

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	06/06/2018 10:52
Date Of Accident	04/06/2018 17:20
Exact Location Of Accident	SLE TOWARDS BKE (AT WOODLANDS AVENUE 12 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8257Z
Insured/Policyholder	
Name Of Registered Owner	PRESTIGE STONECRAFT PTE LTD
Co Reg No	199706583N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82851035
Alternative Phone No	OFFICE-82851035

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-001928
Cover Note Number	

Driver

Name of Driver	PALANIVELU VELMURUGAN
Passport No/FIN	F7481930M
Date Of Birth	26/04/1973
Occupation	OUTDOOR
Date Of Driving Pass	30/10/2017
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82851035
Fax Number	
Contact Number	OTHERS-82851035
Email Address	NOEMAIL

Address BLK 10 ADMIRALTY STREET
#01-55 NORTHLINK BUILDING

Postcode

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 4

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 SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address **ROAD:** 4 SEMBAWANG CRESCENT , **POSTCODE:** 757633 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** 1800-5549999 - **FAX NO:** 68522499

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180605/2071

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 GBE5621A

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 GY6700J
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 YN3132M
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 PALANIVELU VELMURUGAN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? GBE8257Z
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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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:



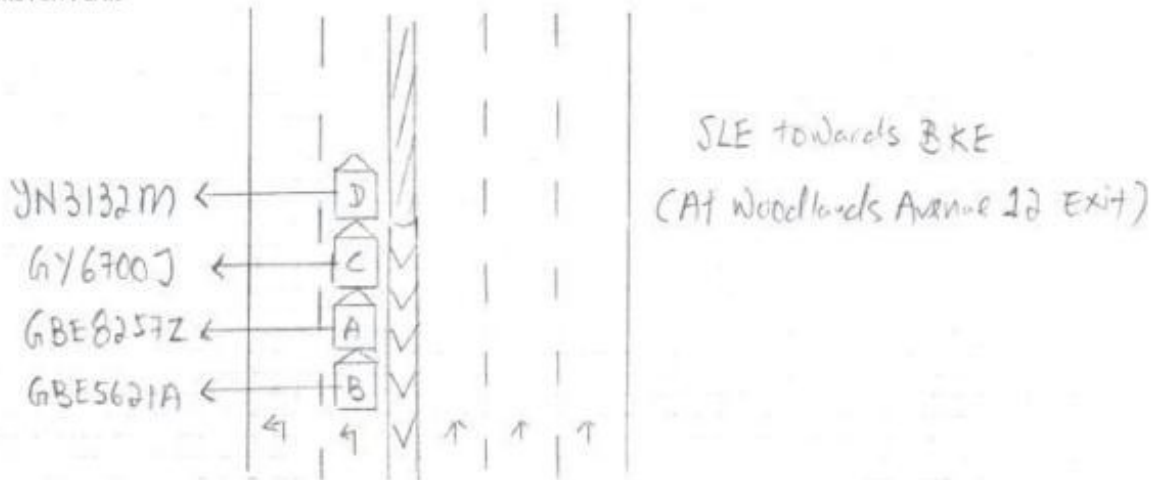
Reporting Centre Person's Signature
Name:
NRIC/FIN No.:



06/06/2018

Accident Sketch Plan

SKETCH PLAN



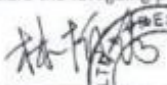
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

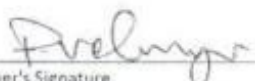
Refer to Police Report

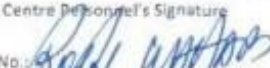
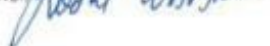
Report No: T/20180605/2071

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/20180605/2071

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20180605/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2018 14:16	Vide Report No.: F/20180604/0177	Station Diary No.: 55
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Informant's Particulars

Name of Informant: PALANIVELU VELMURUGAN			Address: APT BLK 10 ADAMIIRALTY STREET #01-55 NORTHLINK BUILDING SINGAPORE		
ID Type / ID No.: FIN NO / F7481930M			Contact No.: Home/Office: Mobile: 82851035		
Nationality: INDIAN			Email:		
Sex: Male	Age: 45	Date of Birth: 26/04/1973	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/06/2018 17:20	Type of Location: Bend
Location: Along Road 1 WOODLANDS AVENUE 12 EXIT FROM SLE INTO WOODLANDS AVENUE 12				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE5621A	Lorry				Seriously Damaged	0
GBE8257Z	Lorry				Seriously Damaged	0
GY6700J	Lorry				Seriously Damaged	2
YN3132M	Lorry				Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180605/2071

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20180605/2071

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PALANIVELU VELMURUGAN	ID No.	F7481930M
Related Vehicle	GBE8257Z (Lorry)	Contact No.	82851035
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	04/06/2018	Date Discharge	05/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 04/06/2018 at about 1720hrs, I was driving my lorry bearing the registration number of GBE8257Z along SLE towards BKE (at Woodlands Avenue 12 Exit). I was travelling straight and was on the first lane when one vehicle in front of mine bearing the registration number of GY6700J, slowed down and stopped hence I follow Suit.

While waiting for the vehicle in front of mine to move off, I suddenly heard a loud bang coming from behind and the impact forced my vehicle to move forward and subsequently hit onto the rear portion of the vehicle in front of mine.

I would like to state that I was semi conscious upon being involve with the accident. I was then slowly escorted to the ambulance and subsequently conveyed to the hospital. I would like to state that I could not fully recall to what happened as the impact was hard.

I was only conveyed on 05/06/2018 and was given 5 days mc. The injuries I sustain as informed by the doctor was a Post Concussion Syndrome. My supervisor informed me that I need to lodge a Police report as advised by the Traffic Police Officer upon my discharge from the Hospital.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180605/2071

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No: T/20180605/2071

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 /

Staff Sgt MUHAMMAD ZAMRI BIN ABDULLAH

Signature Of Informant:

F. Velman

Signature Of Interpreter:

Not applicable

Date/Time:

05/06/2018 14:16

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



Signature:

Singapore Police Force

SN 065

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



