

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	11/09/2018 10:52
Date Of Accident	10/09/2018 06:55
Exact Location Of Accident	X-JUNCTION OF TUAS CRESCENT/TUAS SOUTH AVENUE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN3753X
Insured/Policyholder	
Name Of Registered Owner	BESTEC ENGINEERING PTE LTD
Co Reg No	201201288E
Email Address	ELUMALAI@BESTECENGG.COM.SG
Mobile Phone No	(LOCAL) +65-81386915
Alternative Phone No	OFFICE-83492920

Vehicle Particulars

Manufacturer	ISUZU
Model	NNR85UH4A-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	TAKING WORKERS TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5060562008-05
Cover Note Number	

Driver

Name of Driver	SEMBAIYAN MANIVASAKAN
Passport No/FIN	G2795906M
Date Of Birth	20/07/1992
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81386915
Fax Number	
Contact Number	OTHERS-83492920
Email Address	ELUMALAI@BESTECENGG.COM.SG

Address	NO 12 BENOI PLACE
Postcode	629932
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	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JRG5176 (MOTORCYCLE)
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)	19
Passenger 1	NAME: : WORKER GENDER: : MALE
Passenger 2	NAME: : WORKER GENDER: : MALE
Passenger 3	NAME: : WORKER GENDER: : MALE
Passenger 4	NAME: : WORKER GENDER: : MALE
Passenger 5	NAME: : WORKER GENDER: : MALE
Passenger 6	NAME: : WORKER GENDER: : MALE
Passenger 7	NAME: : WORKER GENDER: : MALE
Passenger 8	NAME: : WORKER GENDER: : MALE
Passenger 9	NAME: : WORKER GENDER: : MALE

Passenger 10	NAME: : WORKER
	GENDER: : MALE
Passenger 11	NAME: : WORKER
	GENDER: : MALE
Passenger 12	NAME: : WORKER
	GENDER: : MALE
Passenger 13	NAME: : WORKER
	GENDER: : MALE
Passenger 14	NAME: : WORKER
	GENDER: : MALE
Passenger 15	NAME: : WORKER
	GENDER: : MALE
Passenger 16	NAME: : WORKER
	GENDER: : MALE
Passenger 17	NAME: : WORKER
	GENDER: : MALE
Passenger 18	NAME: : WORKER
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180910/2012

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	JRG5176
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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

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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:

S. W. J.

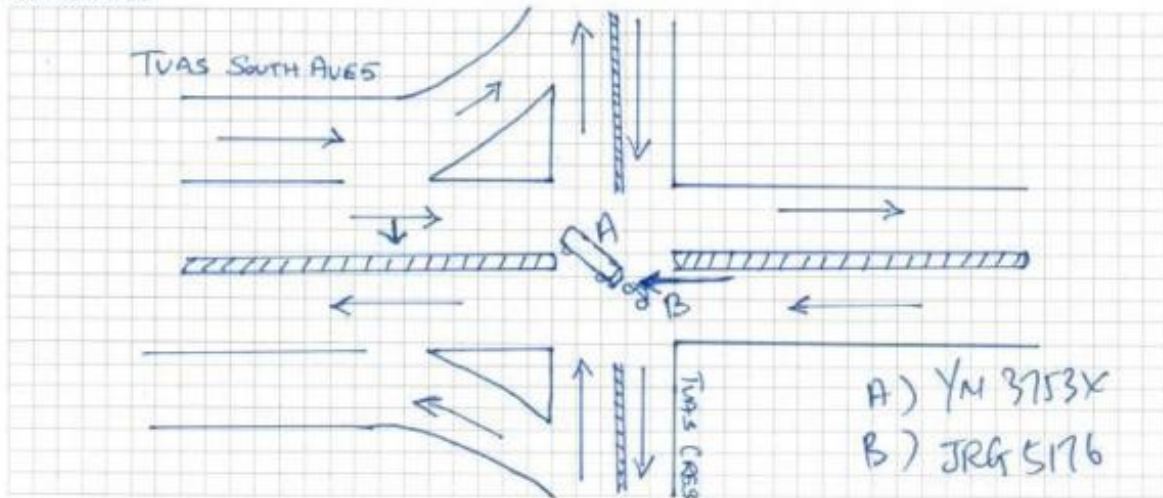
Driver's Signature
(If driver is not the policyholder)
Date & Time:

11/09/2018
Rohit Kharbora

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT.
7/20/80910/2012

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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/20180910/2012

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20180910/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/09/2018 09:21		Vide Report No.: J/20180910/0078	Station Diary No.: 13
Informant's Particulars			
Name of Informant: SEMBAIYAN MANIVASAKAN		Address:	
ID Type / ID No.: FIN NO / G2795906M		Contact No.: Home/Office:	Mobile: 83492920
Nationality: INDIAN		Email:	
Sex: Male	Age: 26	Date of Birth: 20/07/1992	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: MARINE TRADES WORKER		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/09/2018 06:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TUAS SOUTH AVENUE 5 TUAS CRESCENT X-JUNCTION				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JRG5176	Motorcycle	YAMAHA		Red	No Damage	0
YN3753X	Lorry	ISUZU		White	Slightly Damaged	18

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180910/2012

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20180910/2012

CONTINUATION OF REPORT

Driver			
Name	SEMBAIYAN MANIVASAKAN	ID No.	G2795906M
Related Vehicle	YN3753X (Lorry)	Contact No.	83492920
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 10.09.2018 at about 0650hrs, I was driving my company lorry; YN3753X along Tuas South Avenue 5 towards Tuas Crescent. As I was approaching the X-junction of said 2 roads, I executed a turn but before doing so saw there was no oncoming traffic. When making the right turn, suddenly a motorcycle; JRG5176 collided onto the front side of my lorry.

Neither my passenger of 18 men nor myself were injured. However the motorcyclist sustained injuries and the ambulance and traffic police attended to my scene. The motorcyclist was then conveyed to hospital.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180910/2012

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20180910/2012

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/
Staff Sgt MOHAMMED AMIRULHAFIZ BIN
RAMLAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Insp TAN CHIN YONG
Contact No.: 65476178

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/09/2018 09:21

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo





Accident Photo





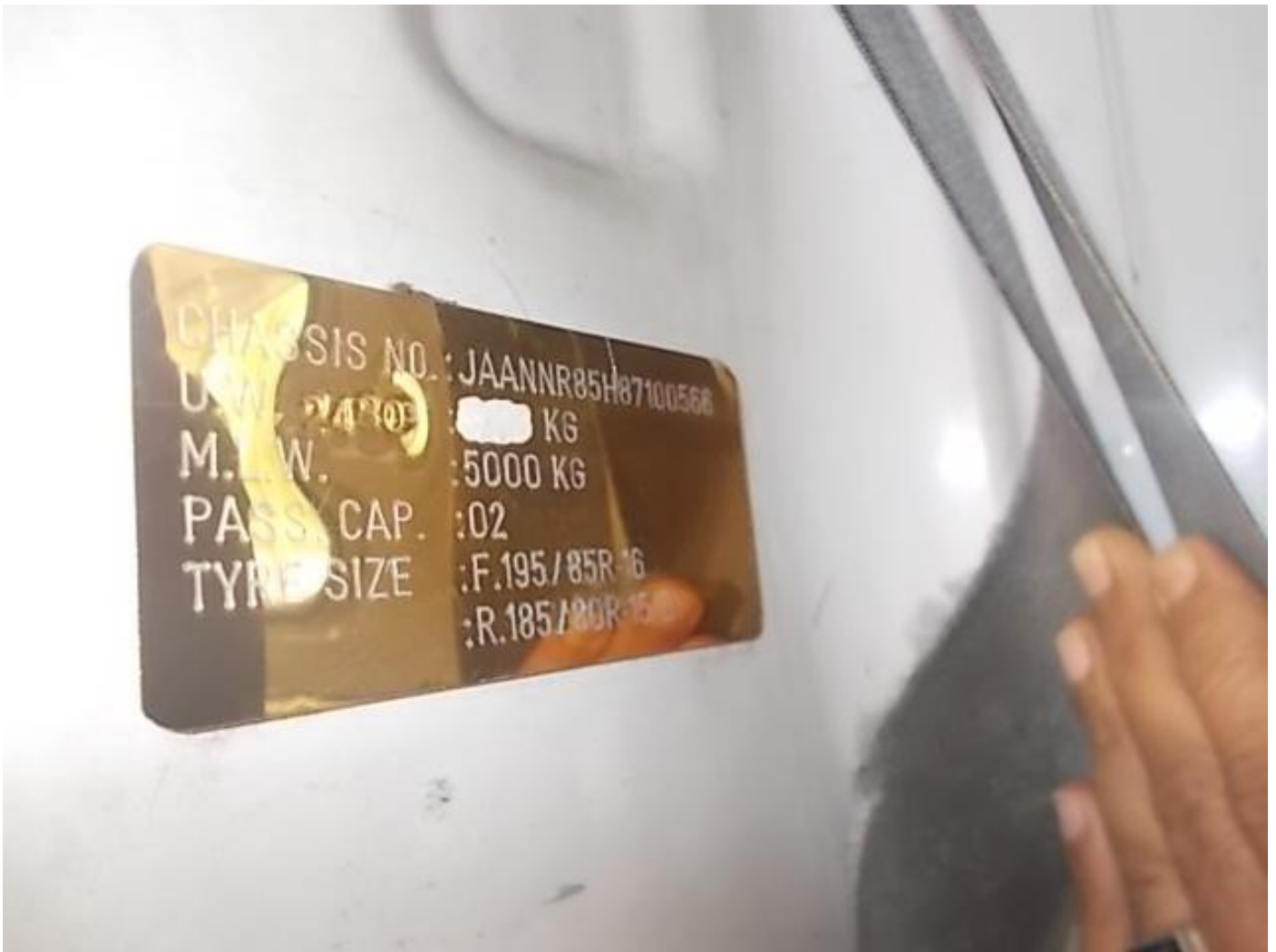
Accident Photo



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: S6655020G / 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 : MNA418117664 Vehicle Registration No: YN3753X
Name(as shown in NRIC) : SEMBAIYAN MANIVASAKAN NRIC/FIN/Passport No : G2795906M
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : NO: 12 BENOI PLACE Singapore(629932)
Contact (Tel) : - Mobile No.: 81386915
Email Address : elumalai@bestecengg.com.sg
Date of Accident : 10/09/2018 Time of Accident: 06:55
Place of Accident : X-JUNCTION OF TUAS CRESCENT/TUAS SOUTH AVENUE 5
Insurance Company: NTUC Income Insurance Co-operative Ltd.

(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:

Amend from OD to Reporting only.

Policyholder / Driver's Signature
Date:

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