

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 17:17
Date Of Accident	08/09/2018 08:55
Exact Location Of Accident	ALONG SUNGEI KADUT DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN3372L
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Insured/Policyholder

Name Of Registered Owner	POH WAH SCAFFOLDING & ENGINEERING PTE. LTD.
Co Reg No	200615030W
Email Address	STORE@POHWAHGROUP.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68507276

Vehicle Particulars

Manufacturer	HINO
Model	XZU710R 4.0 MANUAL ABS TURBO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVC000007785-00-000
Cover Note Number	

Driver

Name of Driver	PAZHANI SAKTHIVEL
Passport No/FIN	G2368034W
Date Of Birth	16/01/1993
Occupation	OUTDOOR
Date Of Driving Pass	26/07/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86732892
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address -
 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 DRIZZLING
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident 3
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? YES
 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 YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

AS PER SKETCH PLAN & 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 XD8551T
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver WANG PENG
 NRIC/Passport Number G5126746Q
 Contact Number 81629952
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XB7410J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver CHUA TECK SIONG
NRIC/Passport Number S1161152D
Contact Number 91147238
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PAZHANI SAKTHIVEL
Approximate Age
Injuries Sustain
Injured person in which vehicle? YN3372L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

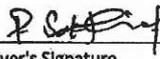
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.



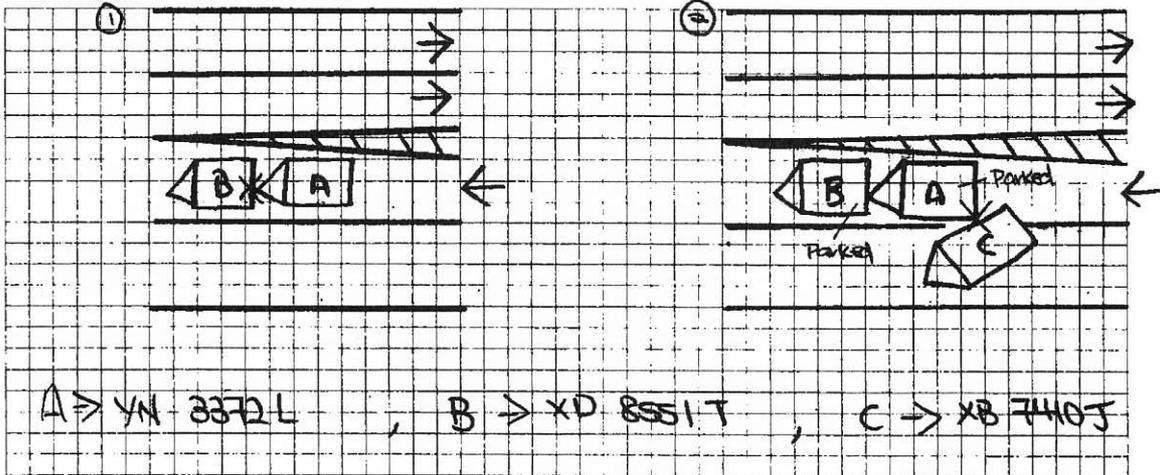
Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 8 Sep 2018 , 0855 hrs

Accident Location : Along Sungai Kodut Drive

As per police report

To add on: I would like to state that my vehicle's front cabin was damaged after the collision with veh B, veh C who was overtaking my parked vehicle, collided onto my vehicle and the impact of the moving veh C damaged my vehicle's canopy causing it to fall. I was on the road side and witnessed the accident. I moved veh C to side but to no avail.

Reporting Only Own Damage Third Party Claim at other workshop (OD/TP)

DECLARATION

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

*IMPORTANT NOTE:
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a FOURTEEN (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Policyholder's Signature
Date & Time

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

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



**SINGAPORE
POLICE FORCE**



T/20180908/2138

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20180908/2138

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2018 18:52	Vide Report No.:	Station Diary No.: 117
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Informant's Particulars

Name of Informant: PAZHANI SAKTHIVEL			Address:		
ID Type / ID No.: FIN NO / G2368034W			Contact No.: Home/Office: Mobile: 86732892		
Nationality: INDIAN			Email:		
Sex: Male	Age: 25	Date of Birth: 16/01/1993	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/09/2018 08:55	Type of Location: Straight Road
Location: Along Road 1 SUNGEI KADUT DRIVE Towards Kranji Way (50M away)				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XB7410J	Lorry				Slightly Damaged	0
XD8551T	Lorry				Slightly Damaged	0
YN3372L	Lorry				Seriously Damaged	0

Details of Person Involved

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



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T/20180908/2138

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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20180908/2138

CONTINUATION OF REPORT

Name	CHUA TECK SIONG		ID No.	S1161152D
Related Vehicle	XB7410J (Lorry)		Contact No.	91147238
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
Name	WANG PENG		ID No.	G5126746Q
Related Vehicle	XD8551T (Lorry)		Contact No.	81629952
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	PAZHANI SAKTHIVEL		ID No.	G2368034W
Related Vehicle	YN3372L (Lorry)		Contact No.	86732892
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/09/2018		Date Discharge	08/09/2018
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

Brief Details.

On 8/9/2018 at about 0855hrs, I was driving in my company's lorry (A) bearing Reg No.: YN3372L along the first lane of Sungei Kadut Drive toward Kranji Way. At about 170 metres before Kranji Way, the lorry (B) in front of me bearing Reg No.: XD8551T stopped suddenly. I braked immediately but as the road was slippery due to the rain, my vehicle could not stop in time. As such, the front of my lorry hit the rear of the said lorry. The front of my lorry was bent inwards due to the impact. My right knee had a 4-cm cut which still hurts till now. My lower back is also aching due to the impact.

Shortly after, another lorry (C) Reg No.: XB7410J from behind my lane tried to overtake as my vehicle (A) was stationary at that point of time. However, the front of the said lorry (C) somehow hit my lorry's (A) canopy left side.



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T/20180908/2138

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Tel No: 1800-8529999

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Report No. T/20180908/2138

CONTINUATION OF REPORT

All parties exchanged particulars. Traffic Police and Ambulance were there to attend to the incident. I was conveyed by the Ambulance to Khoo Teck Puat Hospital where I was treated and given medication for my pain.

I have an in-car camera inside my Lorry (A) but am not sure if it was recording during the incident.



**SINGAPORE
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T/20180908/2138

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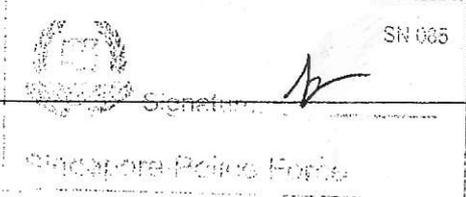
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Report No. T/20180908/2138

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 / Sgt 2 KEITH GARRET ILETO LIM WSP Jolene Ng	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/09/2018 18:52
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case: 
Authentication Stamp NP168	