

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	03/07/2018 16:19
Date Of Accident	30/06/2018 16:00
Exact Location Of Accident	ALONG GEYLANG ROAD AND LORONG 19 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2522S
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Insured/Policyholder

Name Of Registered Owner	ROYAL LIMOUSINE SERVICES PTE LTD
Co Reg No	201403143E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90593384
Alternative Phone No	OFFICE-90593384

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DXB1SN30Z4351800
Cover Note Number	

Driver

Name of Driver	ADAM BIN DARSIN
NRIC No	S6841087H
Date Of Birth	02/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	25/07/2014
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90593384
Fax Number	
Contact Number	OTHERS-90593384
Email Address	NOEMAIL

Address	BLK 408C FERNVALE ROAD #07-06
Postcode	793408
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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

PLESAE REFER TO POLICE REPORT T/20180702/2059

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	GBC8426M
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MANICKAM ANNAMALAICHAMY
NRIC/Passport Number	F7804298L
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ADAM BIN DARSIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	PC2522S
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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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.



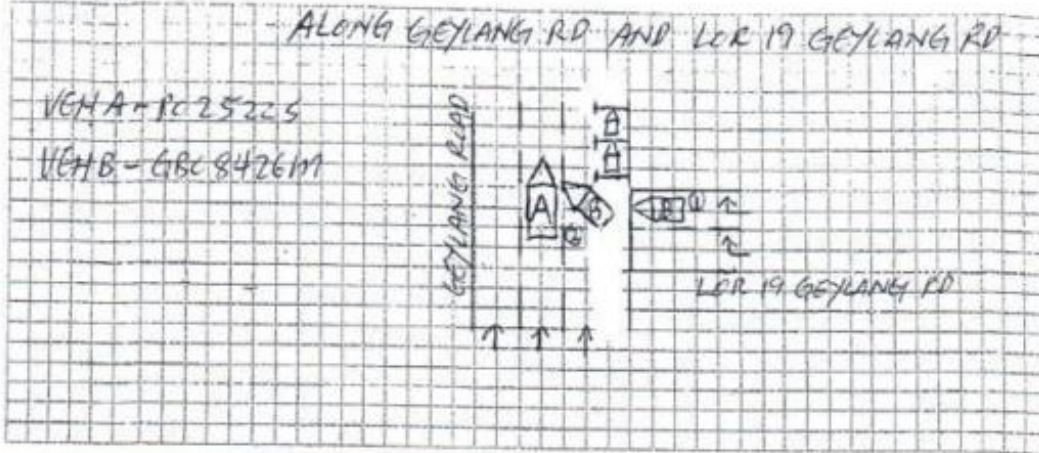
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to police report
1/20180702/2019

DECLARATION

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

Policyholder's Signature
Date & Time:

QIARMS SketchPlanForm_V3

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/20180702/2059

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

1 of 4

Report No. T/20180702/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/07/2018 14:27	Vide Report No.:	Station Diary No.: 101
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Informant's Particulars

Name of Informant: ADAM BIN DARSIN	Address: APT BLK 408C FERNVALE ROAD #07-06 SINGAPORE 793408		
ID Type / ID No.: NRIC NO / S6841087H	Contact No.: Home/Office: Mobile: 90593384		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 49	Date of Birth: 02/10/1968	Type of Informant: Driver
Race: Javanese	Language: English		Institution / School Name:
Occupation: DRIVER	Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/06/2018 16:00	Type of Location: Straight Road
Location: Along Road 1 GEYLANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC8426M	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Multi-Colored	Slightly Damaged	2
PC2522S	Van	TOYOTA	HIACE HIGH ROOF COMMUTER TURBO AUTO	Silver	Slightly Damaged	0

POLICE REPORT



**SINGAPORE
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T/20180702/2059

Police Station Of Origin:
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Report No. T/20180702/2059

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Manickam Annamalaichamy	ID No.	F7804298L
Related Vehicle	GBC8426M (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 06/08/2018
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ADAM BIN DARSIN	ID No.	S6841087H
Related Vehicle	PC2522S (Van)	Contact No.	90593384
Hospital/Clinic	FAMILY DOCTORS AT 365	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	02/07/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 30 June 2018 at about 1600hrs, I was driving my company's vehicle (van) along Geylang Road. There were a few cars parked within the parallel lots of the road, just after a minor road from Lorong 19 Geylang Road.

I was driving between 30km/h-40km/h as there were a lot of vehicles ahead of mine. Subsequently, a lorry from the mentioned minor road hit onto the right side of my van. We came to a stop and went to check on our vehicles. We exchanged particulars and agreed on making a police report. The impact have caused the right side of my van to have multiple dents and paint from the other vehicle. The lorry's front left has a deep dent. We then left the scene and I informed my supervisor, Chris, on the matter.

On 1 July 2018 I went to Bedok North NPC to report on the matter. I was given an Annex E. However on 2 July 2018, I felt pain on my back (right side). I went to a clinic to make a check and received 03 days of Medical Leave.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180702/2059

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

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Report No. T/20180702/2059

CONTINUATION OF REPORT

POLICE REPORT



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POLICE FORCE



T/20180702/2059

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Report No. T/20180702/2059

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 /
Sgt 2 NUR SYAHIRAH BINTE MOHAMED
SALLEH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/07/2018 14:27

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

Classification Of Case:

Authentication Stamp
NP158



Singapore Police Force



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

CHASSIS NO.	:	JTS 7527 606019665
UNLADEN WT.	:	2200 KG
MAX. LADEN WT.:	:	4250 KG
PASSENGER CAP.:	:	1 DRIVER OTHER
TYRE SIZE	:	(F) 195 R 150 165 170 175
	:	(R) 195 R 150 165 170 175

Accident Photo

