

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	30/05/2018 14:54
Date Of Accident	26/05/2018 17:10
Exact Location Of Accident	JUNC YISHUN AVE 7 & SEMBAWANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4490L
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Insured/Policyholder

Name Of Registered Owner	LIAN SENG HARDWARE & ENGINEERING PTE LTD
Co Reg No	201206208E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67901855

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA DYNA 150 MANUAL
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5089369367-01
Cover Note Number	

Driver

Name of Driver	RATHINAM BASKAR
Passport No/FIN	F8278787U
Date Of Birth	28/07/1974
Occupation	INDOOR
Date Of Driving Pass	04/07/2011
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94288809
Fax Number	
Contact Number	OFFICE-94288809
Email Address	NOEMAIL

Address	61 WOODLANDS INDUSTRIAL PARK E9 #02-30 E9 PREMIUM
Postcode	757047
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 - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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?	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: : FRANCIS BRITTO AROCKIA RABIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180527/2005.

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	FBM4146U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name RATHINAM BASKAR

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GBF4490L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name FRANCIS BRITTO AROCKIA RABIN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GBF4490L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

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:

Behn

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

[Signature]

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

Accident Sketch Plan

SKETCH PLAN

- Sembawang Rd -

Vehicle A: GBF4490L

VENTIL B: FB M4146H

Lampyris +
8

4344 AVENUE F

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report.

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**



T/20180527/2005

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Report No. T/20180527/2005

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/05/2018 02:00		Vide Report No.:		Station Diary No.: 23	
Informant's Details					
Name of Informant: RATHINAM BASKAR			Address: 314 CHANGI ROAD SINGAPORE 419791		
ID Type / ID No.: FIN NO / F8278787U			Contact No.: Home/Office: Mobile: 94288809		
Nationality: INDIAN			Email:		
Sex: Male	Age: 43	Date of Birth: 28/07/1974	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Electrician			Driving Licence Information: Class: 3		Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/05/2018 17:10	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 YISHUN AVENUE 7 SEMBAWANG ROAD towards woodlands. Lamp Post Number: 8				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Vehicle No.	Vehicle Type	Make	Model	Color	Damage	Passenger
FBM4146U	Motorcycle	YAMAHA	TOYOTA DYNA 150 MANUAL	White		0
GBF4490L	Lorry	TOYOTA	FZN150	Black	Seriously Damaged	1

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

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Police Report



**SINGAPORE
POLICE FORCE**



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Report No. T/20180527/2005

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Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Passenger			
Name	FRANCIS BRITTO AROCKIA RABIN	ID No.	G2737441M
Related Vehicle	GBF4490L (Lorry)	Contact No.	91220907
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/05/2018	Date Discharge	27/05/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	RATHINAM BASKAR	ID No.	F8278787U
Related Vehicle	GBF4490L (Lorry)	Contact No.	94288809
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/05/2018	Date Discharge	27/05/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Witness			
Name	NUR SHAFIQAL BIN HALIL	ID No.	S9435980E
Related Vehicle	NIL	Contact No.	93213330
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/05/2018 at about 1710hrs, I was driving along Yishun Ave 7 in my company lorry (GBF4490L) towards Woodlands on the centre lane. Upon reaching the junction of Yishun Ave 7 and Sembawang Road, the traffic lights turned red. As such, I slowed my vehicle to a stop right before the junction. After my vehicle had stopped, a motorcycle (FBM4146U) suddenly collided into the rear of my vehicle.

Upon collision, we came out of our vehicle to assist the rider FBM4146U and to check on the damages. As none of us has any visible injuries, we did not call for ambulance. After taking pictures of the damages and exchanging particulars, we decided to move off from the area and report the matter to our own respective insurance company.

There is no in car camera in my company lorry. Later on in the day, both my passenger and I felt

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Police Report



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CONTINUATION OF REPORT

discomfort around our back and neck area. We went to see a doctor and was both given 4 days MC.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180527/2005

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Report No. T/20180527/2005

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Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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:

E /

Sgt 2 TAN YILONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/05/2018 02:00

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp
NP168



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

