

## 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 15:26
Date Of Accident	04/08/2018 12:30
Exact Location Of Accident	LANGSAT RD JUNC OF EVERITT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2516X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HANIFAA FROZEN FOOD PTE LTD
Co Reg No	199201925W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85015150

### Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MX007219-R03
Cover Note Number	

### Driver

Name of Driver	MAGEN SUBRAMANYAN
NRIC No	G7268063X
Date Of Birth	05/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	23/03/2011
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94693753
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	875 GEYLANG ROAD GEYLANG SERAI MALAY VILLAGE
Postcode	409294
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	SIDE SWIPE
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 9 EUNOS CRESCENT #01-2687 , <b>POSTCODE:</b> 400009 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7479999 - <b>FAX NO:</b> 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180805/2101

#### 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	SLU2212P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA LEE SENG
NRIC/Passport Number	S1281165I
Contact Number	91991171
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MAGEN SUBRAMANYAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	YN2516X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# Accident Sketch Plan

## 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**.
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 liability**.
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.

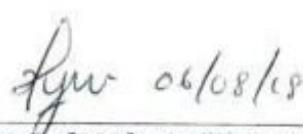
### 8. Consent under the Personal Data Protection Act (PDPA)

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: \_\_\_\_\_

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



Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180805/2101

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

2 of 3

Report No. T/20180805/2101

CONTINUATION OF REPORT

Driver			
Name	CHIA LEE SENG		ID No. S1281165I
Related Vehicle	SLU2212P (Car)		Contact No. 91991171
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
Driver			
Name	MAGEN SUBRAMANYAN		ID No. G7268063X
Related Vehicle	YN2516X (Lorry)		Contact No. 94693753
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	04/08/2018	Date Discharge	04/08/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 04/08/2018 at about 1230hrs I was driving along Langsat road when one vehicle SLU2212P Toyota Silver, which was travelling along Everitt Road did not stop at the junction and hit onto the right side of my vehicle. Both drivers exchange particulars and was advised by Police to lodge an accident report.

On the same day, after the accident I felt pain on my neck and back as such I went to Mount Alvernia Hospital for medical assessment. I was given 04 days of Medical Leave from 04/08/2018 to 07/08/2018.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Police Report**



**SINGAPORE  
POLICE FORCE**



T201808052101

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunice Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

1 of 3

Report No: T201808052101

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/08/2018 18:05	Video Report No.:	Station Diary No.:
		15

Informant's Particulars			
Name of Informant: MAGEN SUBRAMANYAN		Address:	
ID Type / ID No.:		Contact No.:	
FIN NO / G7288063X		Home/Office:	Mobile: 94693753
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 37	Date of Birth: 05/04/1981	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 2B,3,4A	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/08/2018 12:30	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 LANGSAT ROAD EVERITT ROAD LANGSAT ROAD X OF EVERITT ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SLU2212P	Car	TOYOTA		Silver	Slightly Damaged	0
YN2518X	Lorry	ISUZU		Blue	Slightly Damaged	0

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

Police Report



**SINGAPORE  
POLICE FORCE**



T/20180805/2101

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

2 of 3

Report No: T/20180805/2101

CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHIA LEE SENG		ID No. S1281165I
Related Vehicle	SLU2212P (Car)		Contact No. 91991171
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
<b>Driver</b>			
Name	MAGEN SUBRAMANYAN		ID No. G7268063X
Related Vehicle	YN2516X (Lorry)		Contact No. 94693753
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	04/08/2018	Date Discharge	04/08/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

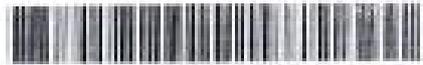
On 04/08/2018 at about 1230hrs I was driving along Langsat road when one vehicle SLU2212P Toyota Silver, which was travelling along Eventt Road did not stop at the junction and hit onto the right side of my vehicle. Both drivers exchange particulars and was advised by Police to lodge an accident report.

On the same day, after the accident I felt pain on my neck and back as such I went to Mount Alvernia Hospital for medical assessment. I was given 04 days of Medical Leave from 04/08/2018 to 07/08/2018.

Police Report



SINGAPORE  
POLICE FORCE



T/20180805/2101

3 of 3

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7478989

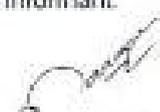
Report No. T/20180805/2101

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 / Sgt 2 SYED SYAHID BIN OSMAN IDRIS	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/05/2018 18:05
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MCHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476387	Classification Of Case:  
Authentication Stamp NP168	