

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	07/06/2018 15:28
Date Of Accident	06/06/2018 10:45
Exact Location Of Accident	RIVER VALLEY RD NEAR TO BOON TONG KEE RESTAURANT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8092L
Insured/Policyholder	
Name Of Registered Owner	FUSEPROJECT PTE LTD
Co Reg No	200611597W
Email Address	SHEELA.SIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90057233
Alternative Phone No	OFFICE-90057233

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY
Exact Purpose for which vehicle was being used at time of accident	WORK
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3045641802
Cover Note Number	

Driver

Name of Driver	MEYYAR SIVA KUMAR
Passport No/FIN	G2502327M
Date Of Birth	30/04/1987
Occupation	OUTDOOR
Date Of Driving Pass	23/03/2015
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86834227
Fax Number	
Contact Number	OTHERS-86834227
EEmail Address	NOEMAIL

Address	BLK 122 EUNOS AVE 7 #05-03/04
Postcode	409122
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?	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: : MUDALIYAPPAN KANNAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180606/2098

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	FBK6120R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

No. Of Passenger (Including Driver)

GBG9630L

COMMERCIAL VEHICLE

No. Of Passenger (Including Driver)

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:

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

[Signature] 7/6/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

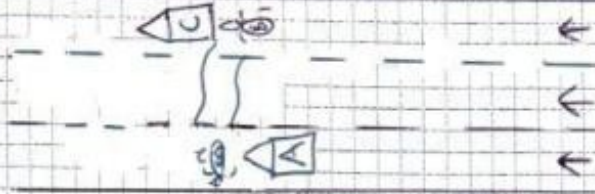
SKETCH PLAN

RIVERVALEY ROAD > DELTA ROAD

veh A - GBD8092L

veh B - FBK6120K

veh C - G8G9630L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to police report - T/20180606/2098

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.:

SIAMNE SketchPlanForm_V2

7/6/2018

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180606/2098

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No. T/20180606/2098

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MEYYAR SIVA KUMAR	ID No.	G2502327M
Related Vehicle	GBD8092L (Lorry)	Contact No.	86834227
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	MUDALIYAPPAN KANNAN	ID No.	G6538674M
Related Vehicle	GBD8092L (Lorry)	Contact No.	98909353
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 06/06/2018 at about 11.30am, I was driving my vehicle (GBD8092L) along River Valley Road. At that point of time I was on the 3rd lane. Out of a sudden I saw a van on the 1st lane e-brake and stopped. This is because there is a car in front of the said van that did a e-brake. The van managed to stop in time to prevent the collision. However a motorcycle that was behind the van did not manage to stop in time and hit the van. Due to the impact, the motorcycle was swerved and had went to the 3rd lane and hit on to my vehicle (front bumper). The rider was conveyed by Ambulance and Traffic Police came to scene (E/20180606/0084). I was advised to lodge a Police report and the in-charge of case is IO Hidayu (Tel: 6547 6423) from Traffic Police.



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
FUSEPROJECT PTE. LTD.

Sector: **CONSTRUCTION**



Name
MEYYAR SIVA KUMAR

Occupation
CONSTRUCTION WORKER-CUM-DRIVER

Work Permit No.
0 36533277

Date of Application
20-07-2016

Date of Issue
31-07-2017

Date of Expiry
04-08-2018



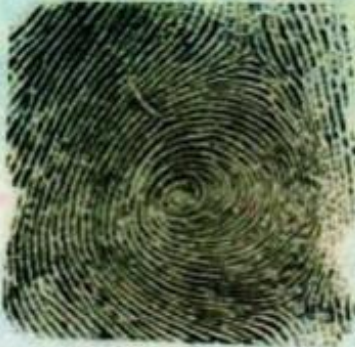


L8176567

VISIT PASS
Immigration Regulations

Name

MEYYAR SIVA KUMAR



Date of Birth Sex

30-04-1987 M

Nationality

INDIAN

Date of Expiry

04-08-2018

Date of Issue

31-07-2017

FIN

G2502327M

MULTIPLE JOURNEY VISA ISSUED

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc
Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive
of the driver; and other motor vehicles =< 2500kg

23 Mar 2015
23 Mar 2015



Licence No: G2502327M

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



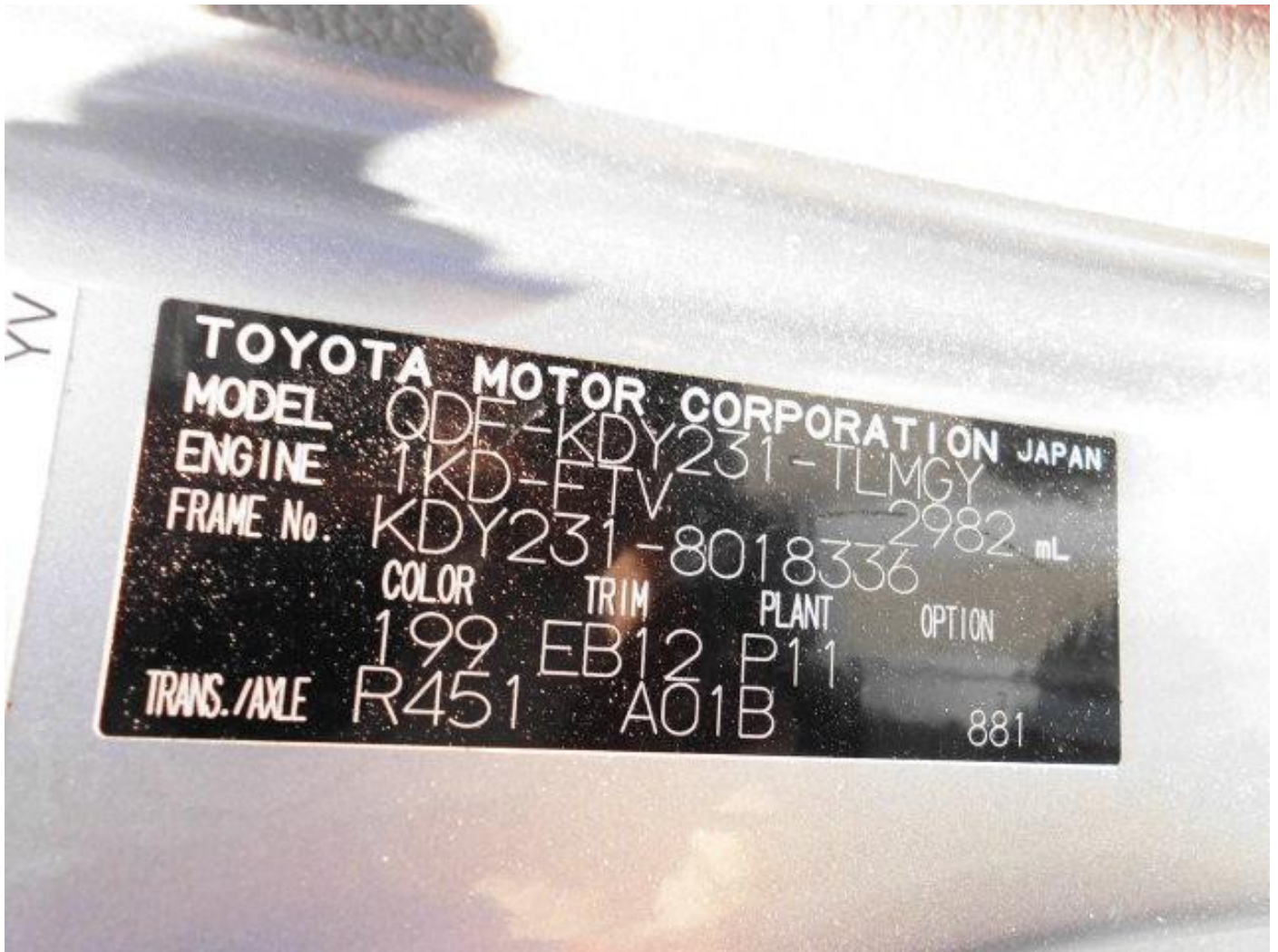
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180606/2098

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20180606/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2018 13:33	Vide Report No.: E/20180606/0084	Station Diary No.: 89
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Informant's Particulars

Name of Informant: MEYYAR SIVA KUMAR			Address: APT BLK 39 KAKI BUKIT AVE 3 HOMESTAY RESIDENCE SINGAPORE 415920		
ID Type / ID No.: FIN NO / G2502327M			Contact No.: Home/Office: Mobile: 86834227		
Nationality: INDIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 30/04/1987	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: CONSTRUCTION			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: 06/06/2018 11:30	Type of Location:
Location: Along Road 1 RIVER VALLEY ROAD NEAR TO BOON TONG KEE RESTAURANT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK6120R	Motorcycle					0
GBD8092L	Lorry	TOYOTA			Slightly Damaged	1
GBG9630L	Van					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180606/2098

Police Station Of Origin:
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Tel No: 1800-2449999

2 of 3
Report No. T/20180606/2098

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
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Related Vehicle	GBD8092L (Lorry)	Contact No.	86834227
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Date Treatment	NIL	Date Discharge	NIL
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Name	MUDALIYAPPAN KANNAN	ID No.	G6538674M
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Police Report



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T/20180606/2098

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30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20180606/2098

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 /

SI ABDUL RAHMAN BIN ABDUL RAHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/06/2018 13:33

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168

