

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	05/04/2018 12:32
Date Of Accident	04/04/2018 16:10
Exact Location Of Accident	SUNGEI KADUT ST 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD4136K
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Insured/Policyholder

Name Of Registered Owner	WOODLANDS TRANSPORT SERVICE PTE LTD
Co Reg No	198102721M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98383481
Alternative Phone No	OFFICE-65598954

Vehicle Particulars

Manufacturer	SCANIA
Model	P340CA4X2MSZ
Exact Purpose for which vehicle was being used at time of accident	
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	SD17V11060
Cover Note Number	

Driver

Name of Driver	RAMARASU VILLAVANGOTHA
Passport No/FIN	G8138472Q
Date Of Birth	25/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	22/12/2010
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97741301
Fax Number	(LOCAL) +65-68982394
Contact Number	OFFICE-65598954
Email Address	KENJILEE@WOODLANDSTRANSPORT.COM.SG

Address	NO 8 GUL CIRCLE
Postcode	629564
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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]	CHUA CHU KANG NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

On 04/04/2018, at about 16:10 hrs, I was along Sungei Kadut Central in lane 1 at around 30km/hr. The weather was clear with dry road surfaces at that point of time. There was a vehicle SHC8624L, traveling along the minor road of Sungei Kadut St 2. As I was reaching the junction between the above mentioned roads, the said taxi was supposed to stop before crossing over the junction. However, the taxi did not stop and hit my left side. As I could not stop in time, thus the taxi was dragged for a few metres. The taxi driver was injured and conveyed by ambulance which arrived at the scene. As a result, my truck sustained damages on the left mudguard, left door panel, left stepboard while SHC8624L sustained damages on the front portion.

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	SHC8624L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHC8624L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

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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:

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

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

[illegible]

A - XD4136K
B - SHC8624L
SUNGEI KADUT STREET 2

[illegible]

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

I/We declare the foregoing particulars

are true in every respect.

Rules

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POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180404/2179

1 of 3

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

Report No. T/20180404/2179

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2018 20:41		Vide Report No.: J/20180404/0151		Station Diary No.: 39	
Informant's Particulars					
Name of Informant: RAMARASU VILLAVANGOTHA			Address: APT BLK 485A CHOA CHU KANG AVENUE 5 #14-106 CARABELLE SINGAPORE 681485		
ID Type / ID No.: FIN NO / G8138472Q			Contact No.: Home/Office: Mobile: 97741301		
Nationality: INDIAN			Email:		
Sex: Male	Age: 34	Date of Birth: 25/05/1983	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Trailer-truck driver			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/04/2018 16:10	Type of Location: Straight Road
Location: Along Road 1 SUNGEI KADUT STREET 2 Sungei Kadut Central				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8624L	Car				Seriously Damaged	0
XD4136K	Trailer				Slightly Damaged	0

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



**SINGAPORE
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T/20180404/2179

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

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Report No. T/20180404/2179

CONTINUATION OF REPORT

Driver			
Name	RAMARASU VILLAVANGOTHAI	ID No.	G8138472Q
Related Vehicle	XD4136K (Trailer)	Contact No.	97741301
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/04/2018 at about 1610hrs, I was travelling along Sungei Kadut Central with XD4136K. Suddenly, a Taxi bearing plate SHC8624L was travelling along Sungei Kadut Street 2. The Taxi was supposed to stop before crossing over to Sungei Kadut Central to proceed with its journey along Sungei Kadut Street 2. However, the Taxi did not stop and hit my left side. I could not stop in time thus the Taxi was dragged for a few metres. The Taxi driver was injured and conveyed by ambulance. Traffic Police was at scene.

I wish to state that my trailer does not have in-car camera.



**SINGAPORE
POLICE FORCE**



T/20180404/2179

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

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Report No. T/20180404/2179

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 CHUA KEE LENG

Signature Of Interpreter:

Not applicable

Singapore Police Force

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NORASHIKIN BINTE DAUD

Contact No.: 65476439

Signature Of Informant:

R. V. M.

Date/Time:

04/04/2018 20:41

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

