

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	20/04/2018 10:25
Date Of Accident	01/02/2018 11:30
Exact Location Of Accident	JUNC COMMONWEALTH DR & QUEENSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL5244X
Insured/Policyholder	
Name Of Registered Owner	PTC DELIVERY2HOME PTE LTD
Co Reg No	200514860M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92708785
Alternative Phone No	OFFICE-92708785

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5073659690-02
Cover Note Number	

Driver

Name of Driver	SURENDDHARAN S/O PURANA CHANDRAN
NRIC No	S9313567I
Date Of Birth	21/03/1993
Occupation	OUTDOOR
Date Of Driving Pass	31/08/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91690642
Fax Number	
Contact Number	OFFICE-91690642
EEmail Address	NOEMAIL

Address	BLK 518 JELAPANG ROAD #06-271
Postcode	670518
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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	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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180413/2070.

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

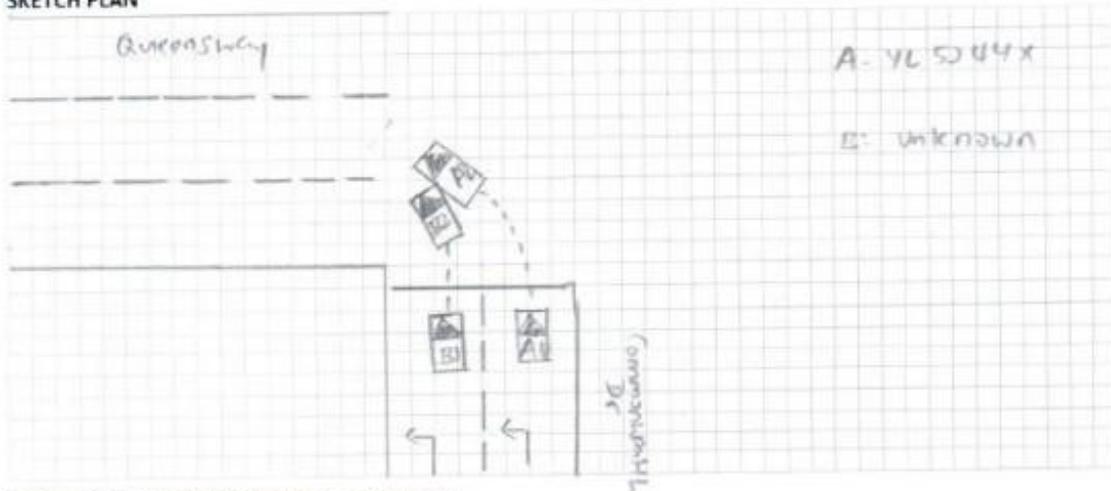
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20180413/2070.

DECLARATION

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


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.:

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20180413/2070

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Report No. T/20180413/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
13/04/2018 13:02

Vide Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant:
SURENDOHARAN S/O PURANA
CHANDRAN

Address:
APT BLK 518 JELAPANG RD #06-271 HDB-BT PANJANG
SINGAPORE 670518

ID Type / ID No.:
NRIC NO / S93135671

Contact No.:
Home/Office: Mobile: 91690642

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male
Age: 25
Date of Birth: 21/03/1993

Type of Informant:
Driver

Race:
Indian

Language: Institution / School Name:

Occupation:
Police officer

Driving Licence Information:
Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Non-injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/02/2018 11:30	Type of Location: T-Junction
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Location:
Along Road 1
QUEENSWAY
COMMONWEALTH DRIVE
T-JUNCTION OF QUEENSWAY AND COMMONWEALTH DRIVE

Weather: Clear	Road Surface: Dry	Road Speed Limit:
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Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Moderate
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Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction	Anyone conveyed by ambulance: No
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Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YL5244X	Lorry					1

Details of Person Involved

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

Police Report



SINGAPORE
POLICE FORCE

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



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Report No. T/20180413/2070

CONTINUATION OF REPORT

Driver Name	SURENDDHARAN S/O PURANA CHANDRAN	ID No.	S93135671
Related Vehicle	NIL	Contact No.	91690642
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

01/02/2018 @1130HRS (T-JUNCTION OF COMMONWEALTH DRIVE TURNING TO QUEENSWAY)

I WAS AT THE T-JUNCTION OF COMMONWEALTH DRIVE, TRAVELLING ON THE 1 LANE OUT OF 2 LANE. I STOP MY VEHICLE AT THE JUNCTION DUE TO THE TRAFFIC LIGHT WAS RED, WHEN THE TRAFFIC LIGHTS TURNED GREEN AND I PROCEEDED WITH THE TURN. WHEN I WAS MAKING THE TURN, I DID NOT FEEL AND IMPACT DURING THE TURN. AFTER MAKING THE TURN I DID NOT HEAR ANY HONK FROM THE OTHER VEHICLE.
THAT'S ALL

Police Report



SINGAPORE
POLICE FORCE

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



T/20180413/0070

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Report No. T/20180413/0070

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:
TP /
KEE CHUAN JIA MARCUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SSI 2 SOH PENG GUAN
Contact No.: 65476171

Authentication Stamp
P188

Signature Of Informant:

Date/Time:
13/04/2018 13:02

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

