

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	11/06/2018 16:52
Date Of Accident	11/06/2018 09:15
Exact Location Of Accident	TPE EXIT 7 TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB4186L
Insured/Policyholder	
Name Of Registered Owner	DYNAMICWERKZ PTE LTD
Co Reg No	-
Email Address	DWERKZPL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98122020
Alternative Phone No	OFFICE-98122020

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-000670
Cover Note Number	

Driver

Name of Driver	SUBBIAH SHANMUGAM
Work Permit No	F8277778N
Date Of Birth	04/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	31/12/2008
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98122020
Fax Number	
Contact Number	OTHERS-98122020
E-Mail Address	DWERKZPL@GMAIL.COM

Address	DYNAMICWERKZ PTE LTD
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	
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: : AYYAPAN MANIKANDAN GENDER: : MALE
Passenger 2	NAME: : THIYAGARAJAH PRAMIAH GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180611/2110

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	PC564J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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 UNKNOWN
Vehicle Make/Model/Colour
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 INJURED PERSON 1

Name SUBBIAIAH SHANMUGAM
Approximate Age
Injuries Sustain RIGHT LEG PAIN
Injured person in which vehicle? GBB4186L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name AYYAPAN MANIKANDAN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GBB4186L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name THIYAGARAJAH PRAMAIAH
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GBB4186L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

DYNAMICWERKZ PRIVATE LIMITED

10 Kaki Bukit Road 1, #03-21
KB Industrial Building, Singapore 416175
Tel: 6844 - 4285, 6844 - 4075

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

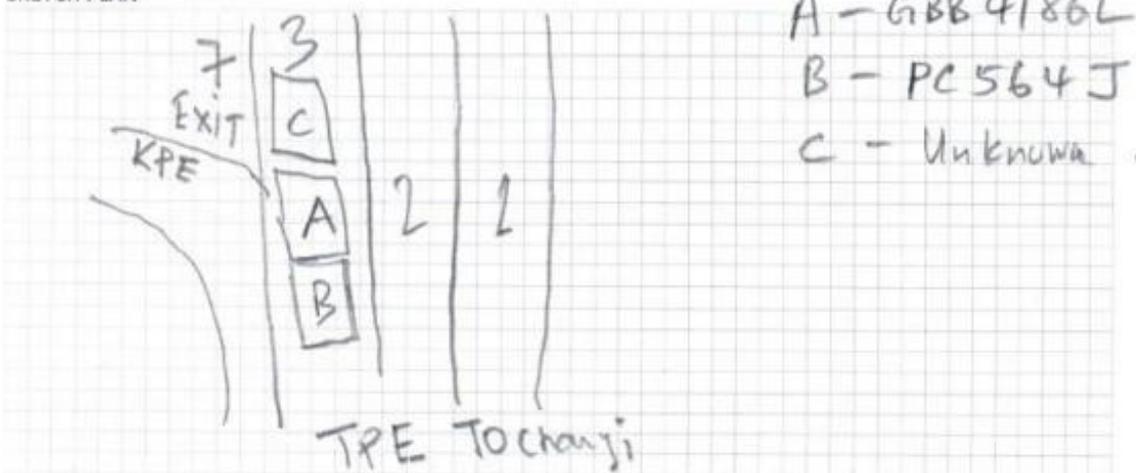
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CAR A was driving on TPE towards Changi.
 CAR C suddenly stop, CAR A manage to stop on time to avoid collision.
 However, CAR B hit CAR A from behind CAR B later admitted he do not stop on time to avoid collision.

Pls Refer to the Police Report
 T/20180611/2110

DECLARATION

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

DYNAMICWERKZ PRIVATE LIMITED

10 Kaki Bukit Road 1, #03-21
 Singapore 416175
 Tel: 6844 - 4285, 6844 - 4075
 Fax: 6844 - 4284

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

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

Sketch Plan #3

RECEIVED 22/04/2015 09:39 65586479
 11-06-18/18 18 Shower Dynamic | DMC | Dynamic

MEE HOE
 16844-4284

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**SINGAPORE
 POLICE FORCE**



T/20180811/2110

Police Station Of Origin:
 Geylang N.P.C
 132 Paya Lebar Road SINGAPORE 409014
 Tel No: 1800-3485999

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Report No. T/20180811/2110

CONTINUATION OF REPORT

Passenger			
Name	AYYAPAN MANIKANDAN	ID No.	G2609854N
Related Vehicle	GBB4186L (Lorry)	Contact No.	85355823
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/06/2018	Date Discharge	11/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Passenger			
Name	SUBBIAH SHANMUGAM	ID No.	F8277778N
Related Vehicle	GBB4186L (Lorry)	Contact No.	98122020
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	11/06/2018	Date Discharge	11/06/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Passenger			
Name	THIYAGARAJAH PRAMALAH	ID No.	G8027944U
Related Vehicle	GBB4186L (Lorry)	Contact No.	90393013
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/06/2018	Date Discharge	11/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 11.06.2018 at about 0915hrs, I was driving on the 3rd lane of TPE and nearing exit 7 when the SBS bus in front of my vehicle came to a sudden stop. I quickly pressed on my emergency brake to avoid a collision. I managed to brake in time and did not collide into the rear of the bus however a mere seconds later, I felt an impact from the rear and it causes my vehicle to forcefully moved to the front and hit onto the SBS bus. All my passengers and I jerked forward due to the impact. I went out to make a check and discovered that a van collided into the rear of my lorry. Ambulance and traffic police then came down to scene. 2 of my passengers and I was conveyed to Changi General Hospital. The 3 of us suffered from neck pain, back pain and leg pain. The damages to my vehicle is both front and rear damaged.

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



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Accident Photo



Accident Photo



Police Report

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**SINGAPORE
 POLICE FORCE**



T/20180611/2110

Police Station Of Origin:
 Gaylang N.P.C
 132 Paya Lebar Road SINGAPORE 409014
 Tel No: 1800-8488999

1 of 4
 Report No. T/20180611/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2018 16:47		Vide Report No.:		Station Diary No.:
				81
Informant's Particulars				
Name of Informant: SUBBAIAH SHANMUGAM		Address: APT BLK 2 TAMPINES PLACE #02-07 TAMPINES DORMITORY SINGAPORE 528821		
ID Type / ID No.:		Contact No.:		
FIN NO / F82777781N		Home/Office: Mobile: 98122020		
Nationality: INDIAN		Email:		
Sex: Male	Age: 38	Date of Birth: 04/05/1980	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: ELECTRICAL SUPERVISOR		Driving Licences Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/06/2018 09:15	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY EXIT 7				
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 Passengers
GBE4180L	Lorry				Slightly Damaged	2
PC564J	Van				Slightly Damaged	1

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

Police Report

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**SINGAPORE
 POLICE FORCE**



T/20180011/2110

Police Station Of Origin:
 Geylang N.P.C
 132 Paya Lebar Road SINGAPORE 40014
 Tel No: 1800-3486999

2 of 4

Report No. T/20180011/2110

CONTINUATION OF REPORT

Passenger			
Name	A/YAPAN MANIKANDAN	ID No.	G2609854N
Related Vehicle	GBB4186L (Lorry)	Contact No.	85355823
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
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No. of Days granted Medical Leave	07	Degree of Injury	Slight
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Name	THIYAGARAJAH PRAMALIAH	ID No.	G8027944U
Related Vehicle	GBB4186L (Lorry)	Contact No.	90393013
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/06/2018	Date Discharge	11/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

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Police Report

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16844-4284 # 2/ 2



**SINGAPORE
POLICE FORCE**



T/20180311/2110

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8436999

3 of 4
Report No. T/20180311/2110

CONTINUATION OF REPORT

Police Report

RECEIVED 22/04/2015 09:39 69586478
11-06-18, 16:19 :Shower Dynamic | DWG | Dynamic

WEE HOE
18844-4284 # 2/ 2



SINGAPORE
POLICE FORCE



T/20180611/2110

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8438999

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Report No. T/20180611/2110

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 /
Staff Sgt RUZIANA BINTE MUHAMMAD RUBY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/06/2018 16:47

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No: 65476151

Classification Of Case:

Authentication Stamp:
NP165

SINGAPORE
POLICE FORCE
SIGNATURE