

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	03/10/2018 14:36
Date Of Accident	01/10/2018 12:00
Exact Location Of Accident	JURONG PORT RD TWDS PENJURU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN3563C
Insured/Policyholder	
Name Of Registered Owner	APPLIED LOGISTICS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68630742

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCFHQ18-000152
Cover Note Number	-

Driver

Name of Driver	BALASEKARAN S/O ARMUGAM KAPAYA
NRIC No	S1817774I
Date Of Birth	13/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	04/10/1993
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87495593
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 188B RIVERVALE DR #17-1072
Postcode	542188
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?	YES
Foreign Vehicle Registration Number	JRC9399 (COMMERCIAL VEHICLE)
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	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
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	GBC5936C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YL2908G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number JRC9399
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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: 


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


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

Accident Sketch Plan

SKETCH PLAN


A: YN 3563C
B: GBC 5936C
C: YL 29080
D: JRC9399


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


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/20181001/2145

1 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20181001/2145

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2018 18:31		Vide Report No.:		Station Diary No.: 36
Informant's Particulars				
Name of Informant: BALASEKARAN S/O ARMUGAM KAPAYA		Address: APT BLK 188B RIVERVALE DRIVE #17-1072 SINGAPORE 542188		
ID Type / ID No.: NRIC NO / S1817774I		Contact No.: Home/Office: Mobile: 87495593		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 50	Date of Birth: 13/11/1967	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: LOGISTIC LORRY DRIVER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 01/10/2018 12:00	Type of Location:
Location: Along Road 1 JURONG PORT ROAD towards Penjurong			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
GBC5936C	Lorry				Slightly Damaged	0
JRC9399	Lorry				Slightly Damaged	0
YL2908G	Lorry				Slightly Damaged	1
YN3563C	Lorry				Slightly Damaged	0

POLICE REPORT



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Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20181001/2145

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BALASEKARAN S/O ARMUGAM KAPAYA	ID No.	S1817774I
Related Vehicle	YN3563C (Lorry)	Contact No.	87495593
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 the 01/10/2018, at about 12pm, I was travelling along Jurong port road towards penjuru road on the first lane of a two lane carriageway. Subsequently, I was travelling straight. Suddenly, there was a vehicle(YL2908G) on my left side who suddenly tried to enter my lane. This cause my left mirror to be damaged. I then stopped my vehicle due to accident. Subsequently, there was another vehicle(GBC5936C). who hit my vehicle at my rear. This cause damages to the rear part of my lorry. Nobody was injured from the accident.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181001/2145

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20181001/2145

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:
G /
Sgt 2 MUHAMMAD FIRDAUS BIN YUSOFF

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/10/2018 18:31

Officer In Charge Of Case:
TP / DDGVT /
SI NOR AFFENDY BIN JAFFAR
Contact No.: 65476209

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

