

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	10/04/2018 17:35
Date Of Accident	27/03/2018 08:25
Exact Location Of Accident	ALONG JALAN BUROH TOWARDS WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8475E
Insured/Policyholder	
Name Of Registered Owner	RED TOP LEASING PTE LTD
Co Reg No	201624098H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92331880

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCFHQ17000081
Cover Note Number	

Driver

Name of Driver	SANTHAPPAN MANICHANDRAN
Passport No/FIN	F8232700L
Date Of Birth	20/07/1978
Occupation	OUTDOOR
Date Of Driving Pass	07/03/2008
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91524061
Fax Number	
Contact Number	
EEmail Address	MANICHANDRAN@CSCHL.COM.SG

Address	8 SUNGEI KADUT AVENUE #03-07 SINGAPORE 729645
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
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?	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 [OTHER]	AYER RAJAH NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO:T20180327/2141 LODGED AT AYER RAJAH NPP. ON 27.03.2018 AT ABOUT 8.25AM ALONG JALAN BUROH NEAR TO EVERBESTING METAL WORKS(NO 27 JALAN BUROH), I WAS DRIVING MY COMPANY VAN, GBF8475E, I WAS DRIVING AT THE LANE 2 AND SIGNAL TO CHANGE TO LANE 1 AND MY VAN WAS ALREADY ABOUT HALF INTO THE LANE 1.THE TRAILER - TRB4407K(PRIME MOVER- XE3865R) IN FRONT OF ME SUDDENLY STOPPED AND I COULD NOT BRAKE IN TIME AND CRASH INTO THE TRAILER'S LEFT SIDE. AFTER THE ACCIDENT, I CAME OUT FROM THE VAN. I IMMEDIATELY CALLED FOR AMBULANCE. I ALSO CALLED FOR POLICE ASSISTANCE AND A ALSO INFORMED MY SUPERVISOR,SARAVANAN. THERE WAS NO PASSENGER IN MY VAN AND ALSO IN THE PRIME MOVER. WHILE WAITING FOR THE AMBULANCE, I TRIED TO TALK TO THE DRIVER OF THE TRAILER HOWEVER HE COULD NOT UNDERSTAND AS HE SEEMS TO BE FROM CHINA THEREFORE NOT ABLE TO COMMUNICATE WITH HIM IN ENGLISH AND I CAN'T SPEAK MANDARIN, I JUST WAIT AT THE SIDE OF THE AMBULANCE TO COME. I FELT PAIN ON MY WHOLE OF RIGHT HAND TO THE RIGHT SHOULDER AND BLEEDING ON MY RIGHT FOREARM. AFTER THAT THE AMBULANCE SENT ME TO THE NEAREST HOSPITAL WHICH WAS NG TENG FONG GENERAL HOSPITAL FOR TREATMENT.I WAS GIVEN 30 STITCHES ON RIGHT FOREARM AREA AND GIVEN HOSPITALISATION LEAVE FROM 27/03/2018 TO 10/04/2018. I WISHED TO THAT THIS IS THE 1ST TIME TAHT I GOT INTO THE ACCIDENT AND I DID NOT KNOW THE DRIVER OF PRIME MOVER. THE TRAFFIC POLICE INVESTIGATOR THAT WAS GIVEN TO ME WAS YUS MASTARI, 65476214.

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	XE3865R
Vehicle Make/Model/Colour	MITSUBISHI/FUSO FP51SDR3VDEA/BLUE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	UNKNOWN
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SANTHAPPAN MANICHANDRAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBF8475E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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.
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.

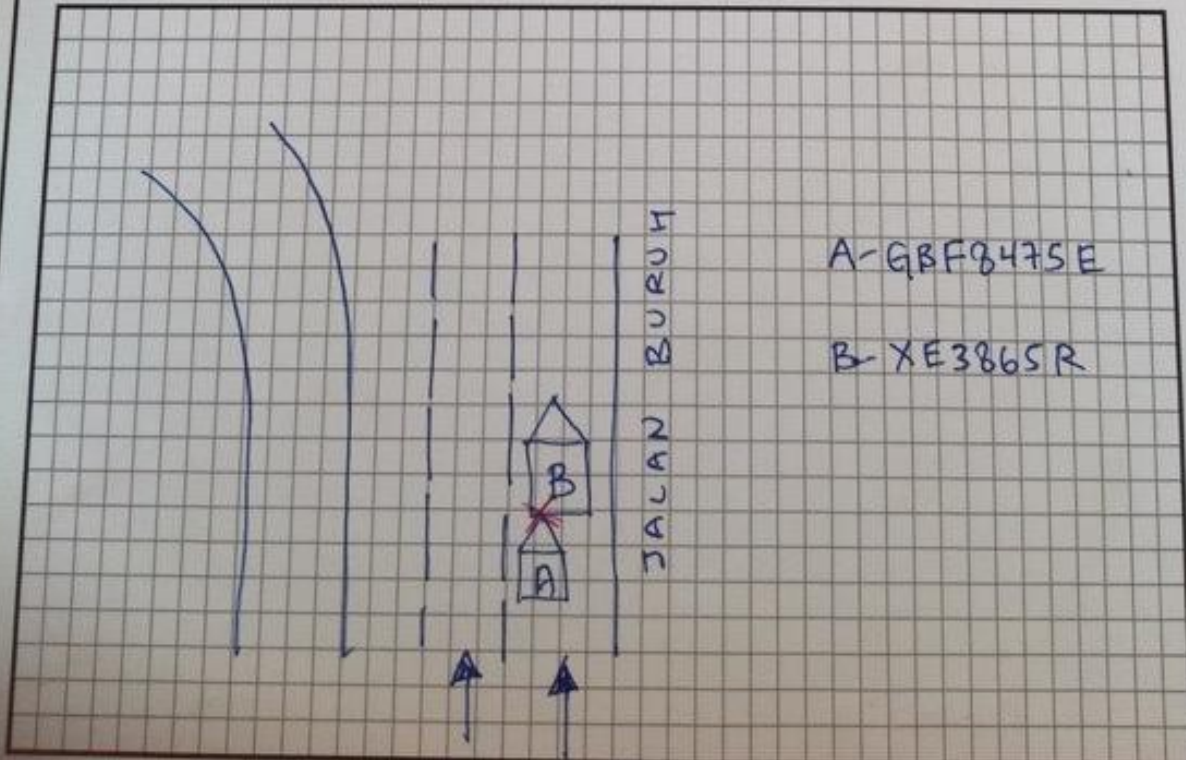
VERIFIED BY AJAX MARS
REPORTING OFFICER
Mohd Azaly Bin Abdullah

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Common Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180327/2141

1 of 3

Police Station Of Origin:
Ayer Rajah NPP
43 Teban Gardens Road #01-388
SINGAPORE 600043
Tel No: 1800-5659999

Report No. T/20180327/2141

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2018 17:59		Vide Report No.: J/20180327/0070		Station Diary No.: 22	
Informant's Particulars					
Name of Informant: SANTHAPPAN MANICHANDRAN			Address: 8 SUNGEI KADUT AVENUE #03-07 SINGAPORE 729645		
ID Type / ID No.: FIN NO / F8232700L			Contact No.: Home/Office: Mobile: 91524061		
Nationality: INDIAN			Email:		
Sex: Male	Age: 39	Date of Birth: 20/07/1978	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: SENIOR COORDINATOR			Driving Licence Information: Class: 3,4 Date of Expiry: 06/03/2023		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/03/2018 08:25	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JALAN BURUH				
Traveling along Jalan Buruh towards West Coast Highway near to Everbesting Metal Works (No 27 Jalan Buruh)				
Weather: Just Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF8475E	Van	NISSAN	NV200	White	Seriously Damaged	0
XE3865R	Prime Mover with a trailer	MITSUBISHI		Blue	Slightly Damaged	0

Details of Person Involved

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

Common Statement Pg. 2



**SINGAPORE
POLICE FORCE**



T/20180327/2141

Police Station Of Origin:
Ayer Rajah NPP
43 Teban Gardens Road #01-388
SINGAPORE 600043
Tel No: 1800-5659999

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Report No. T/20180327/2141

CONTINUATION OF REPORT

Driver			
Name	SANTHAPPAN MANICHANDRAN	ID No.	F8232700L
Related Vehicle	GBF8475E (Van)	Contact No.	91524061
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: 06/03/2023
Date Treatment	27/03/2018	Date Discharge	27/03/2018
No. of Days granted Medical Leave	15	Degree of Injury	Serious

Brief Details.

On 27.03.18 at about 8.25am along Jalan Buroh near to Everbesting Metal Works (No 27 Jalan Buroh), I was driving my company van, GBF8475E, I was driving at the lane 2 and signal to change to lane 1 and my van was already about half into the lane 1. The trailer - TRB4407K, (Prime Mover - XE 3865 R) in front on me suddenly stopped and I could not brake in time and crash into the trailer's left side. After the accident, I came out from the van. I immediately called for ambulance. I also called for Police assistance and also informed my supervisor, Saravanan. There was no passenger in my van and also in the prime mover.

While waiting for the ambulance, I tried to talk to the driver of the trailer however he could not understand as he seems to be from China therefore not able to communicate with him in English and I can't speak Mandarin. I just wait at the side for the ambulance to come. I felt pain on my whole of right hand to the right shoulder and bleeding on my right forearm. After that the ambulance sent me to the nearest hospital which was Ng Teng Fong General Hospital for treatment. I was given 30 stitches on right forearm area and given hospitalisation leave from 27/03/2018 to 10/04/2018.

I wished to that this is the 1st time that I got into the accident and I did not know the driver of prime mover.

The Traffic Police Investigator that was given to me was Yus Mastari , 65476214.



SINGAPORE
POLICE FORCE



T/20180327/2141

Police Station Of Origin:
Ayer Rajah NPP
43 Teban Gardens Road #01-388
SINGAPORE 600043
Tel No: 1800-5659999

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Report No. T/20180327/2141

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 /
SSI HENG BOON CHEW

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/03/2018 17:59

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp



SINGAPORE
POLICE FORCE

SN 35

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

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

Employer
L&M FOUNDATION SPECIALIST PTE LTD

Sector: **CONSTRUCTION**

 Name
SANTHAPPAN MANICHANDRAN
Occupation
SENIOR COORDINATOR

S Pass No.
0 31890322

Date of Application
26-04-2017

Date of Issue
23-05-2017

Date of Expiry
22-07-2019



L7949166

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Vehicle Subclass **F8232700L**

Name
SANTHAPPAN MANICHANDRAN

Birth Date **20 Jul 1978**

Issue Date **19 Feb 2018**

Valid Till **06/03/2023**





002774374B

Driving License

VISIT PASS
Immigration Regulations

Name
DANTHAPPAN MANCHANDRAN



Date of Birth	Sex	Nationality
20-07-1978	M	INDIAN
Pin	Date of Issue	Date of Expiry
F8232700L	22-05-2017	22-07-2019

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(ES)

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	07 Mar 2008
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	16 Jan 2015



 Licence No: F8232700L

NP 426A

Mohd A