

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	22/06/2018 00:24
Date Of Accident	21/06/2018 11:10
Exact Location Of Accident	BKE(KJE) NEAR GALI BATU FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE320R
Insured/Policyholder	
Name Of Registered Owner	CHYE THIAM MAINTENANCE PTE LTD
Co Reg No	198801700E
Email Address	DARREN@COMPLETEVMS.COM.SG
Mobile Phone No	(LOCAL) +65-97572433
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	NISSAN
Model	CWB45AHTN2-12.5 D (M)
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5071086573-03
Cover Note Number	

Driver

Name of Driver	VEERASAMY JAYRAM
NRIC No	S1275280F
Date Of Birth	15/06/1955
Occupation	OUTDOOR
Date Of Driving Pass	09/07/1982
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97572433
Fax Number	
Contact Number	DARREN@COMPLETEVMS.COM.SG
Email Address	

Address BLK 117 POTONG PASIR AVENUE 1
#07-938
Postcode 350117
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

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 MID21799
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category GOVERNMENT
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

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.

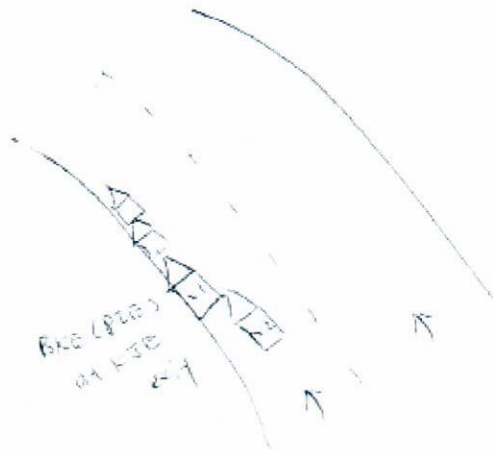
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 31/06/2018
17:04K

Reporting Centre Personnel's Signature
Name: Eugene KOK
NRIC/IN No: G2195199P

Sketch Plan #2

SKETCH PLAN



V1: XE320R
V2: MA21799

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report, reference no 712018062117012

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: 21/06/2018
1:50 PM

Reporting Centre Personnel's Signature
Name: Eugene Loke
NRIC/IN No.: 42125164P



SINGAPORE POLICE FORCE



T/20180621/7012

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180621/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2018 17:06	Vide Report No.:	Station Diary No.:
Informant's Particulars		
Name of Informant: VEERASAMY JAYRAM	Address: APT BLK 117 POTONG PASIR AVENUE 1 #07-938 SINGAPORE 350117	
ID Type / ID No.: NRIC NO / S1275280F	Contact No.: Home/Office:	Mobile: 97572433
Nationality: SINGAPORE CITIZEN	Email: darren@completevms.com.sg	
Sex: Male	Age: 63	Date of Birth: 15/06/1955
Type of Informant: Driver		
Race: Indian	Language: English	Institution / School Name:
Occupation: Lorry driver	Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/06/2018 11:10	Type of Location: Flyover
Location: BUKIT TIMAH EXPRESSWAY BKE TOWARD KJE NEAR GALI BATU FLYOVER Lamp Post Number: 282S1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
MID21799	5 TON LORRY			Green		0
XE320R	Lorry	NISSAN		Yellow	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
XE320R	NTUC Income Insurance Co-Operative Limited			



**SINGAPORE
POLICE FORCE**



T/20180621/7012

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180621/7012

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VEERASAMY JAYRAM	ID No.	S1275280F
Related Vehicle	XE320R (Lorry)	Contact No.	97572433
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am driving a Truck Mounted Attenuator shadowing the vehicle in front that is flushing down pipe at gali batu flyover by the roadside. My vehicle is slowly moving with all my hazard and 'keep out' signal on. Suddenly I felt a very big impact at the rear. There is a military vehicle bearing this number MID 21799 hit onto my vehicle's TMA (truck mounted attenuator) with great force and drove off without stopping. There is a convoy of military vehicles, estimated 3 - 4 vehicles of 5 ton trucks behind that just drove past without stopping. I was shocked and did not have time to react/ gave chase. I noted down the vehicle number of the said vehicle and inform my supervisor on this matter. I wish to stated that I am report this for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20180621/7012

3 of 3

Report No. T/20180621/7012

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ESTHER CHONG
Contact No.: 65476368

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
21/06/2018 17:06

Classification Of Case: