

## 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	10/09/2018 15:20
Date Of Accident	09/09/2018 13:15
Exact Location Of Accident	JUNC OF TAMPINES AVE 10 & TAMPINES LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM7792L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HOCK GUAN CHEONG BUILDER PTE. LTD.
Co Reg No	198501418K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62563206

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BE6SRDEA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5069152302-03
Cover Note Number	-

### Driver

Name of Driver	RAYAR LAKSHMI PRABU
Passport No/FIN	G7713451X
Date Of Birth	02/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	21/03/2016
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94594923
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	20 SENOKO DRIVE PLATINA GARDENS
Postcode	758207
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - EMPLOYEE OF ASSOCIATE COMPANY
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	
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	SEMBANWANG NPC
Police Station Address	<b>ROAD:</b> 4 SEMBAWANG CRESCENT , <b>POSTCODE:</b> 757633 , <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

PLEASE REFER TO POLICE REPORT.

#### 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

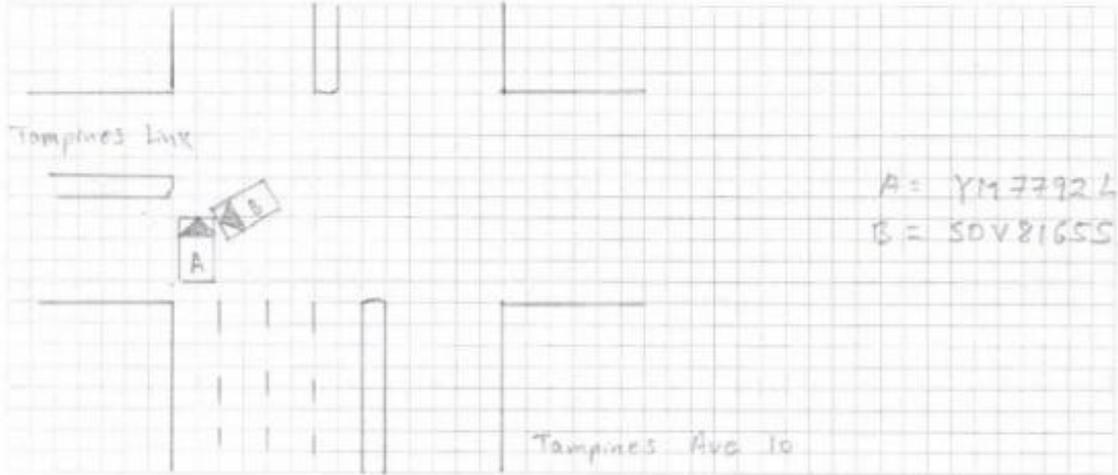
Vehicle Registration Number	SDV8165S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)



Accident Sketch Plan

SKETCH PLAN



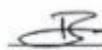
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report

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:

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

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20180909/2081

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No. T/20180909/2081

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/09/2018 21:41	Vide Report No.:	Station Diary No.: 122
--	------------------	---------------------------

**Informant's Particulars**

Name of Informant: RAYAR LAKSHMI PRABU		Address: 20 SENOKO DRIVE PLATINA GARDENS SINGAPORE 758207	
ID Type / ID No.: FIN NO / G7713451X		Contact No.: Home/Office: 62563206      Mobile: 94594923	
Nationality: INDIAN		Email:	
Sex: Male	Age: 33	Date of Birth: 02/06/1985	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 09/09/2018 13:15	Type of Location:
Location: Along Road 1 TAMPINES AVENUE 10  At the cross junction of Tampines Avenue 10 and Tampines Link.				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDV8165S	Car					0
YM7792L	Lorry				Totally 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/20180909/2081

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

2 of 3

Report No. T/20180909/2081

CONTINUATION OF REPORT

<b>Driver</b>			
Name	RAYAR LAKSHMI PRABU	ID No.	G7713451X
Related Vehicle	YM7792L (Lorry)	Contact No.	94594923
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.**

On 09/09/2018 at about 1315hrs, I was travelling (YM7792L) along incident location towards TPE on the left of 3 lanes. The traffic light was green in my favor, hence I continued to proceed straight through the junction. Subsequently, one saloon car (SDV8165S) from opposite direction turn right towards Tampiness Link and collided into my vehicle.

I came out of my vehicle to make a check and discovered damages on the front portion of my lorry and the back portion of the lorry.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180909/2081

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

3 of 3

Report No. T/20180909/2081

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: F / Staff Sgt NUR ALSHAARI PUTRA BIN ABDUL AZIM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/09/2018 21:41
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp  
NP168



福源昌建築私人有限公司  
HOCK GUAN CHEONG BUILDER PTE LTD

Registration No. 198501418K  
18 Senoko Drive Singapore 758205  
Tel: 6256 3206 Fax: 6256 1086 Website: www.hgcbuilder.com.sg

Date: 2 March 2016

TO WHOM IT MAY CONCERN

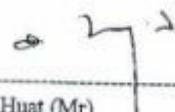
Dear Sir/Madam

Subject: Vehicle No. YM7792L

This is to confirm that company vehicle no. YM7792L is assigned to Mr Rayar Lakshmi Prabu of Fin No. G7713451X for his use and disposal until further notice.

Thank you for your kind attention.

Yours faithfully,  
Hock Guan Cheong Builder Pte Ltd

  
\_\_\_\_\_  
Ong Lai Huat (Mr)  
Managing Director



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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA18117151-01 Vehicle Registration No: YM7792L
Name (as shown in NRIC) : RAYAR LAKSHMI NRIC/FIN/Passport No : 67713451X
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : 20 SENOKO DRIVE PLATINA GARDENS Singapore (758207)
Contact (Tel) : Mobile No. : 94594923
Email Address :
Date of Accident : 09/09/18 Time of Accident : 13:15
Place of Accident : JUNC OF TAMPINES AVE 10 & TAMPINES LINK
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

REVER FROM REPORTING TO OO CLAIMS

Policyholder / Driver's Signature
Date: 14/09/18

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