

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	28/09/2018 16:59
Date Of Accident	28/09/2018 13:00
Exact Location Of Accident	JUNCTION OF BALMORAL RD & DUNEARN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2139B
Insured/Policyholder	
Name Of Registered Owner	ANTARA LOGISTICS PTE LTD
Co Reg No	201610353D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97247788
Alternative Phone No	OFFICE-97247788

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR75UH5A-5.2 D (M)
Exact Purpose for which vehicle was being used at time of accident	
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VC05000021
Cover Note Number	

Driver

Name of Driver	THANGAVELU MURUGANANDHAM
Passport No/FIN	F8184278R
Date Of Birth	19/04/1973
Occupation	INDOOR
Date Of Driving Pass	20/04/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96111324
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O 15 PIONEER RD NORTH #01-80
Postcode	628464
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 - 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?	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)	3
Passenger 1	NAME: : KUANG ZHAO YONG GENDER: : MALE
Passenger 2	NAME: : BIAN CHENG LIANG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4529999 - FAX NO: 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD2844C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PASSENGER 1
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHD2844C
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name PASSENGER 2
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHD2844C
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name PASSENGER 3
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHD2844C
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 4

Name PASSENGER 4
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHD2844C
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 5

Name KUANG ZHAO YONG
Approximate Age

Injuries Sustain
Injured person in which vehicle? YN2139B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 6

Name BIAN CHENG LIANG
Approximate Age
Injuries Sustain
Injured person in which vehicle? YN2139B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

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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.

⑦

Policyholder's Signature
Date & Time:

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

Shuman
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 28/1 E 4-3 op



A hand-drawn sketch map of a road intersection. The vertical road is labeled "Balmore Road" at the bottom. The horizontal road is labeled "Dunearn Road" on the right. At the intersection, a car icon labeled "A" is positioned. An arrow points from "A" upwards towards a label "Chancey Lane". Another arrow points from "A" to the right along "Dunearn Road". Further along "Dunearn Road", two more car icons labeled "B" are shown, one above the other, with arrows pointing left towards the intersection area.

Please refer to police report.

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

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

[illegible]

T. MURPHY

Driver's Signature

(If driver is not the policyholder)

Date & Time:

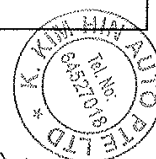
Summer

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

28/9 @ 43 yr





**SINGAPORE
POLICE FORCE**



T/20180928/2114

1 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20180928/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2018 16:02	Vide Report No.:	Station Diary No.: 20
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Informant's Particulars			
Name of Informant: THANGAVELU MURUGANANDHAN		Address: APT BLK 27 FOCH ROAD #02-07 HOA NAM BUILDING SINGAPORE 209264	
ID Type / ID No.: FIN NO / F8184278R		Contact No.: Home/Office: Mobile: 96111324	
Nationality: INDIAN		Email:	
Sex: Male	Age: 45	Date of Birth: 19/04/1973	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/09/2018 13:00	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 BALMORAL ROAD DUNEARN ROAD At the junction				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD2844C	Car	TOYOTA	PRIUS HYBRID 1.8L CVT ABS AIRBAGS	Brown		4
YN2139B	Lorry	ISUZU	NPR75UH5A	White		2



**SINGAPORE
POLICE FORCE**



T/20180928/2114

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20180928/2114

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THANGAVELU MURUGANANDHAN	ID No.	F8184278R
Related Vehicle	YN2139B (Lorry)	Contact No.	96111324
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 28/09/2018 at 1300hrs, my vehicle (YN2139B) was travelling along Balmoral road turning right towards Dunearn Road. The weather was clear and traffic volume was heavy. As the traffic light was green for me to initiate a right turn, I made the right turn. Suddenly, one taxi (SHD2844C) who was travelling on Chancery lane made a left turn and both vehicle's collided. I came out to make a check. The damages to my vehicle is the front left passenger side damaged. The damages to taxi is the right side badly damaged. Taxi driver then called for ambulance as there were passenger inside that got injured. Shortly, ambulance and TP arrived at scene. There were in car camera installed in both vehicles. TP officers took my camera memory card and issued me NP323 (E/20180928/0088). Both vehicles were towed away. Ambulance conveyed all 4 passengers to the hospital. I am lodging this report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20180928/2114

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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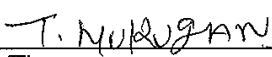

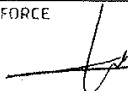
Report No. T/20180928/2114

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 E / Sgt 1 CASSIDY TAN GIA LOK 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/09/2018 16:02
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:
Authentication Stamp NP168 	SN 070
 SIGNATURE	

Accident Photo



Accident Photo



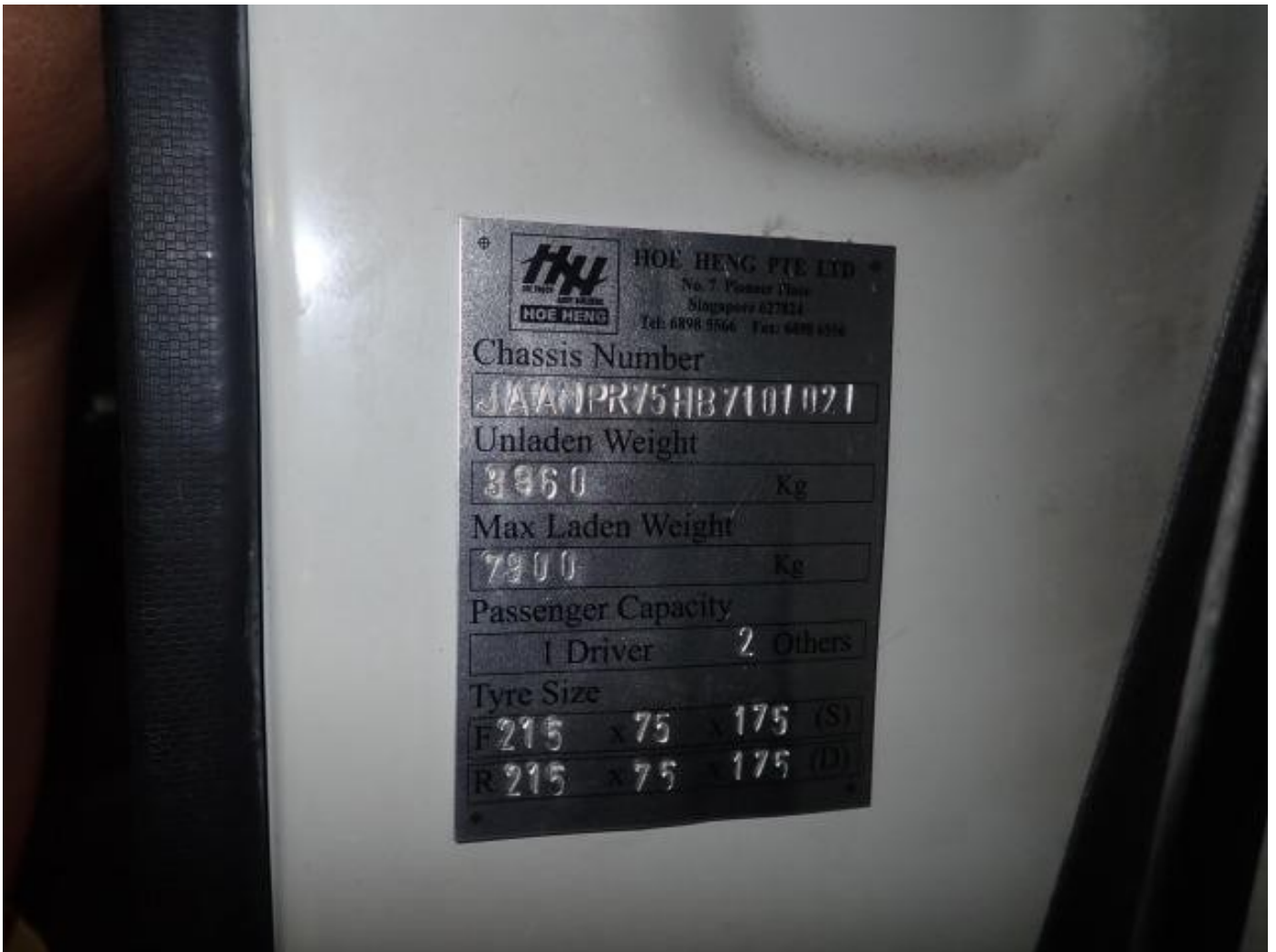
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