

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	20/06/2018 12:02
Date Of Accident	19/06/2018 18:20
Exact Location Of Accident	JUNC POTONG PASIR AVE 1 & POTONG PASIR AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3060X
Insured/Policyholder	
Name Of Registered Owner	KRIISH TRADING
Co Reg No	53366007J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96655768
Alternative Phone No	OFFICE-96655768

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DX 3.0 MANUAL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	DMCVSN1750331700
Cover Note Number	

Driver

Name of Driver	MICHEAL DEVA PRASATH S/O KALEISELVAN
NRIC No	S9416762J
Date Of Birth	07/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	29/06/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82493690
Fax Number	
Contact Number	OFFICE-82493690
Email Address	NOEMAIL

Address	BLK 417A FERNVALE LINK #02-184
Postcode	791417
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	CLEAR
Road Surface	DRY

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180619/2207.

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	SJK641Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANG JIAN
NRIC/Passport Number	G0782315R
Contact Number	94574389
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

DETAILS OF INJURED PERSON 1

Name	MICHEAL DEVA PRASATH S/O KALEISELVAN
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	GBG3060X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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6. The 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 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)**

(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:

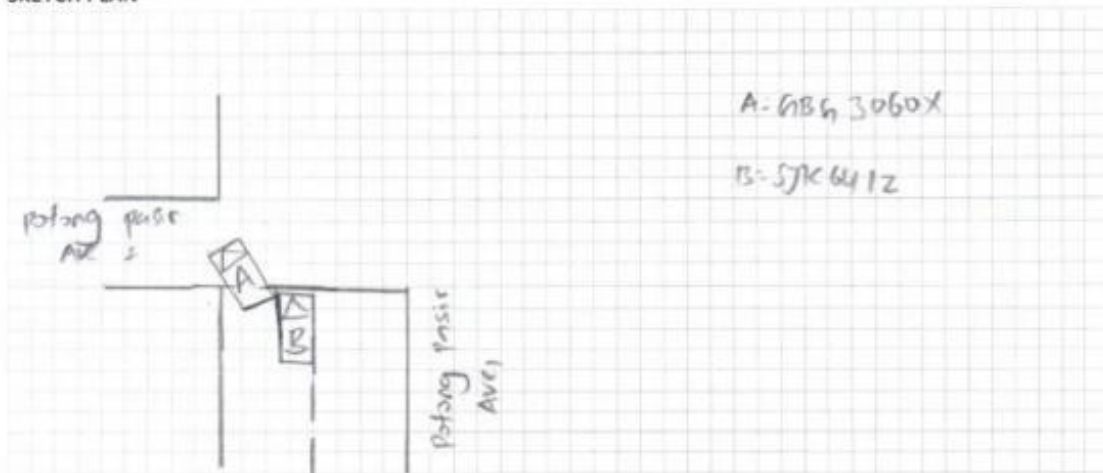
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for compliance with requirements under any regulations, laws or court orders.



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180619/2007.

DECLARATION

I/We declare that 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/20180619/2207

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3
Report No. T/20180619/2207

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2018 22:04	Vide Report No.:	Station Diary No.: 248
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Informant's Particulars

Name of Informant: MICHEAL DEVA PRASATH S/O KALEISELVAN			Address: APT BLK 417A FERNVALE LINK #02-184 SINGAPORE 791417	
ID Type / ID No.: NRIC NO / S9416762J			Contact No.: Home/Office: Mobile: 82493690	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 24	Date of Birth: 07/05/1994	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2018 18:20	Type of Location: Bend
Location: Along Road 1 POTONG PASIR AVENUE 1 POTONG PASIR AVENUE 2 T Junction				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
GBG3060X	Van	TOYOTA	HIACE DX 3.0 MANUAL	Silver	Seriously Damaged	0
SJK641Z	Car	HYUNDAI	HD AVANTE 1.6 A	Red	Seriously Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180619/2207

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180619/2207

CONTINUATION OF REPORT

Driver			
Name	MICHEAL DEVA PRASATH S/O KALEISELVAN	ID No.	S9416762J
Related Vehicle	GBG3060X (Van)	Contact No.	82493690
Hospital/Clinic	INTEMEDICAL 24HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	Wang Jian	ID No.	G0782315R
Related Vehicle	SJK641Z (Car)	Contact No.	94574389
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 the 19/06/2018 at about 1820hrs, I was heading home and driving my vehicle V1) GBG3060X along Potong Pasir Avenue 1 on the left lane and was approaching a T-Junction and I had stopped my vehicle at the traffic light as there was pedestrians.

As my vehicle V1 was stationary, I suddenly felt an impact coming from the rear of my vehicle and realized that another had collided onto my vehicle V1's rear while it was trying to overtake onto the right lane. The other vehicle V2)SJK641Z front left side collided onto my vehicle V1 rear right side. Both of us then came down to take pictures, exchanged particulars and left the scene.

No Police or ambulance came to scene. After the accident, I felt pain to my back and neck and decided to consult a doctor and was given 3 days of MC from 20.06.2018 - 22.06.2018. My vehicle V1 suffered dents/scratches to it rear headlight , body and rear bumper.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180619/2207

3 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180619/2207

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:
J/
Staff Sgt IQBAL PRATAMA PUTRA BIN AZMAN

Sgt Weib

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

324 126

Authentication Stamp
NP168

Singapore Police Force

Signature Of Informant:

Date/Time:
19/06/2018 22:04

Classification Of Case:

Medical Cert

Intemedical 24 Hr Clinic
525 Ang Mo Kio Avenue 10, #01-2407
Singapore 560525 Tel : 69192998

Medical Certificate

Date : 19 Jun 2018
MC No. : 0000009373

This is to certify that :

Name : MICHEAL DEVA PRASATH S/O KALEISELVAN
NRIC : S9416762J

is Unfit for Duty for 3 days
from 20/06/2018 to 22/06/2018 inclusive.

DR. RAYMOND ONG
MCR No. M17542J
M.B.B.S (Singapore)

ONG SWEE SENG RAYMOND
MBBS (SINGAPORE)

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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