

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	31/08/2018 17:42
Date Of Accident	30/08/2018 20:10
Exact Location Of Accident	CTE TOWARD CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB6141C
Insured/Policyholder	
Name Of Registered Owner	DEV NEWS AGENCY & SERVICES
Co Reg No	53104569B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92371721
Alternative Phone No	OFFICE-92371721

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCHHQ18-000051
Cover Note Number	

Driver

Name of Driver	KALYANASUNDRAM RAJASEKAR
Passport No/FIN	G6610491K
Date Of Birth	02/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	03/07/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92371721
Fax Number	
Contact Number	
Email Address	MURALIRAJA1977@GMAIL.COM

Address	NA
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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	ROCHER N.P.C
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: (T/20180831/2000) I AM LORRY DRIVER WORKING FOR THE COMPANY, 'DEV NEW AGENCY & SERVICES'. ON 30 AUG 2018 AT ABOUT 2010HRS, I WAS DRIVING MY COMPANY LORRY (GBB6141C) ALONG BALESTIER RD TOWARDS CTE (AYE) WHILE I WAS ON THE SLIP ROAD TURNING IN TO CTE, I WAS CAUGHT IN A TRAFFIC ACCIDENT INVOLVING 3 OTHER VEHICLES. VEHICLE 1 (SLH2972Y) HAD WANTED TO SWITCH IN TO LANE 3 BUT HE MADE A SUDDEN STOP CAUSING THE COMFORT TAXI (VEHICLE 2: SHC2221E), COLLIDE AGAINST IT. I MANAGED TO MAKE AN COULD OT BRAKE IN TIME AND COLLIDED AGAINST THE REAR OF MY LORRY. THIS CAUSED MY LORRY TO INCH FORWARD AND COLLIDED AGAINST VEHICLE 2. DAMAGE DUE TO THE COLLISION: 1) SLH2972Y: SLIGHT DENTS ON THE REAR RIGHT BUMPER 2) SHC2221E: SEVERE DENTS TO THE REAR 3) SHC8644D: SEVERE DENTS TO THE FRONT 4) GBB6141C: SLIGHT DENT TO THE FRONT THE TAXI DRIVER FROM VEHICLE 2 DOES NOT HAVE ANY VISIBLE INJURIES BUT WAS CONVEYED TO HOSPITAL BY AMBULANCE. NO VISIBLE INJURED ON OTHER DRIVERS, INCLUDING MYSELF. TRAFFIC POLICE WAS AT SCENE AND ADVISED US TO LODGE TRAFFIC ACCIDENT REPORT VIDE E/20180830/0168, IO IN-CHARGE ESMUND PHUA (TEL: 65472077)

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	SHC2221E
Vehicle Make/Model/Colour	HYUNDAI/SONATA NF/BLUE
Details Of Properties	
Vehicle Category	TAXI

Name of Driver	NG TIAN PAH
NRIC/Passport Number	S1521695F
Contact Number	86009238
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC8644D
Vehicle Make/Model/Colour	HYUNDAI/ I40 1.7
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIAM HENG TONG
NRIC/Passport Number	S1354257J
Contact Number	90279975
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLH2972Y
Vehicle Make/Model/Colour	TOYOTA/COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AZMAN BIN ASARY
NRIC/Passport Number	S1813044J
Contact Number	86009238
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the process of investigation or with the Police.
2. This Form must be completed by the Policyholder and/or the Authorised Insurer.
3. Information provided must be as truthful and accurate as possible. Any false information may lead to the insurance company repudiating policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of liability on the part of any insurance company.
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 under the General Insurance Act of Singapore (GIA) for archiving and that copies of this report will for a fee be made available to interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report.
8. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report.
9. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report.
10. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report.
11. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report.
12. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report.
13. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report.
14. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report.
15. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report.
16. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report.
17. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report.
18. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report.
19. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report.
20. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report.

VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMMAD SULHANDI BIN
MOHD AFFANDI

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel

Sketch Plan

SLH2972Y ←
SHC2221E ←
G9B614K ←
SHK8644B ←

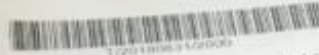
(711) (711)

↑ ↑ ↑ ↑

POLICE REPORT



**SINGAPORE
POLICE FORCE**



1 of 4
Report No: 12018063120098

Police Station Of Origin:
Rochor N.P.C.
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Station Diary No.:
1

REPORT OF A TRAFFIC ACCIDENT

Vide Report No.

Date/Time Report Made:
31/08/2018 00:01

Informant's Particulars

Name of Informant:
KALYANASUNDARAM RAJASEKAR

Address:
APT BLK 88 WHAMPOA DRIVE #05-126 WHAMPOA VIEW
SINGAPORE 320098

Contact No.:

Mobile: 94569398

Home/Office:

Email:

ID Type / ID No.:
FIN NO / G6610491K

Nationality:
INDIAN

Type of Informant:
Driver

Institution / School Name:

Sex: Male Age: 43 Date of Birth: 02/09/1974

Language:
English

Race:
Indian

Driving Licence Information:
Class: 2B,3

Date of Expiry:

Occupation:
Lorry driver

General Information of the Accident

Type of Accident:

Injury:
Conveyed By Ambulance

Drink Drive:
No

Date/Time of Accident:
30/08/2018 20:10

Type of Location:

Location:
Along Road 1
BALESTIER ROAD

Slip road into CTE (AYE)

Road Speed Limit:

Weather:
Clear

Road Surface:
Dry

Traffic Volume:
Moderate

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Anyone conveyed by ambulance:
No

Type of Collision:
Between Moving Vehicles - Head To Rear

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB6141C	Lorry				Slightly Damaged	0
SHC2221E	Car				Seriously Damaged	0
SHC8644D	Car				Seriously Damaged	0
SLH2972Y	Car				Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No. 1800-2949999



1/20180831/2000 2 of 4
Report No. 1/20180831/2000

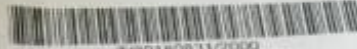
CONTINUATION OF REPORT

Details of Person Involved		Use of Pedestrian Crossing: NA	
Any Pedestrian Involved: No		ID No.	G6610491K
No. of Pedestrians Injured: NIL		Contact No.	94669398
Driver Name	KALYANASUNDARAM RAJASEKAR	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Related Vehicle	G886141C (Lorry)	Date Discharge	NIL
Hospital/Clinic	NIL	Degree of Injury	NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	NIL		
Driver		ID No.	S1521695F
Name	Ng Tian Pah	Contact No.	86009238
Related Vehicle	SHC2221E (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Discharge	NIL
Date Treatment	NIL	Degree of Injury	NIL
No. of Days granted Medical Leave	NIL		
Driver		ID No.	S1354257J
Name	Chiam Heng Tung	Contact No.	90279975
Related Vehicle	SHC8644D (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Discharge	NIL
Date Treatment	NIL	Degree of Injury	NIL
No. of Days granted Medical Leave	NIL		

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180831/2000

3 of 4

Report No. T/20180831/2000

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

Driver Name	Azman Bin Asary	ID No.	S1813044J
Related Vehicle	SLH2972Y (Car)	Contact No.	87495281
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.

I am a lorry driver working for the company, "Dev News Agency & Services".

On 30 Aug 2018 at about 2010hrs, I was driving my company lorry (GBB6141C) along Balestiar Rd towards CTE (AYE). While I was on the slip road turning into CTE, I was caught in a traffic accident involving 3 other vehicles. Vehicle 1 (SLH2972Y) had wanted to switch into lane 3 but he made a sudden stop causing the Comfort Taxi (Vehicle 2: SHC2221E) to collide against it. I managed to make an emergency brake to avoid collision with Vehicle 2. However, one Comfort Taxi (Vehicle 3: SHC8644D) could not brake in time and collided against the rear of my lorry. This caused my lorry to inch forward and collide against Vehicle 2.

Damage due to the collisions:

- 1) SLH2972Y: slight dents on the rear right bumper
- 2) SHC2221E: severe dents to the rear
- 3) SHC8644D: severe dents to the front
- 4) GBB6141C: slight dent to the front

The taxi driver from Vehicle 2 does not have any visible injuries but was conveyed to hospital by ambulance. No visible injuries on other drivers, including myself.
Traffic police was at scene and advised us to lodge traffic accident report vide E/20180830/0168, IO in-charge Esmund Phua (Tel: 65472077).

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999



T/20180831/2000

4 of 4

Report No. T/20180831/2000

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:

A /

Staff Sgt TOH RUI FENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/08/2018 00:01

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476904

SM 12

Classification Of Case:

Authentication Stamp

NP168

Signature:

Singapore Police Force

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



Accident Photo



Accident Photo



Accident Photo



Driving License



Driving License

