SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number 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 <u>truthful and accurate</u> 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.

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	ACCIDENT STATEMENT
Date Of Report	04/04/2018 16:15
Date Of Accident	03/04/2018 19:45
Exact Location Of Accident	SIMS AVE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT7762R
Insured/Policyholder	
Name Of Registered Owner	MR SARAVANAN S/O RAMU
NRIC No	S6828272A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90213396
Alternative Phone No	OFFICE-90213396
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	DMPCSN1766401700
Cover Note Number	-
Driver	
Name of Driver	KEERTHI KESAAN S/O SARAVANAN
NRIC No	S9829260H
Date Of Birth	04/09/1998
Occupation	OUTDOOR
Date Of Driving Pass	14/06/2017
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98552354

NOEMAIL

BLK 352 HOUGANG AVE 7 #09-735 Address

Postcode 530352

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **COLLISION - HEAD TO REAR**

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

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: SARAVANAN S/O RAMU

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

NO

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO 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

GBF5972G Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **COMMERCIAL VEHICLE**

Name of Driver PAN WENXING NRIC/Passport Number F7738163P **Contact Number** 81278351

Address Postcode

Page 2 of 18

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

DETAILS OF INJURED PERSON 1

Name UNKNOWN

Approximate Age

Injuries Sustain RIGHT SHOULDER & ARM

Injured person in which vehicle? GBF5972G

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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.
- B. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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)
 - 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:
 - 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.

Polic holder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	*	
	A	SLT7762R — GBF5972G
TRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
	line Report.	
CLARATION of the foresping of	particulars are true in every respect.	





Report No. T/20180403/7017

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

REPORT (OF A TRAFFIC	CACCIDENT	Name of the Control o		
	ne Report M 018 23:59	fade:	Vide Report No.: Station Dia G/20180403/0193		
Informa	nt's Particu	ulars			
Name of	Informant:		Addfess: APT BLK 352 HOUGANG A 530352	AVENUE 7 #09-735 SINGAPORE	
ID Type	/ ID No.: O / S982920	60H	Contact No.: Home/Office:	Mobile: 98552354	
National SINGAP	ity: ORE CITIZ	EN	Email: keerthikesaan@gmail.com		
Sex: Male	Age: 19	Date of Birth: 04/09/1998	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupat			Driving Licence Information Class: 3	n: Date of Expiry:	

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 03/04/2018 19:45	Type of Location Straight Road
Location: SIMS AVENU	E			
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Clear			affic Control: Traffic Volume: Moderate	
Traffic Flow: One Way		Traffic Control: Traffic Light - World	king	

Details of V	ehicle Invo	lved				AND HAVE BEEN
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLT7762R	Car	HONDA	VEZEL HYBRID	Black	Seriously Damaged	

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT7762R	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSN17664017 00	10/11/2017	09/11/2018





T/20180403/7017

Report No. T/20180403/7017

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

CONTINUATION OF REPORT

Details of Perso	n involved			WEST OF	3 14	
Any Pedestrian In	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pedestrian Crossing: NA			
Passenger			The state of the state of		TAR STR	
Name	SARAVANAN S/O R	AMU		ID No	• .	S6828272A
Related Vehicle	SLT7762R (Car)			Conta	ct No.	90213396
Hospital/Clinic	NIL		Class Drivin Licens Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment				scharge	NIL	
No. of Days gran	ted Medical Leave NIL Degree of			of Injury	NIL	
Driver		(1)			BARRIO.	
Name	KEERTHI KESAAN S/O SARAVANAN		ID No		S9829260H	
Related Vehicle	SLT7762R (Car)		Conta	ct No.	98552354	
Hospital/Clinic	NIL		Class Drivin Licens Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	OF STREET	Date Dis	scharge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree	of Injury	NIL	

Brief Details.

SLT7762R Driver: KEERTHI KESAAN, S9829260H

SLT7762R Passenger: SARAVANAN S/O RAMU, S6828272A

GBF5972G Driver: PAN WENXING, F7738163P

Investigation Officer: ABDILLAH

Contact: 65476246

Dated today,03/04/2018, Evening,

KEERTHI KESAAN S/O SARAVANAN, NRIC NO: S9829260H, the driver and my Father, SARAVANAN S/O RAMU, NRIC NO:S6828272A was coming back from Geylang Lorong 1 after purchasing a PC for home-use. The Traffic was moderate and i was driving in a very stable condition and the weather is very clear. It was about 2000 hrs and we were heading to Eunos food court for supper. At Sims Avenue, at the junction, the signal turned amber. I reduced my speed and come to a full stop at the junction. After stopping, approximately 3 to 4 seconds, i heard a loud bang from the rear of my car as well as my car moved forward. My father alighted first and at the same time he asked me remain calm on the driver seat, at this point, we were already bang from the rear of the car. He went and checked the lorry that banced





T/20180403/7017

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Report No. T/20180403/7017

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

CONTINUATION OF REPORT

no one was injured upon first look and asked both vehicle to move to the side road onto geylang east avenue 1 to avoid causing hindrance to the traffic and settle it upon the side road.

Once pulled over to the side, my father approached the lorry driver, PAN WENXING, F7738163P, and exchange particulars with the driver while doing this, my father observed there were 3 foreign workers joining the lorry driver. There were 02 each PRC workers and 01 Bangladeshi worker. My father noticed that he was holding onto his right shoulder and arm in pain. My father asked him if he needs medical attention and he replied yes. We called '999' for immediate attention. The ambulance came and fetched him to Tan Tock Seng Hospital and trafffic police arrived after a few minutes later. Traffic police viewed my front recording footage and asked us to lodge an accident report(NP 168) as soon as possible. I declare the above statement is true and honest.

Thank you



Sketch Plan

NP168



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

Informant is not able to provide sketch plan

4 of 4 Report No. T/20180403/7017

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/04/2018 23:59
Officer In Charge Of Case:	Classification Of Case:

DRIVING DOC



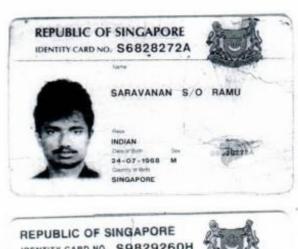






















Accident Photo





Accident Photo



Accident Photo

