

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	28/04/2018 09:34
Date Of Accident	26/04/2018 14:10
Exact Location Of Accident	SLIP RD OF TAMPINES AVE 11 TOWARDS AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YK1902L
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Insured/Policyholder

Name Of Registered Owner	SAM LAIN EQUIPMENT SERVICES PTE LTD
Co Reg No	198801589R
Email Address	C_CHERRILYN@SAMLAIN.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65677601

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FK617JJ
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5070262079-03
Cover Note Number	01.04.2018 TO 31.03.2019

Driver

Name of Driver	KESAVAN BALARAMAN
Passport No/FIN	G7043465U
Date Of Birth	19/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	11/05/2015
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91311583
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	51 ADMIRALTY ROAD WEST COCHRANE LODGE 1
Postcode	757443
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	SIDE SWIPE
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?	NO
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: : ELAZHUMALAI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to Police Report: - T/20180427/2106

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	SLN2252K
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	PRIVATE HIRE VEHICLE
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)


SKETCH PLAN

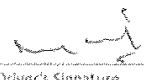
IMPORTANT NOTICE

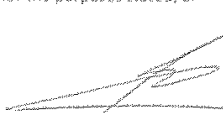
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

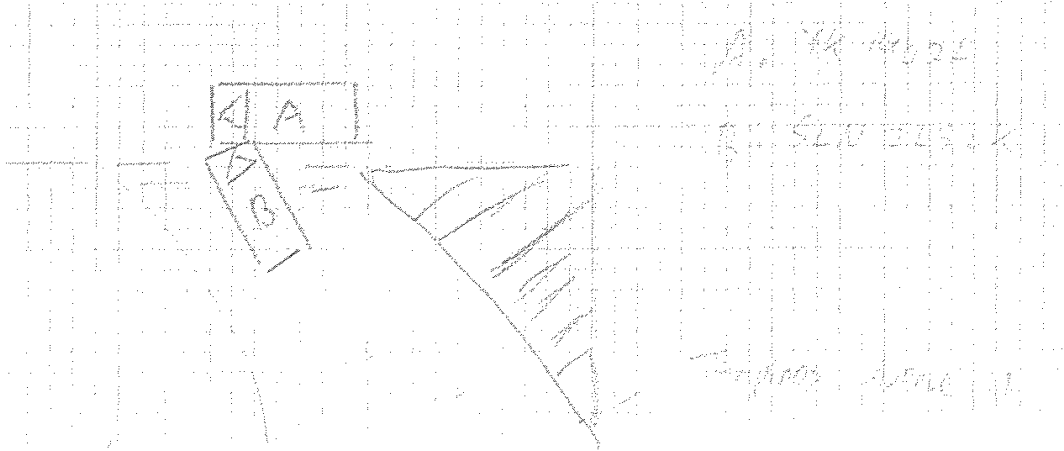

Policyholder's Signature
Date & Time: *for Chie*


Driver's Signature
(If driver is not the policyholder)
Date & Time: *28/04/2018 01:00hrs*


Reporting Centre Personnel's Signature
Name: *Lam Wei Qian*
NRIC/FIN No.: *606864052K*

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

order to police report - 7/20180427/2106

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

Journal of Interpersonal Violence 27(10)

Driver's Signature
(If driver is not the policyholder)

Date & Time: 28/04/2019 @ 10:00 hrs

Reporting Centre Personnel's Signature
Name: Lee M WPF Skov

NRIC/FIN No.: 6864052 R

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180427/2106

1 of 3

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No. T/20180427/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2018 17:08		Vide Report No.: G/20180426/0146		Station Diary No.: 23	
Informant's Particulars					
Name of Informant: KESAVAN BALARAMAN			Address: 96A SIMS AVENUE #03-20 AMK TECH II SINGAPORE 387424		
ID Type / ID No.: FIN NO / G7043465U			Contact No.: Home/Office: Mobile: 91311583		
Nationality: INDIAN			Email:		
Sex: Male	Age: 39	Date of Birth: 19/06/1978	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: 2B,3,4 Date of Expiry: 11/02/2019		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/04/2018 14:10	Type of Location: T-Junction
Location: Along Road 1 TAMPINES AVENUE 7				
Along Tampines Avenue 7				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLN2252K	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Grey	Slightly Damaged	0
YK1902L	Lorry	MITSUBISHI	FUSO FK617JJ	White	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180427/2106

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

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Report No. T/20180427/2106

CONTINUATION OF REPORT

Driver			
Name	KESAVAN BALARAMAN	ID No.	G7043465U
Related Vehicle	YK1902L (Lorry)	Contact No.	91311583
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: 11/02/2019
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/04/2018 at around 1410hrs, I was driving my vehicle YK1902L along Tampines Avenue 7. At that point of time the traffic light was red as such I came to a stop at the junction of Tampines Ave 7 and Tampines ave 11.

When the traffic light turn green, I move off. At the left side there was a zebra crossing lane going toward Tampines Ave 7. I notice one of the vehicle SLN2252K keep on move out as such I honk to alert the driver however the vehicle did not stop move off and hit on to my vehicle. We alighted of the vehicle. The other party contacted the police for assistance.

Shortly police and ambulance came and the other party was conveyed. My vehicle left side front portion was damage. My passenger and I was not injure. I do not have any camera installed inside of my vehicle however I not sure if they is any CCTV around the vicinity.

I am lodging this report as the traffic police require it.



**SINGAPORE
POLICE FORCE**



T/20180427/2106

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

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Report No. T/20180427/2106

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:

F /

Sgt 1 CHUA ZI HUA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/04/2018 17:08

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476365

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



