

## 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	06/08/2018 12:38
Date Of Accident	05/08/2018 20:20
Exact Location Of Accident	OLD CHOA CHU KANG ROAD ( IN SUNGEI TENGAH LODGE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2606J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S ISO INTEGRATED M&E PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90395640
Alternative Phone No	OFFICE-90395640

### 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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3033321800
Cover Note Number	

### Driver

Name of Driver	BALAKRISHNAN SOUNDARRAJAN
Passport No/FIN	G7283761X
Date Of Birth	04/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	08/05/2014
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90395640
Fax Number	
Contact Number	OTHERS-90395640
E-Mail Address	NOEMAIL

Address	ISO -INTEGRATED M&E 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	COLLIDED INTO PARKED VEHICLE
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)	0

### Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180805/2132

### 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	YP5022Z
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)

Sketch Plan

Company Email Address.  
Insurance Company Name.

SKETCH PLAN

**IMPORTANT NOTICE**

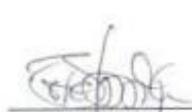
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. 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)**

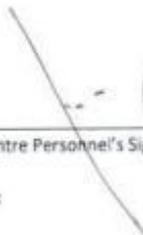
I understand, acknowledge, agree and consent that:

- (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: \_\_\_\_\_

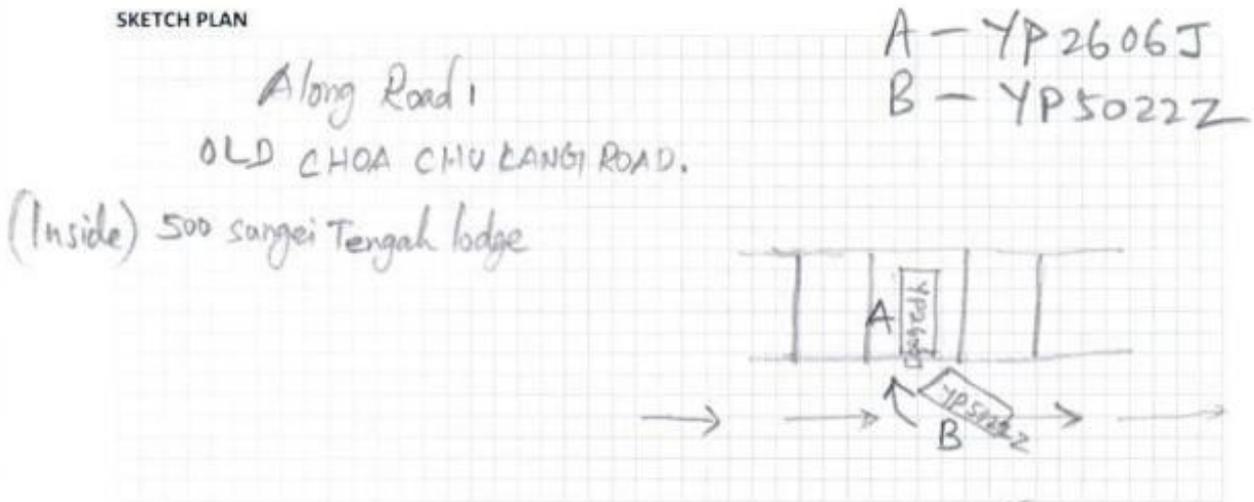


  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 06/08/18

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report -  
T/20180805/2132

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: 06/08/18

Reporting Centre Personnel's Signature  
Name: -  
NRIC/FIN No.: 6/8/2018

Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180805/2132

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20180805/2132

CONTINUATION OF REPORT

Driver			
Name	BALAKRISHNAN SOUNDARRAJAN	ID No.	G7283761X
Related Vehicle	YP2606J (Lorry)	Contact No.	90395640
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 07/05/2019
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 5/8/2018 at about 1630hrs, I parked at the carpark of Sungei Tengah Lodge, everything was intact.

On 5/8/2018 at about 2025hrs, I received a call from my friend, Islam Raseddul HP 86417433 called me and informed that my vehicle, YP2606J had some damaged. I received another call from 86170785 at about 2028hrs, who was sitting around my lorry, noticed that a lorry, YP5022Z, hit my lorry. The caller say that the accident happened at 2020hrs. I went down to the parking lot at about 2030hrs.

I went to report the matter to the security, Mr Sayyid, at Sungei Tengah Lodge and I saw from the CCTV that this vehicle entered Sungei Tengah Lodge. The CCTV cannot see the location of the accident. My lorry's left headlight is damaged, the bulb is damaged and the left side mirror is damaged.

Sketch Plan #4

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer: **ISO-INTEGRATED M&E PTE. LTD.**

Sector: **CONSTRUCTION**

Name: **BALAKRISHNAN SOUNDARRAJAN**  
Occupation: **CONSTRUCTION WORKER-CUM-DRIVER**

Work Permit No. **0 3250924**      Date of Application **11-03-2015**  
Date of Issue **24-06-2017**  
Date of Expiry **28-08-2018**

 **L8247440**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number **G7283761X**

Name: **BALAKRISHNAN SOUNDARRAJAN**

Birth Date **04 Jun 1978**  
Issue Date **08 May 2014**  
Valid Till **07 May 2019**



**VISIT PASS**  
Immigration Regulations

Name: **BALAKRISHNAN SOUNDARRAJAN**



Date of Birth: **04-06-1978**      Sex: **M**      Nationality: **INDIAN**  
FIN: **G7283761X**      Date of Issue: **24-06-2017**      Date of Expiry: **28-08-2018**

**MULTIPLE JOURNEY VISA ISSUED**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!**

**EFFECTIVE DATE**

Class 2B Motorcycles <= 200 cc      08 May 2014  
Class 3 Motor Cars <= 3000kg with <=7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg      08 May 2014

**NP 428A**

License No: **G7283761X**



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



Accident Photo



Accident Photo



Accident Photo



**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20180805/2132

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

1 of 3

Report No. T/20180805/2132

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/08/2018 23:04	Vide Report No.:	Station Diary No.: 152
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<b>Informant's Particulars</b>			
Name of Informant: BALAKRISHNAN SOUNDARRAJAN		Address: 38 JALAN GEMBIRA MACPHERSON GARDEN ESTATE SINGAPORE 369136	
ID Type / ID No.: FIN NO / G7283761X		Contact No.:	Mobile: 90395640
Nationality: INDIAN		Email:	
Sex: Male	Age: 40	Date of Birth: 04/06/1978	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: CONSTRUCTION WORKER		Driving Licence Information: Class: 2B,3	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/08/2018 20:20	Type of Location:
Location: Along Road 1 OLD CHOA CHU KANG ROAD  In sungai tengah lodge				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP2606J	Lorry				Slightly Damaged	0
YP5022Z	Lorry					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE  
POLICE FORCE**



T/20180805/2132

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

2 of 3

Report No. T/20180805/2132

**CONTINUATION OF REPORT**

Driver			
Name	BALAKRISHNAN SOUNDARRAJAN	ID No.	G7283761X
Related Vehicle	YP2606J (Lorry)	Contact No.	90395640
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 07/05/2019
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

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Police Report



SINGAPORE  
POLICE FORCE



T/20180805/2132

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

3 of 3

Report No. T/20180805/2132

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 EDWINA CHEW HUI LING	Signature Of Informant: 
Signature Of Interpreter: Not applicable 	Date/Time: 05/08/2018 23:04
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:

Authentication Stamp  
NP168