

## 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	08/06/2018 15:07
Date Of Accident	07/06/2018 14:10
Exact Location Of Accident	ALONG CTE TWDS AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV1123Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOODAIR PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91367665

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCPHQ17-002878
Cover Note Number	-

### Driver

Name of Driver	MUNİYANDI PALANIVEL
NRIC No	G7492624Q
Date Of Birth	27/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91367665
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	218B GEYLANG RD
Postcode	389278
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?	YES
Foreign Vehicle Registration Number	JRA7497 (COMMERCIAL VEHICLE)
Number of vehicles involved in the accident	
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)	3
Passenger 1	NAME: : SAGAR GENDER: : MALE
Passenger 2	NAME: : MISLNUHID GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVE 9 , <b>POSTCODE:</b> 569784 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4849999 - <b>FAX NO:</b> 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	JRA7497
Vehicle Make/Model/Colour	MALAYSIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 YN6771Z  
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 MUNIYANDI PALANIVEL  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GV1123Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name SAGAR  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GV1123Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name MISLNUHID  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GV1123Z  
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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#### 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 Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

A - GV11232  
B - JRA7497  
C - YN 6771Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report T/20180608/2039

## DECLARATION

I/We declare the foregoing particulars are true to the best of my respect.



Policyholder's Signature  
Date & Time:



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

*[Signature]*

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



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180608/2039

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20180608/2039

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/06/2018 12:18	Vide Report No.: A/20180607/0123	Station Diary No.: 36
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Informant's Particulars			
Name of Informant: MUNIYANDI PALANIVEL		Address: 218b GEYLANG RD SINGAPORE 389278	
ID Type / ID No.: FIN NO / G7492624Q		Contact No.: Home/Office: Mobile: 91367665	
Nationality: INDIAN		Email:	
Sex: Male	Age: 37	Date of Birth: 27/02/1981	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Van driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/06/2018 14:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY AYER RAJAH EXPRESSWAY Just before exit to Jalan Bukit Merah Lamp Post Number: 593				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage 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
GV1123Z	Van				Slightly Damaged	2
JRA7497	Car				Slightly Damaged	0
YN6771Z	Lorry				Slightly Damaged	0

# POLICE REPORT



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T/20180608/2039

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51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20180608/2039

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Imafuku Chiharu	ID No.	MZ1120095
Related Vehicle	NIL	Contact No.	NIL
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
Driver			
Name	MUNIYANDI PALANIVEL	ID No.	G7492624Q
Related Vehicle	NIL	Contact No.	91367665
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
Driver			
Name	Jiang Qingyuan	ID No.	G2392883W
Related Vehicle	NIL	Contact No.	NIL
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.

I was travelling along Central Expressway towards Ayer Rajah Expressway with my company van bearing registration plate number GV1123Z. I was travelling on the second lane. When my vehicle was reaching Jalan Bukit Merah, the traffic slowed down and I slowed down accordingly. While slowing down, I felt an impact to the rear of my vehicle and heard a loud bang. As such, I stopped my vehicle immediately and investigate what has happened.

Upon alighting, I noticed that there was a Malaysia registered car bearing registration plate number JRA 7497 damaged the rear door and bumper of my company's van. Just behind the car, a Singapore

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Report No. T/20180608/2039

### CONTINUATION OF REPORT

registered lorry bearing YN6771Z knocked into the rear of the car.

I'm lodging this report as advised by the traffic officer who attended to my incident to lodge a report.



POLICE REPORT



SINGAPORE  
POLICE FORCE

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T/20180608/2039

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Report No. T/20180608/2039

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-2 WONG YE TING, FELICIA

SSSGT ZHENG YIYANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Authentication Stamp  
NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

08/06/2018 12:18

Classification Of Case:

517 085

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



