3

Report No. T/20180327/2198

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:

J/

Sgt 2 YAP QI LONG

Signature Of Informant:

S. MATHURU MAR

Signature Of Interpreter:

Not applicable

Date/Time:

27/03/2018 22:57

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 85476232

Classification Of Case:

SS 114

Authentication Stamp

NP168

