

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	08/05/2018 16:12
Date Of Accident	07/05/2018 10:00
Exact Location Of Accident	AYE TWDS TUAS B4 CORPORATION RD BETWEEN 15 TO 16KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM7571H
Insured/Policyholder	
Name Of Registered Owner	HUK SENG TRANSPORT PTE LTD
Co Reg No	200605723C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92709470

Vehicle Particulars

Manufacturer	NISSAN
Model	UD
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5085593965-01
Cover Note Number	

Driver

Name of Driver	BENJAMIN PAARI
NRIC No	S1369470B
Date Of Birth	03/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	05/05/1995
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94220078
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 210 BOON LAY PLACE #09-85
Postcode	640210
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	CHAIN COLLISION
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
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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180508/2048

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	GBD3955E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XD2014S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number YP6576K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number GBH2653L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 BENJAMIN PAARI
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? YM7571H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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:

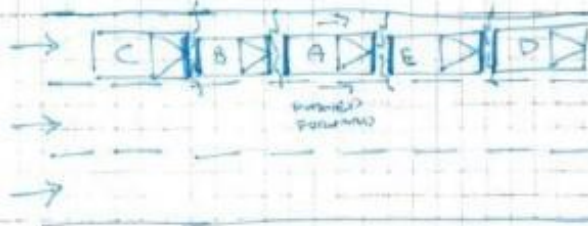
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 08/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

VEHICLE A - YM 7571H
 VEHICLE B - G02 3955E
 VEHICLE C - XD 2014S
 VEHICLE D - SP 6576K
 VEHICLE E - G0M 2653L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG A12 TOWARDS THIS DIRECTION, I WAS
 ON THE EXTREME LEFT LANE.

WHILE GOING STRAIGHT AHEAD, AT SOMEWHERE BEFORE (JURONG PIER RD /
 JURONG ISLAND / SUN BOON LAY) EXIT, THE VEHICLE IN FRONT BRAKE TO
 COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP.

SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM
 THE REAR OF MY VEHICLE, AND THIS IMPACT WAS SO GREAT
 THAT PUSHED ME FORWARD AND HIT ONTO THE VEHICLE IN FRONT.

AWAYTED FROM MY VEHICLE AND REMINDED IT WAS A VEHICLE
 BEARING G02 3955E THAT COLLIDED TO THE REAR OF MY VEHICLE,
 AFTER IT WAS HITTED BY A TRAILER VEHICLE (XD 2014S), AND CAUSES
 A IMPACT THAT PUSHED ME FORWARD AND HIT ONTO THE VEHICLE
 IN FRONT. IT WAS A CHAIN COLLISION INVOLVING 5 VEHICLES.

VEHICLE A - YM 7571H
 VEHICLE B - G02 3955E
 VEHICLE C - XD 2014S
 VEHICLE D - SP 6576K
 VEHICLE E - G0M 2653L

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180508/2048

2 of 3

Report No. T/20180508/2048

Police Station Of Origin:
MacPherson NPP
54 Pipl Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BENJAMIN PAARI	ID No.	S1369470B
Related Vehicle	YM7571H (Lorry)	Contact No.	94220078
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	07/05/2018	Date Discharge	07/05/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On the above mentioned date and time I was travelling along AYE towards Tuas direction, I was on the extreme left lane.

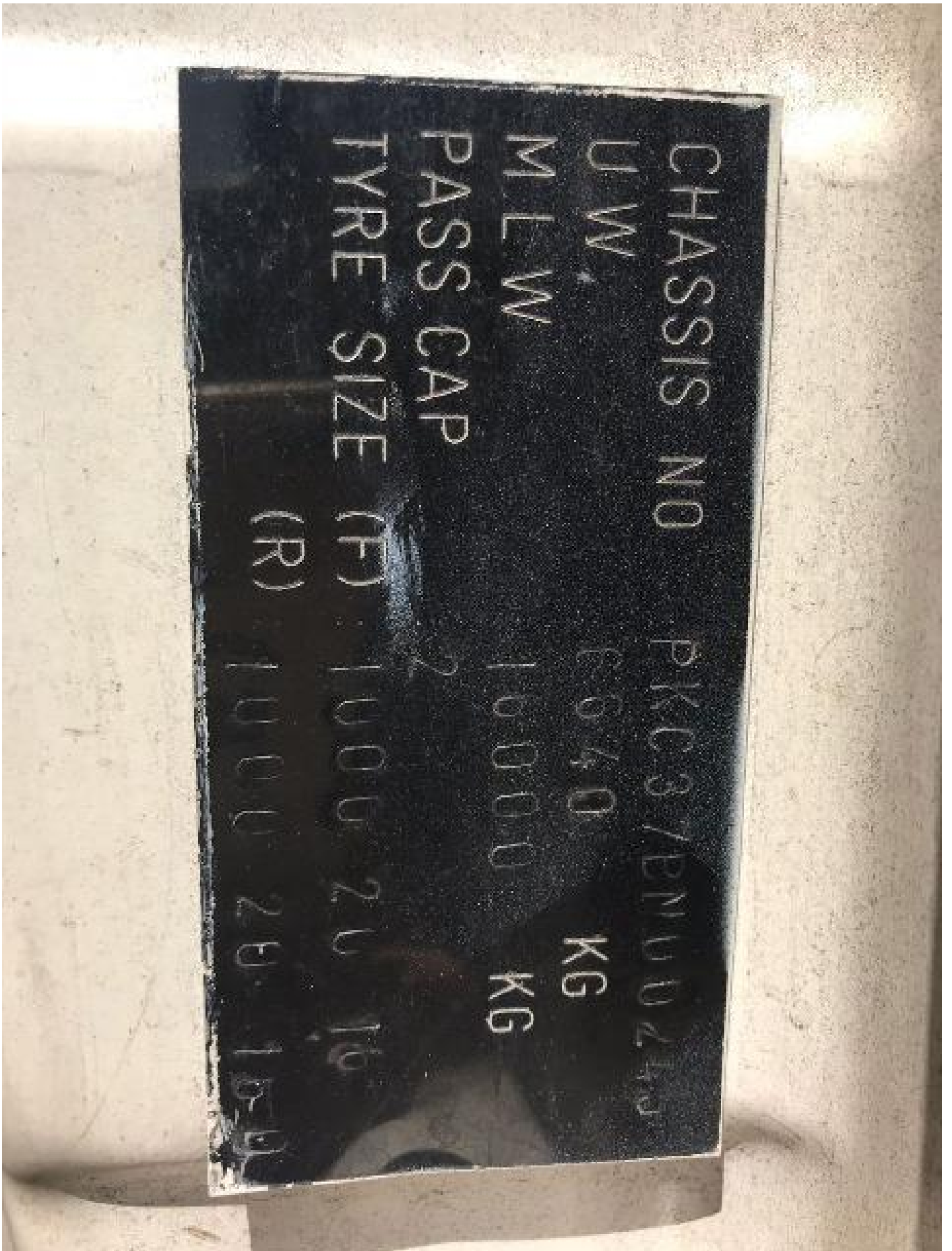
While going straight ahead, somewhere before (Jurong Pier Rd/Jurong Island/Jln Boon Lay) exit the vehicle in front of me GBH2653L brake to a complete stop. As such I also applied brakes to a complete stop. Suddenly after a few seconds, I felt a great impact from the rear of my vehicle. The impact was so great that it pushed me forward and caused me to hit the vehicle in front of me.

I alighted from my vehicle and discovered that it was vehicle GBD3955E that ran into the rear of my vehicle. It ran into my vehicle because a trailer vehicle XD2014S had run into it. The impact from this collision was what caused my vehicle to run into the vehicle in front of me. It was a chain collision involving 5 vehicles.

Traffic Police attended to the scene and ambulance conveyed 3 affected drivers including myself.

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



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/20180508/2048

1 of 3

Report No. T/20180508/2048

Police Station Of Origin:
MacPherson NPP
54 Pipl Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2018 12:39	Video Report No.:	Station Diary No.: 18
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Informant's Particulars		
Name of Informant: BENJAMIN FAAR		Address: APT BLK 210 BOON LAY PLACE #09-B5 SINGAPORE 640210
ID Type / ID No.:	Contact No.:	
NRIC NO / S13694708	Home/Office: Mobile: 94220078	
Nationality: SINGAPORE CITIZEN	Email:	
Sex:	Age:	Date of Birth:
Male	58	03/10/1959
Race: Indian	Type of Informant: Driver	
Occupation: Lorry driver	Language:	Institution / School Name:
Driving Licence Information: Class: 3,4		Date of Expiry:

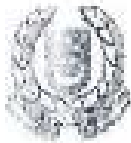
General Information of the Accident

Type of Accident:	Injury Attended by Police:	Drink Drive: No	Date/Time of Accident: 07/05/2018 10:00	Type of Location: Expressway
Location: Along Road 1 AYER RAJAH EXPRESSWAY				
Towards Tuas, before Coopers Rd between 15km to 18km				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Chain Collision	Anyone conveyed by ambulance: Yes			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD3655E	Lorry				Seriously Damaged	0
GBH2653L					Seriously Damaged	0
XD2014S	TRAILER				Seriously Damaged	0
YM7571H	Lorry				Seriously Damaged	0
YP6576K	Lorry				Slightly Damaged	0

Police Report



SINGAPORE
POLICE FORCE



T/20180506/2048

2 of 3

Police Station Of Origin:
MeePhanua NPP
54 Phip Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7440999

Report No. T/20180506/2048

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: Nil		Use of Pedestrian Crossing: NA	
Driver			
Name	BENJAMIN PAARI	ID No.	S1389470B
Related Vehicle	YM7571H (Lorry)	Contact No.	94220078
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3.4 Date of Expiry: NIL
Date Treatment	07/05/2018	Date Discharge	07/05/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

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Traffic Police attended to the scene and ambulance conveyed 3 affected drivers including myself.

Police Report



SINGAPORE
POLICE FORCE



T/20180506/2048

1 of 3

Report No. T/20180506/2048

Police Station Of Origin:
MacPherson NPP
54 Pipl Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7448999

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:
G /
Staff Sgt MOHAMMED FARHAN BIN
SAMSUDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MUHAMMAD-KHAIRIL BIN KAMAL
Contact No.: 65476131

Authentication Stamp
NP183

SINGAPORE
POLICE FORCE

Signature
SIGNATURE

Signature Of Informant:

Date/Time:
09/05/2018 12:39

Classification Of Case: